Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

[epa nterr	rtment of t	the Treasury se Service	▶ Go to www.irs.	gov/Form990 for instructions and the	he latest inf	ormation.		Inspec			
Ž	_			ndar year, or tax year beginning		and ending			, 20			
Ī				C Name of organization UNITED S		D Employer identification number						
Г	7	Address		Doing business as LOCAL UNIC				42-0675220				
到	3	Name ch	Ť	Number and street (or P.O box if n		E Telephon						
ENVELOPE	Ŧ	Initial retu	~	880 DEVILS GLEN ROAD	•				563-355-1181			
9	₹		n/terminated		untry, and ZIP or foreign postal code	ــــــ			303-333-1101			
ايب	_	Amended		BETTENDORF, IA 52722	,			G Gross re	ceints \$	732,818		
រ	_			F Name and address of principal office	Cor		Mak In this o		subordinates? Ve			
Ξ		пррпови			EVILS GLEN ROAD, BETTENDORF,	IA E2722	1		included? Ve			
> :		Tayayan	npt status	501(c)(3) S01(c)		527	- ''		list, (see instructi			
ي ري . د		Website:		<u> </u>	(3) 4 (msert no.) 14947(a)(1) or	521	₹	exemption	•	0260		
<u> </u>			rganization.	Corporation Trust Assoc	iation ✓ Other ► LABOR UNIN L Ye	ar of formation			of legal domicile			
s i	_	art I	Summa	·· 1337	100 0000	or legal derrilene						
֓֞֞֞֞֜֞֞֞֞֜֞֜֞֞֓֓֓֓֞֞֜֞֜֞֜֞֓֓֓֓֞֓֓֓֓֞֜֜֞֜֓֡֓֞֡֓֜֞֜֜֡֓֡֓֡֓֡֡֡֓֡֡					sion or most significant activities	LAROR	INION EN	FORCED C	OLLECTIVE			
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	E	ì	TO ITS ME		THE WORKING CONDITIONS OF T	IIL LOCAL	UNION AN	D I KOVIL	L KU KLOLI	1711014		
	Activities & Governance				discontinued its operations or d	isposed of	more that	n 25% of	ite net assets			
	8	3		_	verning body (Part VI, line 1a)	-	more ma	. 3	no not associs.	12		
	9	4		_	ers of the governing body (Part VI					0		
	8	5			in calendar year 2018 (Part V, line			5		131		
	Ę	6		· · ·	f necessary)	•		6	 _	0		
	Ę	1 -		•	n Part VIII, column (C), line 12		• • •	. 7a		0		
മാ	_	Ь		lated business taxable incom				7b		0		
D		-	HOL GINCI	ated business taxable incom	C 1101111 01111 350-1, 11116 00	- : -: 	Prior Y		Current '			
SCANNED	_	8	Contribut	tions and grants (Part VIII, line	a 1h)			0		0		
Ź	Revenue	9		service revenue (Part VIII, lin	·	· · ·		622,853		630,130		
$\overline{\mathbf{m}}$	Š	10	_		(A), lines 3, 4, and 7d)	_		1,195		1,268		
	æ	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .	_		35,443		101,420		
₽		12			(must equal Part VIII, column (A), I			659,491		732,818		
ž		13			t IX, column (A), lines 1-3)			21,892		22,293		
69		14		paid to or for members (Part		` ` `		21,032		10,249		
ي ا		15	0.1- 1		1 1 15 11/1 1 14/1	5-10)				488,908		
2	96	16a	Drofeesic	otner compensation, employed onal fundraising fees (Part IX, odraising expenses (Part IX, c	column (A) – line 11e)	<u>'</u> -"" -		<u>444,045</u> 0		466,506		
2019	Ехрепзе	Ь	Total fun	draising expenses (Part IX, c	MECEIVED			U				
مید	꿃	17				· 		209,940		200,336		
		18	Total exp	penses (Part IX, column (A), I	THE PHAIR PARTITION INCO	, F		675,877		721,786		
		19	Revenue	less expenses. Subtract line	st edital Partik, 20(1m²r)(AS, line 2 18 from line 12	" ⊢		-16,386		11,032		
	× 8		110101140	1000 CAPCHOOO. CODUCACT III C			eginning of C	Current Year	End of			
	sets or	20	Total ass	sets (Part X, line 16)	OGDEN, UT	, <u> </u>		1,441,073		1,425,039		
	Net Ass	21		pilities (Part X, line 26)		' ' '		0	T -::	0		
	\$	22		ets or fund balances. Subtrac				1,441,073		1,425,039		
		art II		ture Block		· · · · ·		1,441,073	1	1,423,033		
	_				is return, including accompanying schedul	es and statem	nents and to	the best of	mv knowledge a	nd belief, it is		
					ap officer) is based on all information of wi				,			
			17 17	120 5190	V		1					
	Si	gn	Sign	nature of officer				Date				
		ere		ATCHAEL E NI	CHOLAS FENANCIA	SALE	ALY	3-1	(-2019	(
			Typ	e or print name and title		- /	,, .,-,			·		
			1 /	ype preparer's name	Preparer's signature	Dat	te	Check	☐ # PTIN			
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		epare		name ▶	···		F	ım's EİN ▶				
	U	se On	עיי עיי	address >			-	hone no.				
	M	av the I			er shown above? (see instructions	s) .	<u></u>		🗆	Yes 🗌 No		
	=			The state of the s		.,			<u> </u>	000		

Form 990	<u>· · · · </u>	age 2								
Part I										
	Check if Schedule O contains a response or note to any line in this Part III									
	Bnefly 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) 								
	IMPROVE THE WORKING CONDITIONS OF ITS MEMBERS.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?	No								
	If "Yes," describe these new services on Schedule O.									
	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?	No								
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by								
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	hers,								
	the total expenses, and revenue, if any, for each program service reported.									
	(0-1									
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	THE LOCAL CONTINUES IN AN ONGOING EFFORT TO DEFEND AND ENFORCE THE NEGOTIATED COLLECTIVE									
	BARGAINING AGREEMENT FOR OUR MEMBERS' WAGES, BENEFITS AND WORKING CONDITIONS. THE MEMBERS DUES									
	RELATED 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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	······································									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	l								
	······································									
4d	Other program convices (Decembe in Cabadula O.)									
7-4	Other program services (Describe in Schedule CD)									
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)									



Part IV Checklist of Required Schedules

	_			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		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		✓
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		>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		*
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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	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		1
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		1
e	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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		1
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		1
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	_	1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+-	✓
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	Ц	
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		1

Part I	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	248		✓
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_	1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	_		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
Ь	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	-	1
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	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_		
	Check is defined as a companie of mote to any line in this part v	<u>· · ·</u>	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		<u></u>
		F	m 99	0

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 131			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		1	
	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		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>✓</u>
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).	F -		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<u>/</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		✓
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	7.		
ь	and services provided to the payor?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		L l	
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11		-		
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>l</u>	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		✓
b		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		✓
10	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		\ <u>\</u>
	1 1995, Complete Lorin 1720, Companie O.	۴o	m 99 0) (2018)

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			ins.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	
Section	on A. Governing Body and Management			
_			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
	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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		J
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	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	/	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-do 1	✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	De CC	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	√
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10ь		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		7
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		1
b	Other officers or key employees of the organization	15b	\vdash	-
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		1
ь				
	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		
Sect	ion 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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	polic	y, and
20	financial statements available to the public during the tax year.	acordo		
20	State the name, address, and telephone number of the person who possesses the organization's books and re- MICHAEL NICHOLAS, 880 DEVIS GLEN ROAD, BETTENDORF, IA 52722 563-355-1181	scoi us	•	
	MINISTRUCTURE INC. INC. DE AIG OFFIE MOND, DE LIFERDONI , IN 32122 303-333-1101			

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C)						_		
(A)	(8)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any	office	r and	dad		or/truste	ee)_	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	<u>₹</u>	활동	Former	the	organizations	compensation
	related organizations	Te No.	Institutional trustee	8	Key employee	hest	펄	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호를	ona.		힣	8 5		(W-2/1099-MISC) 		and related
	line)	l st	ŧ		8	n pe				organizations
		8	stee	İ		Highest compensated employee		\		
	 		<u> </u>	-	-	<u>x</u>				
(1) BRADLEY GREVE	40									
PRESIDENT	0		<u> </u>	✓				55,265		·
(2) ROBERT BARTHOLOMEW	30]		_						
VICE PRESIDENT	0			✓	<u>L</u>			29,061		
(3) ROY HUTT	15				}					
GUIDE	0		<u> </u>	✓	<u> </u>			27,807		
(4) PATRICK STOCK	15		ļ	ļ	ļ		ļ	į		
RECORDING SECRETARY	0			1			<u> </u>	38,234]	
(5) MICHAEL NICHOLAS	30	ļ								
FINANCIAL SECRETARY	0	<u> </u>	<u> </u>	✓	1_	<u>L</u>		40,398		
(6) BRIAN NELSON	10	.]								
TREASURER	0		上	✓	<u> </u>		L	14,121	<u> </u>	
(7) BRANDON GREVE	2			İ	1					
TRUSTEE	0			1			<u> </u>	16,889	3	
(8) TIMOTHY MILLER	2									
TRUSTEE	o			1			<u> </u>	1,96	<u> </u>	
(9) LEE SHAFFER	2	.]								
TRUSTEE	0			√	L		L	10,90	ol	
(10) KURTIS HARTZ	2									
GUARD	0	<u> </u>				$oxed{oxed}$	1	1,05	9	
(11) AMBER HARTFORD	2			1	1	1	1		1	1
GUARD	0	<u> </u>	上	√			L	15,13	7	
(12) SANDRA CONWAY	2					1		_		
GUARD	0	<u> </u>	\perp	✓			L	4,14	2	
(13) JOSHUA MEYRER	4	_								
GRIEVANCE CHAIR	0	<u>L</u> _	<u>L</u> .	√	\perp		L	8.68	7	
(14)										
	1	1		1	1	1	1	Ì	1	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(C)											
	(A)	(B) Position (do not check more than one						nne	(D)	(E)	(F)
	Name and title	Average	box, ι	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated om amount of
		hours per week (list any			_		or/trust	—	compensation from	compensation fr related	other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	
		related organizations	2 5	<u> </u>	굨	9	loye st	룉	organization (W-2/1099-MISC)	(W-2/1099-MIS	(C) from the organization
		below dotted	호류	na		yold	8 8		(** 2. 1005 11007		and related
		line)	Este	텵		8	, pg				organizations
			8	ĝ			sate				1
(4.E)		 	<u> </u>		_	<u> </u>	<u>a.</u>	-			
(15)		 	{						[Į	į
(16)		 			├	┢	 	-			
1.01		 			l				1	Į	
(17)		 	 	-		┢		1			
3		†	l	l		l					1
(18)						\vdash		\vdash			
J	`	†	1	{	l	Į .			ļ	l	
(19)						\vdash					
		1	[ļ			ļ	ļ	ļ	
(20)						Π		Π			
			<u> </u>				<u> </u>		ļ		
(21)		<u> </u>									
	·	<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
(22)		ļ	.	ŀ							
		ļ	ļ	╄	<u> </u>	ــ	—	┡	<u> </u>	ļ	
(23)		. 	-								
(0.4)		 	₩-	╁	╁	╀	+-	╀╌	 	 	
(24)			-		1						
(25)		 	╁	╁	┼-	╁	+-	╁	 	-	
ريي		· 	-				1		1		
1b	Sub-total		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	Т.		ــــــــــــــــــــــــــــــــــــــ		263,67		
c	Total from continuation sheets to Part			•		•		•			
ď	Total (add lines 1b and 1c)			·	Ċ			•	263,67		
2	Total number of individuals (including bu							e) v			0,000 of
	reportable compensation from the organ							-, -			•
											Yes No
3	Did the organization list any former of	fficer, dire	ctor,	or t	rus	tee,	key	em	ployee, or hig	hest compen	sated
	employee on line 1a? If "Yes," complete	Schedule .	J for s	uch	inc	divic	lual	٠			3 🗸
4	For any individual listed on line 1a, is th	e sum of re	eporta	able	CO	mpe	ensati	on a	and other com	pensation fro	m the
	organization and related organizations										
	individual										
5	Did any person listed on line 1a receive										
<u> </u>	for services rendered to the organization	n' it "Yes,"	comp	olete	Sc	nec	lule J	tor	such person	· · · ·	5 🗸
	on B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Revear.	port comp	ensat	ion	tor	tne	caien	aar	year ending w	ith or within t	ne organization s tax
	(A)							\top	(B)	T	(C)
	Name and business ac	ldress							(B) Description of	services	Compensation
								+			
								+			
								\top			
							-	\top			
								十			
2	Total number of independent contract	tors (includ	ling t	out	not	lım	nted	to	those listed a	bove) who	
	received more than \$100,000 of comper	sation from	the o	orga	niza	atio	n►		0	*	

Form **990** (2018)

Part	VIII	Statement of Reve						
		Check if Schedule O	contains a resp	onse or note to				<u> </u>
	· 				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ls, Grants Amounts	1a	Federated campaigns	1a					
Grants	b	Membership dues .	1b					
A, A	C	Fundraising events .						
Gifts, ilar An	d	Related organizations						
ons, Giff Similar	0	Government grants (conf						
ig ig	f	All other contributions, gi						
호		and similar amounts not incl	L					
Contributions, and Other Sim	g	Noncash contributions includ	•• •					
	h	Total. Add lines 1a-11	<u> </u>					
J. F	_			Business Code				
8	2a	MEMBERSHIP DUES		900099	630,130	630,130		ļ
9	Ь							
Ž	C							
Š	d	***************************************		 			_	
Tan I	#	All other program s	vino revenue	·	 			
Program Service Revenue	g	All other program sen Total. Add lines 2a-2:		•	620 460	/		
	3	Investment income	(including divid	ends, interest.	630,130			
		and other similar amo			1,268	1,268		
	4	Income from investment	•	ond proceeds ▶	1,200	1,200		
'	5			•	<u> </u>			<u> </u>
		,	(i) Real	(ii) Personal				
	6a	Gross rents	1,800					
	Ь	Less: rental expenses						
	C	Rental income or (loss)	1,800		1 - 1 - 10 - 10 - 1 - 1 - 1 - 1 - 1 - 1			
	d	Net rental income or			1,800	1,800		
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ь	Less: cost or other basis		Ţ				
		and sales expenses .						
	С	Gain or (loss)	L	<u> </u>				
	d	Net gain or (loss) .		<u> ▶</u>				
venue	8a	Gross income from fu	undraising					
•		of contributions report	ed on line 1c)		dates and a second of the	ويامه سوردسيها أأد منيه يعنبو	~~~~~	page 10, 10 mm 10,1 M 100
Other R		See Part IV, line 18 .						
Ě	Ь	Less: direct expense	_					
U	C			events . >	_			
	9a	Gross income from g	aming activities.					
		See Part IV, line 19 .						
	b	Less: direct expense	s t)				
		Net income or (loss)						
	10a	Gross sales of in returns and allowance			5-2- 11-2-5	<u> </u>		-:
	Ь	Less: cost of goods	sold I					4
	<u></u>							
	<u></u>	Miscellaneous I	Revenue	Business Code				
	11a	REIMBURSEMENT PA	RENT BODY	900099	83,460			
	b	SUPPLIES FOR RESA	LE	900099	7,015			
	C			900099	1,000			
	d			900099	8,145		5	
	e			💺	99,620			
	12	Total revenue. See	instructions .	🕨	732.818	732.81	B	l .

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

Check if Schedule O contains a response or note to any line in this Part IX									
Do no	include amounts reported on lines 6b, 7b,								
9b, 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 and domestic governments. See Part IV, line 21	22.202		المالية المحاسبة في عدا سورة					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,293							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	10,249 263,670							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	=330.0							
7 8	Other salaries and wages	195,694							
9	Other employee benefits								
10	Payroll taxes	29,544	<u> </u>		·····				
11	Fees for services (non-employees):	İ							
8	Management								
b	Legal	13188		 					
C d	Accounting								
e	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	28,928							
14	Information technology				<u> </u>				
15	Royalties	ļ			<u> </u>				
16	Occupancy	22,268							
17 18	Travel	35,828		-	 				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	33,477							
20	Interest								
21	Payments to affiliates	14,952							
22	Depreciation, depletion, and amortization .				<u> </u>				
23	Insurance								
24	Other expenses, Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e, If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
_	•			<u> </u>					
a	DUES TO INT'L	8,522			-				
C	SUPPLIES FOR SALE PROPERTY TAXES	31,242							
d	PAC DONATIONS	9,831		+	 				
e	All other expenses	2,100	 	 	 				
25	Total functional expenses. Add lines 1 through 24e	721,786		+	 				
26	Joint costs. Complete this line only if the	/21,700			 				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)				1				

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X	$\overline{}$	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	516,390	1	527,422
	2	Savings and temporary cash investments		2	
ŀ	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	·
•	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	و المحادث المح		. , , , , , , , , ,
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 447,221.			
	b	Less: accumulated depreciation 10b	447,221	10c	447,221
	11	Investments—publicly traded securities	475,054		449,296
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,408	15	1,100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,441,073	16	1,425,039
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	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		26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	0	20	
õ	1	complete lines 27 through 29, and lines 33 and 34.		,	
ğ	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets . , . , . ,		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ξī	30	Capital stock or trust principal, or current funds	993,852	30	977,818
988	31	Paid-in or capital surplus, or land, building, or equipment fund	447,221		447,221
ğ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	1,441,073	33	1,425,039
	34	Total liabilities and net assets/fund balances	1.441.073	34	1.425.039
					Form 990 (20

	0 (2018)			Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73	2,818
2	Total expenses (must equal Part IX, column (A), line 25)	2		72	1,786
3	Revenue less expenses. Subtract line 2 from line 1	3		1	1,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,44	1,073
5	Net unrealized gains (losses) on investments	5		-2	5,758
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1308
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,42	5,039
<u>Part</u>	XII Financial Statements and Reporting				
	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: 🗸 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in	:	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or 💮		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			4	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а		
	separate basis, consolidated basis, or both:		· I		
	Separate basis Consolidated basis Both consolidated and separate basis			7	الحجير
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			-	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	cpiain	in j		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		. 32	1	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.			<u> </u>
			F	om 99 ((2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

Employer identification number

OMB No. 1545-0047

2018

	STEELWORKERS LOCAL UNION 105		42-0675220
Part	- garana manana g a cher ru		
	Complete if the organization answered		
		(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	L	
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	_	- -
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · L Yes L No
Part	Conservation Easements.	(N/ T - 5 - 000 D + N/ E - 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easemer		
C.	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in		
_	• 3		· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ten	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	ng conservation easements during the year
_			A Section of the sect
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	·	- O(a) above antist the very very	4
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(a) above satisfy the requirements o	
_			
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	<u> </u>	nancial statements that describes the
	organization's accounting for conservation easen		- Other Circles Access
Par	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered		
18	If the organization elected, as permitted under S	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
	•		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	•	education, or research in furtherance of
	public service, provide the following amounts rela	•	
	(i) Revenue included on Form 990, Part VIII, line		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990 Part Y		• •

Page 2	2
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Part	Organizations Maintaining	Colle	ctions of	Art, Histo	orical T	reasures, o	or Oth	er Similar As	sets (contin	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
а	☐ Public exhibition			d [Loan	or exchange	progra	ıms			
	Scholarly research			e 🗆	Other						
_	Preservation for future generations										
4	Provide a description of the organization XIII.	on's c	ollections a	and explai	n how th	ney further th	e orga	inization's exer	npt pur	pose i	n Part
5	During the year, did the organization s										7
Part	assets to be sold to raise funds rather Escrow and Custodial Arra			amed as pa	art or the	organization	1 S COII	ection?	_ليا_	Yes	<u> No</u>
T. GIT	Complete if the organization 990, Part X, line 21.			" on Forn	n 990, F	Part IV, line 9	9, or r	eported an ar	nount	on Fo	m
1a	Is the organization an agent, trustee,	custo	dian or oth	ner interme	ediary fo	or contributio	ns or	other assets n	ot		
	included on Form 990, Part X?									Yes [☐ No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the foli	owing ta	able:					
								<i></i>	mount		
C	Beginning balance						1c				
d	Additions during the year						1d	ļ			
8	Distributions during the year						10	ļ <u> </u>			
f	Ending balance						1f		- C	¥ (
2 8	Did the organization include an amount "Ves." explain the arrangement in Re				-					_	_ NO
Par	If "Yes," explain the arrangement in Pa	art Alli.	Check her	e ii trie ex	pianatio	n nas been p	rovide	O ON Part Air.	· · ·	• 1	
	Complete if the organization	answ	ered "Yes	" on Forn	n 990. F	Part IV. line	10.				
	Sompleto Wallo G. galli Zation		urrent year	(b) Prio		(c) Two years		(d) Three years bar	k (e) F	our year	s back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs							_			
f	Administrative expenses			I							
g	End of year balance			<u> </u>		l					
2	Provide the estimated percentage of t	he cur	rent year e	nd balanc	e (line 1g	g, column (a))	held a	as:			
a	Board designated or quasi-endowmen	nt ▶_		%							
b	Permanent endowment ▶		04								
С	Temporarily restricted endowment ►		% 	1000/							
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the				zation th	at are held a	nd ad	ministered for	the		
•	organization by:	o pos.	,000,011 01 1	ino organi	Lation to	iat are riola a				Ye	s No
	(i) unrelated organizations								38	(i)	
	(ii) related organizations									(ii)	
b	If "Yes" on line 3a(ii), are the related of									b	
4	Describe in Part XIII the intended uses										
Par	t VI Land, Buildings, and Equip										
	Complete if the organization	n ansv	vered "Ye	s" on For	m 990,	Part IV, line	11a.	See Form 99	0, Part	X, line	10.
	Description of property		(a) Cost or (invest			or other basis (other)		Accumulated epreciation	(d)	Book va	lue
1a						281,213					281,213
b	Buildings				<u> </u>	39,366					39,366
C	Leasehold improvements				<u> </u>						
d	Equipment	•				126,642					126,642
		<u> </u>	<u> </u>	000 5	<u></u>	. (0) 11 17	- 1				
Iota	I. Add lines 1a through 1e. (Column (d)	must e	quai Form	990, Part .	x, colun	nn (B), line 10	c.) .	<u> ▶ </u>			447,221

Part VII	Investments—Other Securities Complete if the organization ar		m 990 Part IV line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category		(b) Book value	(c) Method of valuation.
	(including name of security)		(-,	Cost or end-of-year market value
	derivatives			
•	eld equity interests			
Other A)				
/^) (B)				·····
C)				
D)				
<u>-,</u> E)				
(G)				
(H)				
al. (Column (i	b) must equal Form 990, Part X, col (B) line 12.)	>		
art VIII	Investments—Program Rela	ted.		
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV, line	e 11c. See Form 990, Part X, line 13
	(a) Description of Investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
)				
)				
)				
)	· 			
<u>) </u>				
<u> </u>				
<u>) </u>			 	
3)				
			1	
9) ital. (Column i	(h) must equal Form 990, Part Y, col. (R) line 13.)	.		
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 13) Other Assets.	>		
	Other Assets.		rm 990. Part IV. line	e 11d. See Form 990, Part X, line 1
tal. (Column (Other Assets.		rm 990, Part IV, line	e 11d. See Form 990, Part X, line 15
bal. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column (Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column (Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
Part IX 1) 2) 3)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
1) (Column (Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
Part IX Part IX 1) 2) 3) 4) 5)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	
1) 2) 3) 4) 5) 8)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
1) 22) 3) 4) 5) 8) 9)	Other Assets. Complete if the organization a	nswered "Yes" on Fo		(b) Book value
1) 2) 3) 4) 5) 8) 9) otal. (Column	Other Assets. Complete if the organization a	nswered "Yes" on Fo		
1) 2) 3) 4) 5) 8) 9) otal. (Column	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a	nswered "Yes" on Fo (a) Description (c) (a) Description (c) (a) Description		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25.	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX Part IX (c) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description (c) (a) Description (c) (a) Description		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25.	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX (c) (c) (mn) (Part IX (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
2) 2) 3) 4) 5) 6) 7) 8) 1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
1) Part X 1) Part X 1) Part X 1) Part X 1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Description (c) Col. (B) line 15.)		(b) Book value
Part IX Par	Other Assets. Complete if the organization a umn (b) must equal Form 990, Part 3 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Description (c) Col. (B) line 15.) (a) Description		(b) Book value

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	7
d		2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	48	
Ь	Other (Describe in Part XIII.)	4b	·
	Add lines 4a and 4b		
_5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, III		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	ne 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2	5 2b; Part V, line 4; Part X, line

SCHEDULE O (Form 990 or 990-EZ)

-A G 14

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.

20**18**

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

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

Open to Public

Employer identification number

UNITED STEELWORKERS LOCAL UNION 105	42-06/5220
990 - PART VI, SECTION A, LINE 6 - THE LABOR ORGANIZATION HAS FULL DUES PAYING MEMBER	<u>S.</u>
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 ME	EMBERSHIP MEETINGS.
990 - PART VI, SECTION B, LINE 11B - THE LABOR ORGANIZATION'S FINANCIAL OFFICERS AND PR	RESIDENT REVIEW THE FORM
BEFORE FILING.	
990 - PART VI, SECTION B, LINE 19 - THE LABOR ORGANIZATION DOES NOT ROUTINELY MAKE SU	CH DOCUMENTS AVAILABLE TO
THE PUBLIC.	
990 - PART XI, LINE 9: OTHER ASSETS BEGINNING YEAR - 2408; END OF YEAR -1100 = -1308	
	<u></u>