Form **990**

Return of Organization Exempt From Income Tax

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.

Open to Public

	artment of t nal Revenu	the Treasury le Service	► Go to www.irs.g	ov/Form990 for in	structions and the late	st inform	ation.		Inspecti	ion			
`	For the	2019 calend	dar year, or tax year beginning		, 2019, and end	ing			, 20				
3	Check if a	applicable	C Name of organization UNITED S	STEELWORKERS				D Emplo	yer identification i	number			
	Address of	change	Doing business as LOCAL UNI						42-0675220				
Ŧ.	Name cha	•	Number and street (or P O, box if		to street address)	Room/sur	Room/suite E Telephone number						
ī	Initial retu	-	880 DEVILS GLEN ROAD		·								
╗		n/terminated	City or town, state or province, co	ountry, and ZIP or for	eign postal code								
╡	Amended		BETTENDORF, IA 52722	•				G Gross	receipts \$	766611			
╡		on pending	p return fo	r subordinates? 🔲 Ye	s V No								
_		pointing	F Name and address of principal off 880 DEVILS GLEN ROAD, BE				-		es included? 🗌 Ye	s 🗌 No			
	Tax-exem	npt status	501(c)(3) 501(c) (5		4947(a)(1) or 527	119	If "No," at	tach a lis	t (see instructions))			
ı .	Website:	>			1	H(c) Group exe	emption :	number ► 02	260			
<u> </u>	Form of o	rganization	Corporation Trust Associa	ation	BOR UNIO L Year of for	mation	1997	M State	of legal domicile	IA			
P	art I	Summa	ry										
	1	Briefly des	cribe the organization's miss	sion or most sign	ificant activities: LABO	OR UNION	I ENFOR	CED CC	LLECTIVE				
çe		BARGAININ	IG AGREEMENT TO BETTER	THE WORKING CO	ONDITIONS OF THE LO	CAL UNI	ON AND F	PROVID	E REPRESENT	ATION			
Governance		TO ITS MEN											
ěrī	2	Check this	box ▶ ☐ if the organization	discontinued its	operations or dispose	ed of mo	re than 2	5% of	its net assets.				
ó	3	Number of	voting members of the gove	erning body (Part	VI, line 1a)			3		12			
	4	Number of	independent voting member	rs of the governi	ng body (Part VI, line 1	b)		4		0			
les	5	Total numb	per of individuals employed in	n calendar year 2	2019 (Part V, line 2a)			5		124			
Activities &	6	Total numb	per of volunteers (estimate if	necessary)				6		0			
Ä	7a	Total unrel	ated business revenue from	Part VIII, column	(C), line 12			7a		0			
	1		ted business taxable income					7b		0			
	<u> </u>						Prior Year		Current Ye	ar			
a)	8	Contributio	ons and grants (Part VIII, line	1h)				0		0			
Ž			ervice revenue (Part VIII, line					30130		740524			
Revenue	1	-	t income (Part VIII, column (A		7d)			1268		1295			
œ	11	Other reve	nue (Part VIII, column (A), lin	101420		24792							
	12	Total reven	ue-add lines 8 through 11 (r	must equal Part V	III, column (A), line 12)		7	732818		766611			
	+		similar amounts paid (Part					22293		21179			
	14	Benefits pa	aid to or for members (Part I)		10249		8151						
Ś	15	Salaries, ot	her compensation, employee	benefits (Part IX,	column (A), lines 5-10)		4	188908		508920			
Expenses	16a	Profession	al fundraising fees (Part IX, o	column (A), line 1	l1e)			0		0			
ē	1		raising expenses (Part IX, col										
ŵ	17	Other expe	enses (Part IX, column (A), lin	nes 11a-11d, 114	<u>-24e)</u>			200336		243264			
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, do	olumn (A) [1/16]25) / [7	7	721786		781514			
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12	·		I	11032		-14903			
s or				Č	MAR 1 9 202	Beginni	ng of Curre	nt Year	End of Yea	ar			
anc and	20	Total asset	ts (Part X, line 16)	[2		0 0	14	425039		1461758			
d Ba	21		ities (Part X, line 26)	[. <u> </u>	38		0		0			
Fund Balan	22	Net assets	or fund balances. Subtract	line 21 from line	20 OGDENILL	7-1	14	425039		1461758			
P	art li	Signatu	ire Block		OULIV, U								
Un	der penal	ties of perjury	, I declare that I have examined this	return, including acci	ompanying schedules and s	tatements,	and to the	best of r	ny knowledge and	belief, it is			
tru	ie, correct	, and complet	e Declaration of preparer (other than	n officer) is based on	all information of which prep	arer has a	ny knowled	ge					
		I W	JUSTURE				3	<u>- 12</u>	-2020				
Siç	gn	Signat	ure of officer		- 14 10		Date		/				
He	ere	I IUI	ICHAEL E NIIC	HOLAS	FINANCE	ALS	PECKE	TAK	∠γ				
		Type o	or print name and title										
Pء	nid	Print/Type	e preparer's name	Preparer's signatur	re	Date		Check [
		_						self-em	oloyed				
	epare	I Commission and	me ▶	•			Firm's	EIN ▶					
US	se Only	Firm's add			_		Phone	•					
Ma	v the IR		this return with the preparer	shown above? (s	see instructions)				. Yes	s 🗌 No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Page 2
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S; , AND TO
Yes ☑ No
Yes ☑No
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art	Checklist of Required Schedules		 1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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 donor-restricted endowments or in 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.	ı		-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
	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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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
		Fon	m 990	(2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		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		1
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	/	
Part		 _	· · · · ·	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	텔		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	- <u> </u>	

Form **990** (2019)

	5 (25.5)			age C
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		r	1
		7,07320	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 124		35	200
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	¥748244*	· Sirtana
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7	13.00	32.
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 on 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,			,
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	"The sale	*****
b	If "Yes," enter the name of the foreign country	遊		1.4
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		inch.	200
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		· V
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		1
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).	13 13	1844	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		24	
_	and services provided to the payor?	7a	-	ه محمد
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	15.75	FU	70/2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	ELL	77.2
9	Sponsoring organizations maintaining donor advised funds.		17.50	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-22-4	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter.	Phylin:	12.73	E 447.25
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100	學的	
11	Section 501(c)(12) organizations. Enter.	經濟	建筑	e di
а	Gross income from members or shareholders	100	\$	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	1		
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 12b	3	13	15.0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	翻	4	2
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1835	標線	13.3
b	Enter the amount of reserves the organization is required to maintain by the states in which		134	3
	the organization is licensed to issue qualified health plans	题		
С	Enter the amount of reserves on hand	ME		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
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		✓
	If "Yes," see instructions and file Form 4720, Schedule N.		274	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.	733	25	446

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See in	struci	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			V
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b o			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>	<u> </u>	
	one or more members of the governing body?	7a	1	
ь	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			l
U	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	80	<u> </u>	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
	on bit dialect (This economic requests information about policies not required by the internal never	26 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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.			-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	j	•
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		1
15	Did the process for determining compensation of the following persons include a review and approval by			_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		·/
b	Other officers or key employees of the organization	15b		1
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b	-	
Secti	on C. Disclosure	.00		L
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 990-1			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	uon :) I (C)
	Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f joka-	oct -	olion
13	and financial statements available to the public during the tax year.	mer	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	corde	>	
_•	MICHAEL E. NICHOLAS, 880 DEVIS GLEN ROAD, BETTENDORF, IA 52722 563-355-1181		-	

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours	office				or/trust		compensation	compensation	of other
	per week (list any hours for	오코	Ins	ş	ξ _e	육,품	F	from the organization (W-2/1099-MISC)	from related organizations	compensation from the
		dire	Ē	Officer	y eq	ploy	Forme		(W-2/1099-MISC)	organization and
	related organizations	ctor	9		Key employee	/ee t co				related organizations
	below	Individual trustee or director	<u> </u>		yee	m pe				
	dotted line)	l ee	Institutional trustee			Highest compensated employee				
						ed.				
(1) BRADLEY GREVE	40							1		
PRESIDENT	0		_	✓	L			64311		
(2) ROBERT BARTHOLOMEW	30				İ					
VICE PRESIDENT	0			✓	_			47056		
(3) ROY HUTT	15		ŀ							
GUIDE	0			✓	L			42558		
(4) PATRICK STOCK	15			1				İ		
RECORDING SECRETARY	0	ļ	<u> </u>	✓				56356		
(5) MICHAEL NICHOLAS	30									
FINANCIAL SECRETARY	0		L	✓		<u>.</u>		49086		
(6) BRIAN NELSON	10			1		1	Ï			
TREASURER	0			✓		L		16135		
(7) BRANDON GREVE	2			1						
TRUSTEE	0			1			_	10486		
(8) TIMOTHY MILLER	2									
TRUSTEE	0			1		<u> </u>	L	1530		
(9) LEE SHAFFER	2	i		ŀ	l			ŀ		
TRUSTEE	0			✓		<u> </u>		14070		
(10) AMBER HARTFORD	2				1	}				
GUARD	0			1				6251		
(11) SANDRA CONWAY	2									
GUARD	0			1				3409		
(12) JOSHUA MEYRER	4						l			
GRIEVANCE CHAIRMAN	0	Ì		✓]	11962		
(13)										
(14)										
		<u> </u>	<u></u>			<u> </u>				

	(A) Name and tritle	(B) Average hours per week (list any	box, office	Position (do not check more than o box, unless person is both officer and a director/trust Highes or director director).					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-	MISC)	organization ar related organizati	
(15)													
(16)				_									
(17)													
(18)					-	_		-					
(19)						-		_		_			
(00)					-	_							
(21)													
(22)				<u> </u>									
(23)								_					
(24)													
(25)													
C	Subtotal	VII, Sectio	n A					> > >	323210 0 323210				
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w			00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	officer, dire	ector,	tru	iste:	e, k	key e	mpi		t comper	nsated		No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual			150,									· .
5	Did any person listed on line 1a receive of for services rendered to the organization'									tion or indi		5	7
Section	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Report												
	(A) Name and business address								(B) Description of serv	rices	(C) Compensation		
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov	e) who	36 T 12 T	# # # # # # # # # # # # # # # # # # #	

Part VIII	Statement of Revenue			
	Check if Schedule O contains a response or note to ar	ny line in this Pa	ırt VIII	
•		(A)	(B)	I (C

		Check if Schedule	0 00	ntains a re	spon	se or note to ar	ly line in this Pa	ırı viii .		<u>· · · 山</u>
,		,				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaign	ńs.		1a	1		是於四級的時間		
Grants	b	Membership dues			1b	,				
اع ق	С	Fundraising events			1c					
fts,	d	Related organization			1d					
ia is	е	Government grants			1e					
im,	4	All other contribution			<u> </u>					
tion in	'	and similar amounts no			1f					
the	~	Noncash contribution								
it.	9	lines 1a-1f			1g	œ				
Contributions, G fts, Grants and Other Similar Amounts	h	Total. Add lines 1a-			<u> </u>	<u> </u>	HILLIAND STATES COME.			
		Total. Add into Ta-	<u> </u>		•	Business Code	THE SERVICE STREET	CARL BUILTING	AL-MY-S-MESSAGE	THE SECTION AND PROPERTY.
ġ.	2a	MEMBERSHIP DUES				900099	740524	740524	对的特征人员的现在分词的	THE SAME THE PERSON OF THE PERSON
ا کز	رد م ۱۰ b	,				300033	740524	740524		· · · ·
Sei	c									
T e	d									
gram Sen Revenue	u								•	· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		All other program se								
Δ.	f g	Total. Add lines 2a-					740524	ON APPLY STATE A STATE OF	建筑地上,在上江东	materials resident recent
	3	Investment income					740524	CAT BEST STORY	W. archerages-graduited	1 为"古典"的现在分词
	3	other similar amoun	•				1295	1295		,
٠.	4	Income from investr					1233	1233		
	5	Royalties		or tare orton	.р. о	• • • • • • • • • • • • • • • • • • •		,		,
		·	r	(i) Real	 -	(ii) Personal	THE SHARE THE REAL	T. CASSAGE AND CONTROL OF THE PARTY OF THE P		BOTH STATE OF STATE
	6a	Gross rents	6a	(7.154	1825					
	b	Less rental expenses	6b		0		THE RESERVE			
	c	Rental income or (loss)			1825				No. of the least o	
	q	Net rental income o		 2\	1023	<u> </u>	1825	1825	Constant of the Constant of th	ELLENGE HEREITER
			1 (103)	(i) Securit	ies	(ii) Other	1023 学术/新疆安/E140/A14	1023		
	7a	Gross amount from	1	(1) 0000111		(.,, 0	"到我就是是			
		sales of assets other than inventory	7a					THE STATE OF THE S		
•	L.	Less cost or other basis	'a							
חמר	D	and sales expenses	7b							
Ş.	С	Gain or (loss)	7c						104	
Re	d	Net gain or (loss)	,,c	L			AND INSTRUMENTAL PROPERTY.		E THAT SEEMEN AND AND A	KANGSAGEREE WAS SOLER
Other Revenue		Gross income from	 	ndrowna	,	· · · · -	era analysis zova	Grane de la composition		
ō	8a	events (not including		Huraising					斯斯斯斯斯	
_		of contributions rej		d on line						
		1c). See Part IV, line			8a			PARTITION		
	. ь	Less: direct expens			.8b	· · · · · · · · · · · · · · · · · · ·		Take a sales		
	C	Net income or (loss)		fundraisin		nte 🕨	SE VALS PARTITION SERVER		MACHE LEW ENGLISHED	學的過去學位 使平均疾病
	١	Gross income a f			9 000	1113	GARGER TOTALES			CONTRACTOR AND AND AND AND AND AND AND AND AND AND
	9a	activities. See Part 1			9a		WELL STATE			
	ь	Less: direct expens			9b					
	l	Net income or (loss)				es >	Canal Lichters of professioners	SELECTION OF THE PROPERTY OF THE PARTY OF TH	STANDARY ALTERACTOR	2 6 A S CONTROL TO THE SEA
•	10a	Gross sales of in	-	-		1	ASSTALLANDA			
	100	returns and allowan		ory, iess	10a			经过滤		
	. ь	Less: cost of goods			10b	,				
	C	Net income or (loss)				orv >	I MATERION CONTENT A CARDE CONTENT	Principles of All Strategies	CONTRACTOR SPECIAL CONTRACTOR SP	AT CHECK THE PARTY OF THE PARTY
s	<u>-</u> -		,			Business Code	AND THE SECOND	CATE LA CATALON	TO THE PROPERTY IN	W. C. P.
Miscellaneous Revenue	11a	SUPPLIES FOR RES	ALE			900099	17724	17724	- Harris Add Add The Table	TANK COUNTY CONTRACTOR
scellaneo Revenue	b	REFUNDS/REIMBUR		NTS		900099	5243			
ella ve	c						1	1 3243		·
S. Re	d	All other revenue								1
Σ	e	Total. Add lines 11a	a-11d	1	•		22967	STEP STATE OF STATE O		
	12	Total revenue. See					766611			THE RESERVE THE PROPERTY AND PROPERTY.
							· · · · · · · · · · · · · · · · · · ·			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) - Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	21179			
. 2	Grants and other assistance to domestic individuals. See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	8151		2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	別な話の話を記る
5	Compensation of current officers, directors, trustees, and key employees	323210			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				•
7	Other salaries and wages	144933		·	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits			•	
10	Payroll taxes	32626			
11	Fees for services (nonemployees).				,
а	Management				
b	Legal	6535			
C	Accounting			<u> </u>	
d	Lobbying		Garage en armin a provincia de deserva	A DESCRIPTION OF A PROPERTY OF	
e	Professional fundraising services. See Part IV, line 17			SACRAMENT CONTRACTOR	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7000			
12	Advertising and promotion	7920			
13	Office expenses	63251			
14	Information technology	03231			
15	Royalties		`		
16	Occupancy	34668			
17	Travel	25670			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	29844			
20	Interest				
21	Payments to affiliates	15406			
22	Depreciation, depletion, and amortization			·	
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			THE STATE OF	
	(A) amount, list line 24e expenses on Schedule O)	TO THE PARTY OF THE PARTY. IN THE			
a	DUES TO INT'L	7974			
b	SUPPLIES FOR SALE	45606	† 		
C	PROPERTY TAXES	9594	 	···	
d	PRUCHASE LAPTOP & CHAIRS	3192	 		
e 05	All other expenses	1755		· · · · · · · · · · · · · · · · · · ·	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the		 		
20	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)	781514		'	

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	527422	1	512519
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4'	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	经验证证据	郊	行為近年四次的
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		起 步 6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	TO THE STATE OF TH		A CONTRACTOR OF THE PARTY OF TH
		basis. Complete Part VI of Schedule D 10a 450413		Tiple.	
	b	Less accumulated depreciation 10b	447221	10c	450413
	11	investments—publicly traded securities	449296	11	494262
	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	1100	15	4564
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1425039	16	1461758
	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	
Se	22	Loans and other payables to any current or former officer, director,	1344	芸式	ALCOHOLD TO
liti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	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	O	26	O
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
aja	27	Net assets without donor restrictions		27	
H H	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► ✓ and complete lines 29 through 33.		盟	
ō	29	Capital stock or trust principal, or current funds	977818	29	1011345
ets	30	Paid-in or capital surplus, or land, building, or equipment fund ' .	447221	30	450413
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	1425039	32	1461758
ž	33	Total liabilities and net assets/fund balances	1425039	_	1461758
					Form 990 (2019)

_	4	•
Page		~

UIII 33	0 (2013)			, agc ,	_
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			[<u>/</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7666	11
2	Total expenses (must equal Part IX, column (A), line 25)	2		7815	14
3	Revenue less expenses. Subtract line 2 from line 1	3		-149	03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14250	39
5	Net unrealized gains (losses) on investments	5		449	66
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		66	56
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		14617	58
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		<u> </u>	ユ
1 2a	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," e Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a	Yes No	1 1 1 1 1 1 1 1 1 1 1
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audiseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overthe audit, review, or compilation of its financial statements and selection of an independent accountains of the organization changed either its oversight process or selection process during the tax year, eschedule O.	ersight ant?	of 2c	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?		. <u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	dergo i audits	. 3b		
			Fo	rm 990 (20	19

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name (of the organization		Employer identification number
<u>UNIT</u> E	D STEELWORKERS LOCAL UNION 105		42-0675220
Pai	t I Organizations Maintaining Donor Advis		
	Complete if the organization answered "\	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 donor a		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit	of the donor or donor advisor, or for	r any other purpose
Dor	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · Yes . No
Par		Voe" on Form 000 Port IV line 7	
1	Complete if the organization answered "		
i	Purpose(s) of conservation easements held by the o		for broken and broken and a second
	Preservation of land for public use (for example, recrea		f a historically important land area f a certified historic structure
	Preservation of open space	Freservation o	r a certified historic structure
2	Complete lines 2a through 2d if the organization hel-	d a qualified conservation contribution	out the form of a consequation
-	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified his		
d	Number of conservation easements included in (• •	
			l I
3	Number of conservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy regardiolations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2		
^	and section 170(h)(4)(B)(ii)?		<u> </u>
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		inclai statements that describes the
Pari			Other Similar Assets
	Complete if the organization answered "\		
1a	If the organization elected, as permitted under FASI		e statement and halance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	
	provide the following amounts relating to these item	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar	
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
	Assets included in Form 990, Part Y		b ¢

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her recor	ds, chec	k any of th	e follow	ring that make	significant use of its
а	☐ Public exhibition		d	Loan (or exchang	e progr	am	
b	☐ Scholarly research							
C	☐ Preservation for future generations	•						
4	Provide a description of the organization XIII.	tion's collections a	and expla	ain how th	ney further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		uned as p	part of the	e organizati	on's co	llection? .	
Part		_	n	000 5	5	. 0		
	Complete if the organization 990, Part X, line 21.	answered Yes	on For	m 990, F	art IV, line	e 9, or	reported an a	imount on Form
	Is the organization an agent, trustee	custodian or oth	or interm	nodiani fo	r contribut	ione or	other assets	
1a	included on Form 990, Part X?	, custodian or oth	ier intern	leulary ic	or contribut	lions of	other assets	. Yes No
b	If "Yes," explain the arrangement in P					• •		
	, ,	,						Amount
C	Beginning balance					10	:	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	_1	
2a	Did the organization include an amoun							
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	kplanation	n has been	provide	ed on Part XIII	<u> U</u>
Par	V Endowment Funds. Complete if the organization	annward "Van	" on For	000 E	Port IV June	. 10		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	(a) Current year	(0) ()	or year	(c) Two year	13 Dack	(d) Tillee years be	ter ter our years back
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a	ı)) held	as [.]	
а	Board designated or quasi-endowmen	nt ▶	%					
b	Permanent endowment ▶							
С	Term endowment ▶ %		000/					
2-	The percentages on lines 2a, 2b, and			4 4b.				46.
3a	Are there endowment funds not in the organization by:	e possession of the	ie organi	zauon ma	at are neid	anu au	ministered for	Yes No
	(i) Unrelated organizations							. 3a(i)
								. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	l as requi	red on So	chedule R?		· • • • •	. 3b
4	Describe in Part XIII the intended uses	s of the organization	on's endo	owment fu	unds.			
Part								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 11a.	See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or of (investment)		1 ' '	or other basis ther)	ď	Accumulated epreciation	(d) Book value
1a	Land				281213	7 7		281213
b	Buildings	.		ļ	39366		0	39366
С	Leasehold improvements	·						
d	Equipment							
e	Other	.	00 0	<u> </u>	129834		0	129834
ı otal.	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	yu, Part i	ĸ, coiumr	ו (ש), ווne 10 (ש) ו	JC).	▶	

Part VII	Complete if the organization answered "Yes" on Form	m 990 Part IV line	e 11b. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation of-year market value
(1) Financial				
	reld equity interests			
/ / / /				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		4.	
Part VIII	Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Fori	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(3)		 		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u>.</u>	<u>.</u> ▶	
Part X	Other Liabilities.	000 0 . 044	44 446 0	5 000 D 414
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, IIn	e lie or lif. See	Form 990, Part X,
1.	(a) Description of liability	<u>-</u>		(b) Book value
(1) Federal in	ncome taxes			
(2)		 		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization	n's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Pari				Retu	rn.
	Complete if the organization answered "Yes" on Form 990, i				
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.	ı	I	٠٧ ،	
a	Net unrealized gains (losses) on investments	2a		-417	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)			ده د هانس	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			7	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		[·]	
b	Other (Describe in Part XIII)	4b		1 [4]	
С	Add lines 4a and 4b	_		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	
Part					turn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			F_{i}	
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		11	
С	Other losses			· 32 . 1	
d	Other (Describe in Part XIII.)			1. 1	
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	i .	 1	, ,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	10		1,5 3	
b	Other (Describe in Part XIII.)			14	
U	Other (Describe in Fart Aiii.)	40		1	
_				4	
с 5	Add lines 4a and 4b			4c	
5	Add lines 4a and 4b			4c 5	
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18)		5	V los 4 Day V los
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18)	art IV, lines 1b and 2b	5 , Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18)	art IV, lines 1b and 2b	5 , Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18) d 4; P to pro	art IV, lines 1b and 2b	5 , Part forma	tion.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	e 18) d 4; P to pro	art IV, lines 1b and 2b	5 , Part forma	tion.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

UNITED STEELWORKERS LOCAL UNION 105 42-0675220 990 - PART VI, SECTION A, LINE 6 - THE LABOR ORGANIZATION HAS FULL PAYING DUES MEMBERS. 990 - PART VI, SECTION A, LINE 7A - THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE ONE VOTE AND ELECT OFFICERS OF THE GOVERNING BODY EVERY THREE YEARS AS SPECIFIED IN THE CONSTITUTION. 990 - PART VI, SECTION A, LINE 7B - THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE ONE VOTE AND APPROVE ALL DECISIONS OF THE GOVERNING BODY AND DECISIONS THAT ARISE DURING THE SCHEDULED MEMBERSHIP MEETINGS. 990 - PART VI, SECTION B, LINE 11B - THE LABOR ORGANIZATION'S FINANCIAL OFFICERS AND PRESIDENT REVIEW THE FORM BEFORE FILING. 990 - PART VI, SECTION B, LINE 19 - THE LABOR ORGANIZATION DOES NOT ROUTINELY MAKE SUCH DOCUMENTS AVAILABLE TO THE PUBLIC. 990 - PART XI, LINE 9 - CHANGE IN FUND BALANCES BEG. YEAR FIXED ASSETS - 447221, END OF YEAR FIXED ASSETS - 450413 =+3192 BEG. YEAR OTHER ASSETS - 1100; END OF YEAR OTHER ASSETS - 4564 = +3464 +3192 PLUS +3464 = 6656