Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning 2011, and ending Check if applicable: C Name of organization STEELWORKERS HEALTH & WELFARE FUND D Employer Identification Number Address change Doing Business As 23-1317409 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite Telephone number Name change 60 BOULEVARD OF THE ALLIES 5TH FL Initial return (412) 562-2279 State ZIP code + 4 City, town or country Terminated Pittsburgh Amended return PA 15222 **G** Gross receipts \$ 544,018,570 F Name and address of principal officer: H(a) Is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? Emily Woodward 60 BOULEVARD OF THE ALLIES PITTSBURGH PA 15222 If 'No,' attach a list. (see instructions) Tax-exempt status X 501(c) (9 501(c)(3) 4947(a)(1) or) ◀ (insert no.) Website: ► H(c) Group exemption number Form of organization: Corporation Other > 1944 L Year of Formation: M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: TO PAY BENEFITS INSURANCE OF COVERED EMPLOYEES. Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)...... 3 6 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 . . 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... Revenue 456,346,914 527,947,214. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 998,266 1,349,730. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 526,329. 8,009,738. 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 457,871,509. 537,306,682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 455,417,409. 527,676,505. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 367,372 312,570. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . 17 1,272,433. 1,312,439. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 457,057,214. 529,301,514. 19 814,295 8,005,168. Beginning of Current Year **End of Year** Total assets (Part X, line 16) 39,955,597. 48,275,575. 21 Total liabilities (Part X, line 26) 1,000,681 2,611,736. Net assets or fund balances. Subtract line 21 from line 20 38,954,916. 45,663,839. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10/19/12 Signature of office Date Sign Here Emily Woodward EXECUTIVE DIRECTOR Type or print name and title. Print/Type preparer's name Preparer's signature Date Check E MCELHANEY JR 10/24/12 P00823045 Paid self-employed Preparer ► McElhaney & Associates LLC Firm's name Use Only ► 1725 Washington Rd Ste 602 Firm's address Firm's EIN - 38-3806684 Pittsburgh 15241 (412) 831-3812 X Yes

Part III Statement of Program Service Accomplishments Chest Schedule Concention a response to any question in this Part III	Form	990 (2011) STEELWORKERS HEAI	TH & WELFARE FUND	23-1317409	Page 2
1 Briefly describe the organization's insiston: TO_PAY_BEREFITS_INSURANCE_PREMIUMS OF_COVERED_EMPLOYEES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?. If Yes, i describe these new services on Schedula O. Sind the organization cease conducting, or make significant changes in how it conducts, any program services?	Par	t III Statement of Program Serv	vice Accomplishments		
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1				
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If "Yes," describe these new services on Schedule O. 3. Did the organization cases conducting, or make significant changes in how it conducts, any program services?	~				
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?					NO
If Yes, 'describe these changes on Schedule O. A Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) fusits are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) MEDICAL EXPENSES AND SHORT TERM DISABILITY OF COVERED EMPLOYEES. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	_				
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		d	area and district the state of) (110701100 P	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	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	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
	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	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	
	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, XII, and XIII is optional	12b		х
13		13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	1		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	

Form 990 (2011) STEELWORKERS HEALTH & WELFARE FUND

Part IV Checklist of Required Schedules (continued)

I L	oneckinst of Required ochedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J	23		<u> X</u>
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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		Х
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):		100	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form 990 (2011)

Part V Statements	Regarding Other IRS Fili	ngs and Tax Com	pliance

Check if Schedule O contains a response to any question in this Part V .			<u>. LL</u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payme (gambling) winnings to prize winners?	ents to vendors and reportable gaming	380.331	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and ments, filed for the calendar year ending with or within the year covered by this	d Tax State-return 2a 4	100 00	
b If at least one is reported on line 2a, did the organization file all required federal	employment tax returns?2	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to	e-file. (see instructions)		55,155
3 a Did the organization have unrelated business gross income of \$1,000 or more d	during the year?		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in S	Schedule O		
4 a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account	r a signature or other authority over, a nt, or other financial account)? 4 a		х
b If 'Yes,' enter the name of the foreign country:			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign	n Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time of	during the tax year?5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibit	ted tax shelter transaction? 5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a Does the organization have annual gross receipts that are normally greater than solicit any contributions that were not tax deductible?	s \$100,000, and did the organization	***************************************	х
b If 'Yes,' did the organization include with every solicitation an express statement not tax deductible?	t that such contributions or gifts were		
7 Organizations that may receive deductible contributions under section 170	0(c).	152.5	2.5
a Did the organization receive a payment in excess of \$75 made partly as a contri services provided to the payor?	ibution and partly for goods and	952.78	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or service	<u> </u>	 	
c Did the organization sell, exchange, or otherwise dispose of tangible personal pr	roperty for which it was required to file		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums or	n a personal benefit contract?		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		Х
g If the organization received a contribution of qualified intellectual property, did the as required?	ne organization file Form 8899		
h If the organization received a contribution of cars, boats, airplanes, or other vehi	icles, did the organization file a		
8 Sponsoring organizations maintaining donor advised funds and section 50 supporting organization, or a donor advised fund maintained by a sponsoring organization and the section 50 supporting organization and section 50 supporting organization.	09(a)(3) supporting organizations. Did the ganization, have excess business		
9 Sponsoring organizations maintaining donor advised funds.		5/46(5)35	
a Did the organization make any taxable distributions under section 4966?	<i></i>	10002000000	1960/19696
b Did the organization make a distribution to a donor, donor advisor, or related per			
10 Section 501(c)(7) organizations. Enter:		60.6	100.000
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club fac	cilities 10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sour against amounts due or received from them.)	rces		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing For	rm 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the y	year 12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state	e?		
Note. See the instructions for additional information the organization must repor	t on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the stat which the organization is licensed to issue qualified health plans	<u>13 b</u>		
c Enter the amount of reserves on hand	13 c		
14a Did the organization receive any payments for indoor tanning services during the			Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an expl	lanation in Schedule O 14b		

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Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in							
	Check if Schedule O contains a response to any question in this Part VI			. X					
Sec	ction A. Governing Body and Management								
			Yes	No					
1 :	a Enter the number of voting members of the governing body at the end of the tax year								
		0000000							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
3	officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents								
_	since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
	a 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?	7 a		Х_					
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х					
_		338//3	98689	A					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?		77						
		8 a	<u> X</u>						
,	b Each committee with authority to act on behalf of the governing body?	8 b	Х	 					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·····					
			Yes	No					
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X					
ŀ	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b							
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X						
ŀ	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	(00/050 do							
12 8	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х						
ŀ	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х						
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	x						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
	a The organization's CEO, Executive Director, or top management official	15 a	X						
ŀ	b Other officers of key employees of the organization	15 b	X	<u> </u>					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x					
i	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		100 min					
Sec	ction C. Disclosure	1,00	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available								
	inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year.	ole to							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the DITTSBURGH PA 15222 (4		562 <u>-</u>	<u> 2279</u>					

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and title	Name and title Average unles		ss per	son is direc	both lor/tr	an one b an office ustee)	st.	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividual trastee or director	nstitutional trustee	Officer	Key ampbyee	(W-2/1099-		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_(1)_THOMAS_CONWAY										_
CHAIRMAN	0.25	Х						0.	0.	0.
(2) ANN FLENER TRUSTEE	0.25	х						0.	0.	0.
_(3)_ARTHUR_KNOLLTRUSTEE	0.25	x						0.	0.	0.
(4) WILLIAM HARRIDAY TRUSTEE	0.25							0.	0.	0.
(5) PETE TRINIDAD TRUSTEE	0.25							0.	0.	0.
(6) LEW DOPSON TRUSTEE								0.	0.	0.
_(7)										
<u>(9)</u>										
<u>(10)</u>										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(11)										
<u>(12)</u>										
(13)										
<u>(14)</u>							•	la		

Part VII Section A. Officers, Directors, Trust	ees, l	Кеу	Em	ıple	oye	es,	and	d Highest Con	pensated E	nployees (c	ont)
				((•						
(A) Name and title	(B) Average	(do	not cl	Posi heck : ss pe	ition more rson i	than o	ne an	(D) Reportable	(E) Reportable compensation from	(F) Estimat	ha
Name and tide	hours per	offi	cer an	d a d	irecto	r/trust	ee)	compensation from the organization	related organization	is compensa	other ation
	week (describ e	Individual trustee or director	institu	Officer	Key e	Highest compensatemployee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and relationships and relationships and relationships are set of the control of the contr	tion
	hours for	dual :	tiona	¥	employee	st co)yee	ū			organizat	
	related organi-	ruste	el trus		yee	mpen					
	zalions in Sch O)		tee			sated					
(15)		_									
<u>(16)</u>											
(17)											
(18)											
(19)											
(20)											
<u>(21)</u>											
(22)									***************************************		
(23)											
(24)								100 1001100			
(25)											
1 b Sub-total						<u> </u>	>	0.		0.	0.
c Total from continuation sheets to Part VII, Section							>				
d Total (add lines 1b and 1c)							►	0.		0.	0.
from the organization	ulose	isteu	abo	ve)	WHO	Tece	eivei	i more man \$ 100,0	ou or reportable	compensation	
										Ye	s No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv.			emp	loye • •	•	_		t compensated em	ployee 	3	X
4 For any individual listed on line 1a, is the sum of report	able co	mpe	nsat	ion a	and (othei	r cor	mpensation from			
the organization and related organizations greater than such individual	\$150,0)00?	If 'Y	es'	com _l	olete	Scl	nedule J for • • • • • • • • • • • • • • • • • • •		4	X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' com	pensati olete S	on fr	om a	iny i	unre	lated	lorg	anization or individ	lual	5	x
Section B. Independent Contractors		**********									
Complete this table for your five highest compensated compensation from the organization. Report compensation.	indepei ition for	iden the	t cor cale	ntrac ndar	tors yea	that ar en	rece ding	eived more than \$1 with or within the	100,000 of organization's ta	k year.	
(A) Name and business address	ì							(B) Description of		(C) Compensat	tion
CENTRAL DATA SERVICES 60 BOULEVARD OF THE ALLIES PI		URG	Н	PA	. 1	52	22	ADMINISTRAT			320.
UNITED STEELMORKERS OF AMERICA 60 BOULEVARE OF THE ALLIES PI	TTSB	URG	H	PA	. 1	.522	22	PAYROLL REI	MBURSEMENT	151	,577.
2 Total number of independent contractors (including but	not lim	ited	to th	ose	liste	d ah	ove	who received mo	re than		
\$100,000 in compensation from the organization	2				,,,,,,	40	J 1 U	, 10001700 1110		1 6 12 6 6 6 G	9.60

Га	1 (V	III Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Z S	1 a	Federated campaigns 1 a					5.5.8.8.5.5.5.
AND.	l t	Membership dues 1 t)				
S, G	0	Fundraising events 1 c			0.00000000		
FE	C	I Related organizations 1 d					
S.S.	e	Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	***************************************				
N S	<u> </u>	Noncash contributions included in Ins 1a-1f:	5	238/14/8/2014	0.000000000		
		Total. Add lines 1a-1f			15 57 58 58 58 68		
PROGRAM SERVICE REVENUE			Business Code				
Ê	2 a	EMPLOYER CONTRIBUTIONS	900099	523,940,197.	523,940,197.	0.	0.
55	ħ	PARTICIPANT CONTRIBUTIONS	900099	4,007,017.	4,007,017.	0.	0.
Š	c						
SER	d	·					
Σ	е	•					
950		All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		527,947,214.		2105.02.00.03.44.65.25.2	550 000 000 000 000 000 000 000 000 000
	3	Investment income (including dividends,	interest and				
	_	other similar amounts)			0.	0.	1,094,801.
	4	Income from investment of tax-exempt b	•				
	5	Royalties		SSA SSOCIALIST DE CONSTRUE DE		Eleksika in tima era tani tana ini albani sebahan sebahan	
	٠.	(i) Real	(ii) Personal	Existre \$40,000 \$20,500 \$200	30 (20 (20 (20 (20 (20 (20 (20 (20 (20 (2		
		Gross rents		10.05 (0.0000000000000			A 62 (2 (1) (4) (6) (6)
		Less: rental expenses			55545556		
		Rental income or (loss)					
	a	Net rental income or (loss) (i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory . 6, 966, 817			2050655		
		assets other trial inversory . [6, 966, 817	•				0.040.00
	b	Less: cost or other basis and sales expenses 6 , 711 , 888	.				
	_						
		Gain or (loss)		254 020			054 000
iu li		Gross income from fundraising events		254,929.	0.	0.	254,929.
		(not including. \$	-				
R REVENUE		of contributions reported on line 1c).				4.78-24-57-6-61	
ER		See Part IV, line 18			\$2.00 (\$1.00 to 10.00)	962388WI	
ОТНЕ		Less: direct expenses			0.000.000		
	С	Net income or (loss) from fundraising ev	ents · · · · · ▶			ensidentili keritakan kanan kadalah Gaberra	be special control of the control of
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b		6456666		9835599
	С	Net income or (loss) from gaming activiti	ies <u> ►</u>				
	10 a	Gross sales of inventory, less returns and allowances	a				
	þ	Less: cost of goods sold	b		0.00.00.00.00.00		8088025
	c	Net income or (loss) from sales of invent	tory . ►		Commercial	and the second s	
Ţ		Miscellaneous Revenue	Business Code	En constant of the constant			
	11 a	MEDICARE SUBSIDY	900099	262,325.	262,325.	0.	0.
	þ	EARLY RETIREE REINSURANCE PROGRAM	900099	7,720,376.	7,720,376.	0.	0.
	C	MISCELLANEOUS INCOME	900099	15,037.	15,037.	0.	0.
	d	All other revenue		12,000.	12,000.	0.	0.
		Total. Add lines 11a-11d		8,009,738.			
	12	Total revenue. See instructions	.	537,306,682.	535,956,952.	0.	1,349,730.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	sponse to any question			
	not include amounts reported on lines 7b, 8b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	527,676,505.			
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	225,600.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	15,792.			
9	Other employee benefits	50,498.			····
10	Payroll taxes	20,680.			
11	Fees for services (non-employees):				
	a Management				
	o Legal	36,983.			
	Accounting	28,000.			
	d Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	84,236.			
	Other	995,286.			
	Advertising and promotion				
13	Office expenses	58,004.			
14	Information technology	30,001.			
15	Royalties				
16	Occupancy	71,728.			
17	Travel	/1//20.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,661.			
23	Insurance	36,541.			
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.)				
i)				
(le All other expenses				
	Total functional expenses. Add lines 1 through 24e	529,301,514.			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	,			
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments			3,960,474.	2	13,480,875.
	3	Pledges and grants receivable, net			,,,	3	
	4	Accounts receivable, net			1,769,510.	4	307,625.
	5	Receivables from current and former officers, directors, t and highest compensated employees. Complete Part II of	rustee of Sche	es, key employees, edule l		5	
	6	Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contributed sponsoring organizations of section 501(c)(9) voluntary enganizations (see instructions).	0.	6	698,163.		
A S	7	Notes and loans receivable, net			×	7	
Ś	8	Inventories for sale or use				8	
A S E T S	9	Prepaid expenses and deferred charges			······································	9	
Ū		· · · · ·	I	1			
	100	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	12,939.			and the second s
	b	Less: accumulated depreciation	10 b	12,169.	2,431.	10 c	770.
	11	Investments - publicly traded securities			11,596,071.	11	12,148,285.
	12	Investments - other securities. See Part IV, line 11			22,466,181.	12	21,475,693.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			160,930.	15	164,164.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		39,955,597.	16	48,275,575.
	17	Accounts payable and accrued expenses			356,098.	17	550,746.
	18	Grants payable		18			
	19	Deferred revenue	• • • • • • • • • • •	644,583.	19	2,060,990.	
Ļ	20	Tax-exempt bond liabilities			20		
В І	21	Escrow or custodial account liability. Complete Part IV o		21			
LIT	22	Payables to current and former officers, directors, trustee highest compensated employees, and disqualified person of Schedule L	ns. Co	mplete Part II		22	
ES	23	Secured mortgages and notes payable to unrelated third				23	
S	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complete				25	and the second s
	26	Total liabilities. Add lines 17 through 25			1,000,681.	26	2,611,736.
N E N		Organizations that follow SFAS 117, check here ►					
Ŧ		27 through 29 and lines 33 and 34.					
Ą	27	Unrestricted net assets				27	
ASSETS	28	Temporarily restricted net assets				28	
s	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he					
F		lines 30 through 34.		_			
Ň D	30	Capital stock or trust principal, or current funds			38,954,916.	30	45,663,839.
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment			<u> </u>	31	
A L A	32	Retained earnings, endowment, accumulated income, or				32	
HUZD BALAZOW	33	Total net assets or fund balances			38,954,916.	33	45,663,839.
Š	34	Total liabilities and net assets/fund balances			39,955,597.	1	48,275,575.
RA.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Eorm 900 (2011

48,275,575. Form **990** (2011) BAA

Form	990 (2011) STEELWORKERS HEALTH & WELFARE FUND 23-	1317409		Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)		37,306	5,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2 52	29,30	1,514.
3	Revenue less expenses. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	8,005	5,168.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 3	38,954	1,916.
5	Other changes in net assets or fund balances (explain in Schedule O)	5 -	-1,296	5,245.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 4	15 661	3,839.
Par	t XII Financial Statements and Reporting	<u> </u>	10,000	<u>,,055.</u>
1:01	Check if Schedule O contains a response to any question in this Part XII			
	onoting conduction of containing a response to any question in this rational response to the response to any question in this rational response to any question in the response to a res	• • • • • •		es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	,		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
b	Were the organization's financial statements audited by an independent accountant?		2 b	X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		100 (1 (0)	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit 	3 b	
BAA				90 (2011)

TEEA0112 07/06/11

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

ST	EELWORKERS HEALTH & WELFARE FUND		23-1317409	
Pa	rt 🛮 Organizations Maintaining Donor Advised Funds or Other Similar Fur	nds or Acc		e if
	the organization answered 'Yes' to Form 990, Part IV, line 6.		•	
	(a) Donor advised funds	(b)	Funds and other acco	ounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a funds are the organization's property, subject to the organization's exclusive legal control?	dvised	· · · · · Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any purpose conferring impermissible private benefit?	other	Yes	No
Pa	tall Conservation Easements. Complete if the organization answered 'Yes' to	Form 990). Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	of an historica	illy important land area	a
	Protection of natural habitat Preservation of	of a certified h	istoric structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foliast day of the tax year.	orm of a cons	ervation easement on	the
			Held at the End of th	e Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure included in (a)	. 2c		
(Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year >	y the organiza	ation during the	
4	Number of states where property subject to conservation easement is located ▶	_		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of violations	\ \ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement	ts during the	year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du • \$	ring the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?		Tes	☐ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expinclude, if applicable, the text of the footnote to the organization's financial statements that describ conservation easements.	ense stateme es the organi	ent, and balance shee ization's accounting fo	t, and or
Pai	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	r Other Si	milar Assets.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in in Part XIV, the text of the footnote to its financial statements that describes these items.	tatement and furtherance o	balance sheet works of public service, provi	of de,
ŀ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	herance of pu	ıblic service, provide t	irt, he
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historical treasures, or other similar assets for fina amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		-	
	Revenues included in Form 990, Part VIII, line 1		*\$	
	Accets included in Form 990. Port V		- ÷	

Part III Organizations Maintaining Co	llections of Art, His	storical Treasures, c	or Other Similar Ass	sets (co	ontinu	<u>ed)</u>
3 Using the organization's acquisition, accession items (check all that apply):	n, and other records, che	ck any of the following that	are a significant use of it	s collecti	on	
a Public exhibition	d Loa	in or exchange programs				
b Scholarly research	e Oth	er				
c Preservation for future generations	· · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Provide a description of the organization's coll- Part XIV.	ections and explain how	they further the organization	on's exempt purpose in			
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, be maintained as part of	historical treasures, or othe the organization's collectio	er similar n?	Yes		No
Part IV Escrow and Custodial Arrange line 9, or reported an amount on	ements. Complete i Form 990, Part X, I	f the organization ans ine 21.	wered 'Yes' to Form	990, P	art IV	ì
1 a Is the organization an agent, trustee, custodial included on Form 990, Part X?	n, or other intermediary fo	or contributions or other as	sets not	Yes	Γ	No
b If 'Yes,' explain the arrangement in Part XIV ar						
				Amount		
c Beginning balance			<u>1c</u>			
d Additions during the year			1d			
e Distributions during the year			1e			
f Ending balance				-		
2 a Did the organization include an amount on For			1	Yes		No
b If 'Yes,' explain the arrangement in Part XIV.	111 000, 1 dit X, inio 21.					
Part V Endowment Funds. Complete if	the organization an	swored 'Ves' to Form	900 Part IV line 10			
(a) Curre	nt year (b) Prior y	ear (c) Two years bac	k (d) Three years back	(e) F	our years	back
1 a Beginning of year balance				62.0000		50.000.050
b Contributions						3 5 6
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		Ì		123775555		
2 Provide the estimated percentage of the current	nt vear end balance (line	1g, column (a)) held as:				
a Board designated or quasi-endowment ►	,	J, (),				
b Permanent endowment ►	<u> </u>					
c Temporarily restricted endowment	. °					
The percentages in lines 2a, 2b, and 2c should	equal 100%.					
3 a Are there endowment funds not in the possess	sion of the organization th	nat are held and administer	red for the	Г	V	
organization by:					Yes	No
(i) unrelated organizations		• • • • • • • • • • • •		. 3a(i)		
(ii) related organizations				. 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations li	sted as required on Sche	edule R?		. 3b		
4 Describe in Part XIV the intended uses of the	organization's endowmer	nt funds.				
Part VI Land, Buildings, and Equipme	nt. See Form 990, F	Part X, line 10.				
Description of property	(a) Cost or other basi (investment)		(c) Accumulated depreciation	(d) E	Book va	lue
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		12,939.	12,169.			770.
• •		42,333.	1.2,109.			770.
e Other		-human (71) Kara (10) 13	_			
Total. Add lines 1a through 1e. (Column (d) must eq	јиат ногт 990, Рап X, сс	numn (B), Ilne 10(c).)		4.1. 5.2		770.
BAA			Scho	dule D (F	-ուտ կն	ルロンロ3.1

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

ВАА

Schedule D (Form 990) 2011 STEELWORKERS HEALTH & WELFARE FUND

23-1317409

Schedule D (Form 990) 2011 Part XIV Supplementa	STEELWORKERS	HEALTH & WELF	ARE FUND	23-1317409	Page 5
Part XIV Supplementa	I Information (con	tinued)			
				 	
<u></u>				 	
	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··			 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
STEELWORKERS HEALTH & WELFARE FUND	23-1317409
Pt_VI, Line 11aREVIEWED_BY_PRINCIPAL_OFFICERS_AND_SIGNING_TRUST	EE
Pt VI, Line 12c AREAS OF POSSIBLE CONFLICT REVIEWED BY TRUSTEES	AS_NEEDED
Pt VI, Line 15 DETERMINED BY THE TRUSTEES/ NO COMPENSATION	
Pt VI, Line 19 AVAILABLE UPON REQUEST	
Pt XI UNREALIZED INVESTMENT LOSS	
PT X, LINE 6 EMPLOYER CONTRIBUTION RECEIVABLE PER SETTLEMENT	AGREEMENT
	w
	··· ·· · · · · · · · · · · · · · · · ·
~	
~	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
STEELWORKERS HEALTH & WELFARE FUND

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Inspectio
Employer Identification number

23-1317409 Part III Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (f) Direct controlling entity (c) Legal domicile (state or foreign country) (e) End-of-year assets (a)
Name, address, and EIN of disregarded entity (b) Primary activity (1) Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) Primary activity (c) Legat domicile (state or foreign country) (d) Exempt Code section (e) Public charity status (if section 501(c)(3)) (f) Direct controlling entity (g) Sec 512(b)(13) controlled entity? (a)
Name, address, and EIN of related organization Yes No (1) USW LOCAL UNION #2227 25-0846197 1301 PHILIP MURRAY RD, WEST MIFFLIN PA 15122 LABOR UNION PA (2) MEMBERS CHOICE CREDIT UNION 61-6029190 145 RUSSELL ROAD, ASHLAND KY 41101 FINANCE ΚY (3) CITY OF RACELAND 61-6010998 711 CHINN STREET, RACELAND KY 41169 GOVERNMENT

KY

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

(4) See Continuation Sheet for Schedule R, Part II

TEEA5001 09/08/11

Schedule R (Form 990) 2011

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	Sec 512 controlle	5) 2(b)(13) d entity:
NORTH_SEWICKLEY TWP_25-6002334 893 MERCER ROAD, BEAVER FALLS PA 15010	T 0.07.					163	NO
	LOCAL GOVERNMENT	PA					
CONEMAUGH TWP SUPERVISORS 25-6000957 1120 TIRE HILL ROAD, JOHNSTOWN PA 15905	LOCAL						
	GOVERNMENT	PA					
USW LOCAL 1408 25-0844857 1000 JACKS RUN ROAD STE B, N VERSAILLES PA 15137	LABOR UNION						
		PA					
AUTHORITY BOROUGH OF CHARLEROI 25-6000132 3 MCKEEN AVE PO BOX 211, CHARLEROI PA 15022	UTILITY						
	WATER & SEWER	PA					
UNITED ELECTRICAL RADIO & MACHINE 13-1425760 ONE GATEWAY CENTER SIE 1400, PITTSEURSH, PA 15222-1416	LABOR UNION	PA					
LOGAN_TOWNSHIP_23-6000387 100_CHIEF_LOGAN_CIRCLE, ALTOONA_PA_16602	LOCAL						
CLOVER HILL PARK CEMETERY 38-1793068	GOVERNMENT	PA			1	-	
2425 B FOURTEEN MILE RD, BIRMINGHAM MI 48009	CEMETERY			4			
CITY OF CARROLLTON 37-6000924		MI					ļ
621 S. MAIN, CARROLLTON IL 62016	MUNICIPALITY						
ABDD 25-1757306		IL		-			
295 N KERRWOOD DR STE 108, HERMITAGE PA 16148	HUMAN SERVICES						
		PA					

TEEA5102 09/08/11

Part III Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	Sec 51: controlle	2(b)(13)
MICHIGAN CITY DEPT OF WATER WORKS 35-0320131 PO BOX 888, MICHIGAN CITY IN 46361	WATER UTILITY	IN			-	165	NO
EJB 30-0256566 2800 CRYSTAL DRIVE STE 600, ARLINGTON VA 22202	SERVICE PROVIDER	WA					
TOWNSHIP OF FORSYTH 38-6005316 186 W FLINT PO BOX 1360, GWINN MI 49841	MUNICIPALITY	мі					
UNITED COMMUNITY SERVICES 4 WORKING PAMILIES 23-2962223 601 HIESTERS LANE, READING PA 19605	EDUCATION & TRAINING	PA			***		
STEEL VALLEY AUTHORITY 25-1528181 1112 S. BRADDOCK AVB, SWISSVALE PA 15218	JOB RETENTION	PA					
COUNTY OF GREENE 37-6000925 519 N MAIN, CARROLLTON IL 62016	GOV'T	IL					
S.W. MICHIGAN COMMUNITY AMBULANCE 38-2094795 2100 W CHICAGO ROAD, NILES MI 49120	AMBULANCE SERVICE	MI				***	
CITY OF COLUMBIA, ILLINOIS 37-6001633 208 S. RAPP AVENUE, COLUMBIA IL 62236	CITY GOVERNMENT	IL					
CITY OF HILLIARD 31-6400562 3800 MUNICIPAL WAY, HILLIARD OH 43026	CITY SERVICES	ОН					

TEEA5102 09/08/11

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity		3) 2(b)(13) d entity?
CLOVERLAND ELECTRIC COOPERATIVE 38-0429495						TES	NO
725 E. PORTAGE AVE, SAULT STE MARIE MI 49783	_						
	ELECTRIC						
TURBULU HOUSE A RESTAURANCE COND. CE. ACCESADO	UTILITY	MI				 	
ELDERLY HOUSING DEVE & OPERATIONS CORP 65-0665009 1580 SAWGRASS CORP PKW STE210, SUNRISE FL 33323	nanopamenta de la companya de la com						
	LOW INCOME		VIII				
	SENIOR HOUSING	FL				ļ	<u> </u>
COPPERWELD VEBA 34-7040042 PO BOX 257, NEW SPRINGFIELD OH 44443				ACCUPATION AND ACCUPA			
	RETIREE HEALTH						
	PLAN	ОН				<u> </u>	ļ
UNITED STEELWORKERS 3403 25-0945294 PO BOX 472, FAYETTE CITY PA 15438							
	LOCAL						
TIGHT LOCAL CONT. OF GARAGES	UNION	PA		<u> </u>		-	<u> </u>
USW LOCAL 675 95-0865902 1200 E. 220TH ST, CARSON CA 90745				-			
	LABOR						
	UNION	CA				ļ	
GCS FEDERAL CREDIT UNION 37-0646488 3970 MARYVILLE RD, GRANITE CITY IL 62040				**************************************			
	FINANCIAL			## PART			
	INSTITUTION	IL	4			 	
USW ABG LOCAL 9 34-4231270 27087 OAKMEAD DR, PERRYSBURG OH 43551				**PARTITION OF THE PARTITION OF THE PART			
	REP THE WORKERS GLASS CITY&PILKINSTON	011				***	
AFT-UIT 51-0141649	GEASS CITIEPTERINSION	OH				1	
553 RT 3 A RUGGLES IV, BOW NH 03304							
222 147 27 17 18 26 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	UNION		ĺ				
	,	NH					
CF&I RETIREES VEBA 84-1232395			ĺ				
PO BOX 3190, PUEBLO CO 81005			1				
	HEALTH & WELFARE						
	FUND	co					

TEEA5102 09/08/11

Part III Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	Sec 513 controlle	2(b)(13)
PORTAGE TOWNSHIP SCHOOLS 35-6006350 6240 U.S. HWY 6, PORTAGE IN 46368	EDUCATION					Yes	NO
CITY OF GAHANNA 31-6400492 200 S HAMILTON RD, GAHANNA OH 43230	MUNICIPALITY	OH					
FALLOWFIELD TOWNSHIP 25-6001301 9 MEMORIAL DRIVE, CHARLEROI PA 15022	MUNICIPALITY	PA					******
TOWN OF N. STONINGTON 06-6002055 40 MAIN STREET, N. STONINGTON CT 06359	MUNICIPALITY	СТ					
STEELWORKERS PENSION TRUST 23-6648508 7 Neshaminy Interplex Ste 301, TREVOSE PA 19053	PENSION TRUST	PA					
USW LOCAL 7-1 INC 35-0679800 2045 SCHRAGE AVE, WHITING IN 46394	LABOR UNION	IN			***************************************		
S.W. PA WATER AUTHORITY 25-6009051 PO BOX 187, JEFFERSON PA 15344	WATER UTILITY	PA					
ALLEGIUS FEDERAL CREDIT UNION 35-1142187 244 ALLEGIUS DRIVE, BURNS HARBOR IN 46304	FINANCIAL INSTITUTION	IN					
SAULT STE MARIE AREA PUBLIC SCHOOL 38-6000948 876 MARQUETTE, SAULT ST MARIE MI 49783	PUBLIC SCHOOL	мі					

TEEA5102 09/08/11

Part III Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	Sec 51: controlle	3) 2(b)(13) ed entity?
NEGAUNEE PUBLIC SCHOOLS 38-6002593						Yes	No
	JBLIC						944W+++
SC	CHOOL	MI					
BEAVERDALE MEMOERIAL PARK INC 06-0256610 90 PINE ROCK AVE, NEW HAVEN CT 06515 CE	EMETERY	cm.					direktekkilaisetekilaisetekilaise
ODOUTTIN HOGDINAL OF 1634554	····-	CT	<u> </u>				
OROVILLE HOSPITAL 94-1634554 2767 OLIVE HIGHWAY, OROVILLE CA 95966	OSPITAL						
		CA					
	ABOR						
	NION	IN					
	ABOR & ENVIR	DC					
USW LOCAL 13-423 74-0814760	KOUP ISSUES	DC				+	
1500 JEFFERSON DRIVE, PT ARTHUR TX 77651	ABOR VION	TX					
BRULE COUNTY 46-6000095 300 SOUTH COURTLAND STE 103, CHAMBERLAIN SD 57325	YTNUC						
GC	OVERNMENT	SD				1	
	DUSING AUTHORITY						
	ENANT RENTAL	CT			***************************************	<u> </u>	
USW LOCAL 13-227 74-0814763 704 E PASADENA FWY, PASADENA TX 77506 UN	VION	TX					

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	Sec 51: controlle	3) 2(b)(13) d entity?
USW LOCAL 1138 25-0415467						Yes	NO
331 MARKET STREET, LEECHBURG PA 15656							
	LABOR						
	UNION	PA					
CHURCH OF THE BRETHREN HOME 25-0983062							
277 HOFFMAN AVE, WINDHEM PA 15963							
	HOME						
	FOR AGED	PA					
PA AFL-CIO 23-1575065							
319 MARKET STREET 3RD FL, HARRISBURG PA 17101							
	LABOR						
	UNION	PA					
USW LOCAL #105 42-0675220							
880 DEVILS GLEN ROAD, BETTENDORF IA 52722				<u> </u>			
	REPRESENTATIONAL						
***************************************		IA				<u> </u>	
UNITED STEELWORKERS 22-1416171							
193-195 ORIENT STREET, BAYONNE NJ 07002						1	
	UNION OFFICE						
HOLLI GERM OVER CRAPERTY OF A COROLO	LOCAL 4-406	NJ		1			
HOLY SEPULCHRE CEMETERY 38-1358396				1			
25800 W. TIN MILE RD, SOUTHFIELD MI 48033	OTHER DESIGNATION OF THE PERSON OF THE PERSO						
	CEMETERY						
NATIONAL LABOR COMMITTEE 12 200277	CHURCH	MI				+	
NATIONAL LABOR COMMITTEE 13-3695377 5 GATEWAY CENTER, PITTSBURGH PA 15222							
5 GAILWAI CENIER, PIIISBURGH PA 15222	LABOR RIGHTS						
	RESEARCH&ADVOCACY	NIV					
USW LOCAL 1899 13-4252227	RESEARCH&ADVOCACT	INI				 	
2014 A. STATE ST;RM 304, GRANITE CITY IL 62040							
2017 51 51515 51161 5017 0001115 (111 15 02010	UNION						
	REP	IL					
PACE INDUSTRY UNION MGT PENSION 11-6166763						+	
3320 PERIMETER HILL DR, NASHVILLE TN 37211							
	BENEFIT ADMIN						
		TN		1		1	I

TEEA5102 09/08/11

| Part II | Continuation of Identification of Related Tax-Exempt Organizations | (a) | (b) | (b) | (c) | (c)

TEEA5102 09/08/11

23-1317409

Page 2

Schedule R (Form 990) 2011 STEELWORKERS HEALTH & WELFARE FUND

(2) ACF INDUSTRIES LLC __20-0078940____ 101 CLARK STREET

(3) See Continuation Sheet for Schedule R, Part IV

ST CHARLES, MO 63301

N/A

NY

DE

MFG

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ACME STAMPING & WIRE FORMING							
25-0311040							
201 CORLESS ST	METAL						
PITTSBURGH, PA 15220	STAMPINGS	PW	N/A	c		***************************************	
AESYS TECHNOLOGIES LLC							
51-0405749						V	
693 NORTH HILLS ROAD	MFG						
YORK, PA 17402	"	DE	N/A	lc			
AGC CHEMICAL AMERICAS INC							
94-3343075]						
255 SOUTH BAILEY RD	COMPONDING						
DOWNINGTOWN, PA 19335	OF RESINS	DE	N/A	lc			
AHLSTROM FILTRATION LLC							
62-1801781	-						
122 WEST BUTLER STREET	SPECIALTY						
MT HOLLY SPRINGS, PA 17065	PAPER MFG	PA	N/A	lc			
AJR FLOORING LLC DBA KEYSTONE							
20-2596589]						
2969 SAMUEL DRIVE	WHOLESALE						
BENSALEM, PA 19020	RETAIL FLOORING	PA	N/A	c			
AMERICAN WARMING & VENT							
25-0661650	1						
120 S. PLAN ST PO BOX 677	MFG						
BRADNER, OH 43406	-	он	N/A	lc		www	
AMERISERV FINANCIAL							
25-0851535	-				***		
PO BOX 520	FINANCIAL						
JOHNSTOWN, PA 15907-0520	INSTITUTION	PA	N/A	lc			
AMETEK WESTCHESTER PLASTICS				<u> </u>			
14-1682544	-						
14097 CEMETERY ROAD	PLASTICS						
WAPAKONETA, OH 45895	COMPOUNDING	он	N/A	lc			

TEEA5104 08/25/11

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ANTIOCH UNIVERSITY							
31-0536640	-						
888 DAYTON ST STE 102	HIGHER						
YELLOW SPRINGS, OH 45387	EDUCATION	OH	N/A	lc			
ARAMARK UNIFORM CAREER APPAREL							
95-3082883							
115 N. 1ST ST	UNIFORM						
BURBANK, CA 91502	SERVICES	DE	N/A	c			
ARTISTIC CARTON CO DBS WHITE PIGEON	_			-			
36-0749800				200			
15781 RIVER STREET	PAPERBOARD						
WHITE PIGEON, MI 49099	MFG	MI	N/A	s			
AZCON_CORP_	_						
13-2925766							
19TH & ALLEGHENY RIVER	SCRAP METALS				1		
SHARPSBURG, PA 15215	RECYCLING	PA	N/A	s			
BARBER SPRING/STANDARD CAR TRUCK	_[
36-2704499	_					İ	
ONE MCCANDLESS AVE	SPRING						
PITTSBURGH, PA 15201	MANUFACTURE	DE	N/A	c			
BEAVER VALLEY ALLOY FOUNDRY	_						l
25-0345720	_						
4165 BRODHEAD ROAD	MFG						
MONACA, PA 15061		PA	N/A	С			
BIC CONSUMER PRODUCTS MFG CO INC	_]						
06-1558416	_]		İ				
565 BIC DRIVE	MFG						
MILFORD, CT 06460		CT	N/A	C			
BRP MFG COMPANY	_						
31-1524022	_						
637 NORTH JACKSON	MFG						
LIMA, OH 45801		OH	N/A	s			

TEEA5104 08/25/11

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
BUNGE NORTH AMERICA							
20-0537386							
11720 BORMAN DRIVE	AGRIBUSINESS						
ST LOUIS, MO 63146		MO	N/A	c			
CALABRIAN CORP							
13-2698438							ļ
5500 HWY 366	CHEMICAL						
PORT NECHES, TX 77651	MFG & SALE	DE	N/A	c			
CALGON CARBON CORP							
25-0530110							
PO BOX 717	MANUFACTURING	l					
PITTSBURGH, PA 15230-0717		DE	N/A	c			
CALGON CARBON CORP							
25-0530110]					***	
835 N CASSADY AVE	MFG OF					****	
COLUMBUS, OH 43219	ACTIVATED CARBON	PA	N/A	c]	
CENTURY ALUM OF KY				1			
31-1651182							
1627 STATE ROUTE 271 N	ALUM						
HAWESVILLE, KY 42348	SMELTER	KY	N/A	s			
CON-VEY KEYSTONE INC				İ			
93-0848024							
526 NE CHESTNUT AVE	EQUIPMENT						
ROSEBURG, OR 97470	MANUFACTURER	OR	N/A	s			
CONCAST METAL PRODUCTS CO							
25-1898567							
PO BOX 816	MFG OF						
MARS, PA 16046	BRONZE BARS	PA	N/A	s			
CONTOUR DRAPERY, INC.							
13-3444035						1	
306 W38 ST ROOM 702	SHADE						
NEW YORK, NY 10018	INSTALLATION	NY	N/A	lc			

TEEA5104 08/25/11

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
DAVIS WIRE PUEBLO							
20-0989652							
2100 S. FREEWAY BLDG 14	WIRE						
PUEBLO, CO 81001	MFG	co	N/A	c			
DAVIS-LYNCH GLASS CO							
55-0333130							
PO BOX 4268	MFG HANDBLOWN						
STAR CITY, WV 26504-4268	GLASS GLOBES	WV	N/A	s			
DOUBLE G COATING CO							
23-2689003							
1096 MENDELL DAVIS DR	COATING OF						
JACKSON, MS 39272	SHEET METAL	MS	N/A	s			
E. DILLON & CO					***************************************		
54-0261160					***************************************		
PO BOX 160 2522 SWORD CREEK RD	LIMESTONE						
SWORD CREEK, VA 24649	QUARY	VA	N/A	c	j		
EAGLE TOOL COMPANY							
36-3094802							
PO BOX 459	MANUFACTURING]	
IRON MOUNTAIN, MI 49801		MI	N/A	С			
EARLE M JORGENSEN COMPANY							
65-1269024							-
10650 S. ALAMEDA STREET	DISTRIBUTOR						
WYNWOOD, CA 90262		CA	N/A	С			
EAST DEER TWP							
25-6001171							
927 FREEPORT RD	MUNICIPAL			[
CREIGHTON, PA 15030	GOVERNMENT	PA	N/A	С			
EES COKE BATTERY LLC							
38-3558717						1	
414 S MAIN ST STE 600	COKE				-		
ANN ARBOR, MI 48104	BATTERY	MI	N/A	lc]	l _

TEEA5104 08/25/11

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
FALCON FOUNDRY CO							
34-0758814	-						
PO BOX 301 6TH & WATER	NON FERROUS						
LOWELLVILLE, OH 44436	FOUNDRY/MFR.	OH	N/A	lc			
FERRY INDUSTRIES INC							
34-0699098	-						
4445 ALLEN ROAD	MFG				-		
STOW, OH 44224-1093	-	ОН	N/A	lc			
FIBER GLASS SYSTEMS LP							
74-2843660	-						
2700 W. 65TH ST	MFG						
LITTLE ROCK, AR 72209	7	TX	N/A	lc .			
FLINK COMPANY						[
36-2335390	-						
502 N. VERMILLION ST.	MFG OF SNOW&ICE	ŀ					
STREATOR, IL 61364	CONTROL EQUIP	IL	N/A	s		į	
FLORENCE CASKET CO			,				
04-1332460							
16 BARDWELL ST POB 60098	MFG WOODEN						
FLORENCE, MA 01062	BURIAL CASKETS	MA	N/A	s			
FORMETAL, INC.			1				
34-4411835							
220 HOUGHTON ST PO BOX 416	COLD ROLL						
OAK HARBOR, OH 43449	FORMING	ОН	N/A	lc			
FORMETAL, INC.							
34-4411835	_						
220 HOUGHTON ST PO BOX 416	COLD ROOL						
OAK HARBOR, OH 43449	FORMING	OH	N/A	c			
FRENCH PAPER COMPANY							
38-0558730							
100 FRENCH ST PO BOX 398	PAPER						
NILES, MI 49120	MFG	MI	N/A	s			

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
FUZION TECHNOLOGIES INC							
06-1639759							
PO BOX 338	MFG						İ
FREEPORT, PA 16229	REFRACTORIES	DE	N/A	c			
GATX CORP							
36-1124040	1						
222 WEST ADAMS ST	RAILCAR						
CHICAGO, IL 60601	LEASING	NY	N/A	С			
GERRESHEIMER GLASS INC							
22-2784102							
537 CRYSTAL AVE	GLASS MFG						
VINELAND, NJ 08360		DE	N/A	<u> c</u>			
GRAND RIVER RUBBER & PLASTICS CO							
31-0887443							
2029 AETNA RD	MFG						
ASHTABULA, OH 44004		OH	N/A	s			
GROUP ASSOCIATES INC							
38-2779844						Augustus de la companya de la compan	
30800 TELEGRAPH STE 3800	BROKER					**************************************	
BINGHAM FARMS, MI 48025	BENEFIT ADMIN	MI	N/A	s			
GUARDIAN ANGELS HRC					•		
41-1810369							
1500 3RD AVE EAST	NURSING						
HIBBING, MN 55746	HOME	MN	N/A	С			
HARTFORD CITY PAPER LLC		ĺ					
06-1523467							
501 S SPRING ST PO BOX 30	PAPER						
HARTFORD CITY, IN 47348	MFG	IN	N/A	C			
HAVERHILL NORTH COKE CO							
23-2970292							
1011 WARRENVILLE RD STE600	MFG						
LISLE, IL 60532	OF COKE	DE	N/A	lc	ŀ		-

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicife (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HOFFINGER IND INC							
11-1981468							
315 W. SEBASTIAN ST	MFG						
WEST HELENA, AR 72390		AR	N/A	c			
HOFFINGER IND INC							
11-1981468							
315 N SEBASTIAN ST	MFG						
WEST HELENA, AR 72390		AR	N/A	lc			
HOLLIDAYSBURG AMER LEGION AMBULANCE							
25-1590442	-				-		
801 SCOTCH VALLEY BOX 461	EMERGENCY & NON-			ļ	De la constante de la constant		
HOLLIDAYSBURG, PA 16648-0461	EMERGENCY AMBULANCE	PA	N/A	c	and the same of th		
HYGRADE METAL MOULDING MFG CORP							
11-1992329							
1990 HIGHLAND AVE	MFG						
BETHLEHEM, PA 18020	1	PA	N/A	c			
IH SCHLEZINGER INC							
31-1608306							
1041 JOYCE AVE	SCRAP METAL						
COLUMBUS, OH 43219	PROCESSOR/RECYCLER	ОН	N/A	s			
INDEPENDENT CONCRETE PIPE							
34-4468887							
3756 CENTENNIAL ROAD	CONCRETE						
SYLVANIA, OH 43560	MANUFACTURING	OH	N/A	c			
INDIANA CARTON CO INC							
35-0977606							
1721 W. BIKE ST	PAPER FOLDING				-		
BREMEN, IN 46506-2123	CARTON MANUF	IN	N/A	s			
INDUSTRIAL NUT CORP							
34-4424163				•			
1425 TIFFIN AVE	MFG			-			
SANDUSKY, OH 44870		ОН	N/A	lc			

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(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
INFRSOURCE INSTALLATION LLC							
41-1625874	-					www.	
4033 EAST MORGAN ROAD	GAS					**************************************	
YPSILANTI, MI 48197	DISTRIBUTION	DE	N/A	С			
INGREDIAN INC							
22-3514823							
1515 S. DROVER ST	INGREDIENT						
INDIANAPOLIC, IN 46221	SOLUTIONS	IL	N/A	С			
INLAND EMPIRE PAPER CO]			
91-0267310	_			1			
3320 N. ARGONNE	PAPER MFG						
SPOKANE, WA 99212-2099		WA	N/A	lc			
INTERLAKE LEASING III INC	_						
20-0899336							
7300 ENGLE RD	WATER TRANS						
MIDDLEBURG HTS, OH 44130	ON THE GREAT LAKES	CT	N/A	s			
INTERNATIONAL CONVERTER LLC	_						
94-3062388	_						
1309 PAUL EDMUNDSON DRIVE	PAPER					ļ	
LAKA, MS 38852	CONVERTER	DE	N/A	c			
INTERPLASTIC CORP	_						
41-0850438	_					1	
1225 WILLOW BLVD	MFG						
ST PAUL, MN 55110		MN	N/A	<u> c</u>			
IVEX SPECIALITY BARER LLC	_						
20-3288157				l			
1 SLOAN STREET	PAPER						
PEORIA, IL 61603	MILL	DE	N/A	c			<u> </u>
J. TROCKMAN & SONS INC	_						
35-1725938	_[
PO_BOX_682	SCRAP METAL						
EVANSVILLE, IN 47704	PROCESSOR	IN	N/A	s			

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of lotal income	(G) Share of end-of-year assets	(H) Percentage ownership
JARDEN ZINC PRODUCTS LLC							
35-2000583							
2500 OLD STAGE RD	METAL CASTING						
GREENEVILLE, TN 37745	PLATING	IN	N/A	lc			
KEN-TRON MFG INC.							
61-1026507							
610 INDUSTRIAL DRIVE	MFG						
OWENSBORO, KY 42301		KY	N/A	s			
KENYON_COLLEGE							
31-4379507							
209 CHASE AVE	EDUCATION						
GAMBIER, OH 43022		он	N/A	c			
KIRCHER SUETHOLZ & GRAYSON PSC							
45-2487714]						
515 PARK AVENUE	LAW FIRM						
LOUISVILLE, KY 40208		KY	N/A	c			
KOPPERS INC							
25-1588399							
436 SEVENTH AVENUE	MANUFACTURING						
PITTSBURGH, PA 15219		PA	N/A	lc			
L'ANSE WARDEN ELECTRIC CO LLC							
38-3758502							
29639 WILLOW ROAD PO BOX 695	POWER GENERATION						
WHITE PINE, MI 49971	UTILITY	MI	N/A	lc			
L-3 COMMUNICATIONS							
13-3937436							
600 3RD AVE	COMMUNICATIONS						
NEW YORK, NY 10016	<u> </u>	NY	N/A	c			
LEFCO ILLINOIS ENVIROTECH, INC.							
76-0653147							
330 RAYFORD RD #352	MECHANICAL						
SPRING, TX 77386	DEWATERING	TX	N/A	c			

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(A)	(B)	(C)	· (D)	(E)	(F)	(G)	(H)
Name, address, and ElN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
LERCH BROTHERS INC							
41-0374010]		
PO BOX 481	ANALYTICAL						
MOOSE LAKE, MN 55767	LAB	MN	N/A	lc			
LINDEN HALL CORP							
25-1299377							
432 LINDEN HALL ROAD	LODGING, GOLF						ļ
DAWSON, PA 15428	WEDDINGS	PA	N/A	c			
LOUISVILLE FIRE BUICK WORKS							
61-0264080				-			
PO BOX 9229	MFG FIRE			***			
LOUISVILLE, KY 40209	BRICK	KY	N/A	¢			
MAGNA VISUAL INC		İ					l
43-0783520							
9400 WATSON ROAD	MFG						
ST LOUIS, MO 63126-1596		МО	N/A	s			
MANLEY BROS OF INDIANA INC							
35-1322741							
300 S. VERMILLION ST	SILICA SAND						
TROY GROVE, IL 61372	MINING	IL	N/A	s			
MARKET FORGE INDUST							
04-3130634							
35 GARVEY STREET	MFG						
EVERETT, MA 02149		MA	N/A	s			
MARKET FORGE INDUSTRIES INC							
04-3130634							
35 GARVEY ST	MFG						
EVERETT, MA 02149		MA	N/A	С			
MAYER POLLOCK STEEL CORP							
23-1593945							
850 INDUSTRIAL HIGHWAY BOS 759	SCRAP PROCESSING		1	***************************************			
POTTSTOWN, PA 19464	DISMANTLING	PA	N/A	s			

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
MEDALLION SLEEP PRODUCTS INC							
36-4317573							
752 30TH AVE S.E.	MFG OF						
MINNEAPOLIS, MN 55414	BEDDING	IL	N/A	s			
MIAMI VALLEY PAPER LLC							
20-1058065							
4130 OXFORD RD	MFG PAPER						
FRANKLIN, OH 45005	PRODUCTS	DE	N/A	c			
MISSISSIPPI POLYMERS INC							
75-3095103				**************************************			
2733 SO. HARPER RD	MFG						
CORINTH, MS 38834		MS	N/A	s			
MODERN TRANSPORTATION SERVICE LLC				· · · · · · · · · · · · · · · · · · ·			
45-2094211				****			
2605 NICHOLSON RD	TRUCKING						
SEWICKLEY, PA 15143		PA	N/A	С			<u> </u>
MPS/1H_LLC				***			
26-4418510				-			
5800 W. GRAND RIVER AVE	PRINTING			***************************************			
LANSING, MI 48906		DE	N/A	С			
MUNDET INC							
54-1397696				1			
PO BOX 70	GRAVORE						
COLONIAL HEIGHTS, VA 23834	PRINTER	VA	N/A	c			
NATIONAL MATERIAL CO							
36-4289613							
101 CAIRNS RD	STEEL						
MANSFIELD, OH 44901	PROCESSING	IL	N/A	C			
NEFF ELECTRIC CO INC							
25-1185776							
1909 8TH AVE BOX 392	ELECTRICAL					***************************************	
ALTONNA, PA 16603	CONTRACTOR	PA	N/A	c			

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NEW ENGLAND CASKET CO							
04-1660710	-		1				
1141 BENNINGTON STREET	MFG WOOK						
EAST BOSTON, MA 02128	CASKETS	ма	N/A	s			
NEW NGC INC DBA NTL GYPSUM CO							
75-2474490			1				
2001 REXFORD RD	MFG GYPSUM		1				
CHARLOTTE, NC 28211	WALLBOARD	NC	N/A	С			
NILES STEEL TANK CO							
38-2808460							
1701-A TERMINAL RD PO BOX 728	MFG OF						
NILES, MI 49120	TANKS	MI	N/A	s			
NYCO MINERIALS INC							
48-0888173	-						ļ
803 MOUNTAIN VIEW DR PO BOX 368	MINING						
WILLSBORO, NY 12996		ИY	N/A	С			
O.P. SCHUMAN & SONS INC	.]						
23-1623747	_						
2001 COUNTE LINE RD	MFG						
WARRINGTON, PA 18976		PA	N/A	S			
OLSON TECHNOLOGIES INC	_			1			
23-2361912	_						
160 W WALNUT ST	MFG INDUSTRIAL				A		
ALLENTOWN, PA 18102	VALVES	PA	N/A	c			
PARKVIEW MEMORIAL ASSOC	.						
38-0909720	.				ĺ		
34205 FIVE MILE RD	CEMETERY						
LIVONIA, MI 48154		MI	N/A	c			
PECHTER INC DBA ALTOONA PIPE & STEEL	_						
25-1368979						•	
1128 NINTH AVENUE	STEEL FAB, DISTR.						
ALTONNA, PA 16602	& RAILCAR REPAIR	PA	N/A	s			

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PILGRAM SCREW CORP							
05-0268246							
120 SPRAGUE STREET	MFG-SCREWS					}	
PROVIDENCE, RI 02907	FASTENERS, BOLTS	RI	N/A	s			
PIRAMAL GLASS-USA INC							
83-0438747						***************************************	
401 RT 73	GLASS CONTAINER						
N. MARLTON, NV 08053	MFG	МО	N/A	lc			
PLANT MAINTENANCE INC							
91-1748481							
PO BOX 48	INDUSTRIAL						
MARTINEZ, CA 94553	SERVICES	CA	N/A	s			
POWDER PROCESSING&TECHNOLOGY							
36-4500020			}				
5103 EVANS AVE	MFG						
VALEARAISO, IN 46383		IN	N/A	c			
PROGRESSIVE MACHINE WORKS				***************************************			
23-1613204							
100 S. SECOND ST	CONTRACT				AVA		
HAMBURG, PA 19526	MACHINING	PA	N/A	С			
RANGE CENTER INC							
41-0882739							
PO BOX 629 1001 NW 8TH AVE	RESIDENTIAL FOR						
CHISHOLM, MN 55719	ADULTS W D.D.	MIN	N/A	С			
RAVENSWOOD FEDERAL CREDIT UNION							
55-0454189							
PO BOX 67	FINANCIAL						
RAVENSWOOD, WV 26164	INSTITUTION	WV	N/A	lc			ļ
REESE ENTERPRISES, INC.							
41-0498930							
16350 ASHER AVE PO BOX 459	MFG				}		-
ROSEMOUNT, MN 55068		MN	N/A	s			<u> </u>

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REVERE PACKAGING LLC							
36-4714782							
39 PEARCE INDUSTRIAL RD	MFG						
SHELBYVILLE, KY 40065		KY	N/A	c			
RIMTEC CORPORATION							
52-1665125							
1702 BEVERLY ROAD	PRODUCTION						
BURLINGTON, NJ 08016]	NJ	N/A	c			
ROAD BUILDERS LLC					·		
36-4516278				ļ			1
PO BOX 388	LIMESTONE QUARRY						
GREENVILLE, KY 42345	BITUMINOUS ASPHALT	KY	N/A	s			
ROCK-TENN COMPANY							
62-0342590							
504 THRASHER ST	PAPERBOARD &			1			
NORCROSS, GA 30071	PAPER MFG	GA	N/A	c			
ROESSING MONTGOMERY COMPANY							
25-1320414						ļ	
1616 NOBLE ST BOX 7790	BEND ROUND				1	£	
PITTSBURGH, PA 15215-0790	PIPE & TUBING	PA	N/A	С			
ROOT SPRING SCRAPER CO]	
38-0982710							
527 W. NORTH STREET	MFG OF SNOW						
KALAMAZOO, MI 49007	REMOVAL EQUIP	мі	N/A	c			
ROYAL ADHESIVES & SEALANTS LLC							
27-5492324							
2001 W. WASHINGTON ST	PRODUCTION						
SOUTH BEND, IN 46628	OF ADHESIVES	DE	N/A	c			
SALEM TUBE INC							
25-1651664							
951 FOURTH STREET	MANUF OF STAINLESS			1			
GREENVILLE, PA 16125	STEEL & NICOLL ALOY TORING	DE	N/A	c	ļ		

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SEKISUI SPECIALTY CHEMICALS							
80-0404851							
1501 LBJ FWY STE 530	SPECIALTY						
DALLAS, TX 75234	CHEMICALS MFG	TX	N/A	c .		***************************************	
SENECA PETROLEUM COMPANY							
36~1755250							
13301 S. CICERO AVE	ASPHALT MFG						
CRESTWOOD, IL 60445		IL	N/A	s			
SETCO							
31-1183281]						
5880 HILLSIDE AVE	MFG						
CINCINNATI, OH 45233		ОН	N/A	s			
SHENANGO INCORP							
25-1104158							
414 S MAIN ST STE 600	COKE						
ANN ARBOR, MI 48104	BATTERY	MI	N/A	c			
SILBERLINE MFG CO INC							
35-1273539						S	
130 LINCOLN DRIVE PO BOX B	MFG OF PERFORMANCE						
TAMAQUA, PA 18252	SPECIAL EFFECT PIGHENTS	IN	N/A	s			
SILGAN WHITE CAP CORP]			j	
43-1998287							
1701 WILLIAMSBURG PIKE	MFG]				
RICHMOND, IN 47374		DE	N/A	c			
SIMPSON TACOMA KRAFT CO			1				
93-0716603							
801	PULP AND						
PORTLAND AVE, WA 98421	PAPER MILL	WA	N/A	s			
SODEXO INC							
52-0936594							
PO BOX 352	FOOD						
BUFFALO, NY 14240	SERVICE	ИХ	N/A	lc			

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SOLVAY FLUORIDES LLC							
06-1433584	***************************************						
3500 MISSOURI AVE	CHEMICAL						
ALORTON, IL 62205	MFG	TX	N/A	c			
SPECIALTY PIPE & TUBE INC	l						
34-0940501							
PO BOX 5161 3600 UNION ST	PIPE CO						
MINERAL RIDGE, OH 44440		OH	N/A	С			
STARS&STRIPS DECORATING	[***		
11-3198553							
33-11 37TH AVE	RENTAL						
LONG ISLAND CITY, NY 11101		NY	N/A	С			
STEELWORKERS CHARITABLE & EDUC ORGAN							
83-0400973							
3340 PERIMETER HILL DRIVE	WORKPLACE HEALTH						
NASHVILLE, TN 37211	SAFETY TRAINING	PA	N/A	c			
SUN CHEMICAL CORP							
22-2761297				ł			
35 WATERVIEW BLVD	MFG						
PARSIPPANY, NJ 07054		NJ	N/A	c			
TAYLOR BROTHERS WELDING SERVICE							
37-0915007							
234 E. MAIN ST PO BOX44	MACHINE						
TAMAROA, IL 62888	& WELD SHOP	DE	N/A	С			
TDY INDUSTRIES DBA ATI CASTING	1						
95-2316679							
300 PHILADELPHIA ST	MFG						
LAPORTE, IN 46350	IRON CASTING	CA	N/A	С			
TECHNEGLAS INC					L		
22-2784100					***************************************		
2100 N WILINSON WAY	MANUFACTURING		1				
PERRYSBURG, OH 43551		OH	N/A	С			

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Fart 1985 Continuation of Identification of Identification	Organizations						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
TELEWELD INC.							
36-1855555							
416 N. PARK STREET	MFG MASS-TRANSIT						
STREATOR, IL 61364	SIGNS, RAIL CARS	IL	N/A	s			
TENSION ENVELOPE CORP							
22-1589367							
5900 TENSION DRIVE	MFG						
FORT WORTH, TX 76112		TX	N/A	С			
THE AITL EMERY DBA EMERY WINSLOW SCALE							
35-1287381							
4530 N. 25TH ST	MFG						
TERRE HAUTE, IN 47805		IN	N/A	С			
THE ALPHA CORP OF IN							
62-1173820							
955 HIGHWAY 57, EAST	CHEMICAL						
COLLIERVILLE, TN 38017-5205	MFG	TN	N/A	c			ļ .
THE CHAPIN & BANGS CO							
06-0290380							
165 RIVER ST	STEEL						
BRIDGEPORT, CT 06604	SERVICE	CT	N/A	c			
THE DANIELS COMPANY						•	
25-1216572							
238 MARKELL DRIVE	ENGINEERING					1	
BLUEFIELD, WV 24701		WV	N/A	s			
THE WILLIAM POWELL CO		- Landers - Land			ļ		
31-0410580			1		A		
2503 SPRING GROVE AVE	MFG						
CINEY, OH 45214	VALVES	ОН	N/A	<u>c</u>			ļ
TINIUS OLSEN TESTING MACHINE CO							
23-0931190							
1065 EASTON ROAD	MFG						shrives and
HORSHAM, PA 19044	1	PA	N/A	lc			1

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(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
TRIGON HOLDING INC							
20-3780658							
124 HIDDEN VALLEY ROAD	HOLDING CO FOR						
MCMURRAY, PA 15317	MANUP SUBSIDIARIES	PA	N/A	s			
TROY LAMINATING & COATING							
31-1708662							
421 S UNION ST	MFG						1
TROY, OH 45373		DE	N/A	С			İ
TRUE TEMPER SPORTS INC							
27-1422134							
8275 TOURNAMENT DR STE 200	MFG						
MEMPHIS, TN 38125		MS	N/A	c			
TUBER FABRICATIONS IND INC							
33-1137019							
130 E INDUSTRIAL BLVD	MFG						
LOGANSPORT, IN 46947		IN	N/A	С			
UPPER ALLEGHENY JOINT SANITARY							
25-1116685							
PO_BOX_431	MUNICIPAL					ļ	
TARENTUM, PA 15084-0431	AUTHORITY	PA	N/A	C			
WHITE CHAPEL MEMORIAL ASSOC							
38-1166880							
901 WILSHIRE DR STE 205	CEMETERY						
TROY, MI 48084		MI	N/A	С			
WHITE PINE COPPER REFINERY	[
76-0224854							İ
E807 GERVE STREET	COPPER						
STEPHENSON, MI 49887	REFINERY	MI	N/A	С			
WHITE PINE ELECTRIC POWER LLC					<u> </u>		
83-0393233					est control of the co		
291639 WILLOW ROAD PO BOX 695	POWER GENERATION				***		
WHITE PINE, MI 49971	UTILITY	MI	N/A	lc			

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23-1317409

	· ·-·		·				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
WIREROPE WORKS INC							
01-0807713							
100 MAYNARD STREET	MFG OF						
WILLIANSPORT, PA 17701	WIREROPE	PA	N/A	s			

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Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Fo	rm 990, Part IV, line	e 34, 35, 35a, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations	isted in Parts II-IV?		237537	W. 580	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a	1	x
b Gift, grant, or capital contribution to related organization(s)					х
c Gift, grant, or capital contribution from related organization(s)				1	х
d Loans or loan guarantees to or for related organization(s)			. 1d		х
e Loans or loan guarantees by related organization(s)					х
			2000	SASS	
f Sale of assets to related organization(s)			. 1 f	Jangarana.	X
g Purchase of assets from related organization(s)			_		x
h Exchange of assets with related organization(s)					X
i Lease of facilities, equipment, or other assets to related organization(s)					x
Leader of Jackinson, experiment, or arrival accordance organization (4)				922	
j Lease of facilities, equipment, or other assets from related organization(s)			11	1 667 250 523	X
k Performance of services or membership or fundraising solicitations for related organization(s)					x
Performance of services or membership or fundraising solicitations by related organization(s)					X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					T X
n Sharing of paid employees with related organization(s).					Î
n Shaning of paid employees with related digarazation(s).			1000000000	200220	
Reimbursement paid to related organization(s) for expenses			10	BRAGA.	X
Reimbursement paid to related organization(s) for expenses					X
p Reimbursement paid by related organization(s) for expenses.			. 1p	20000000	
			9888		
q Other transfer of cash or property to related organization(s)				ļ	X
r Other transfer of cash or property from related organization(s)		······	<u>. 1 r</u>	<u></u>	l X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including coverage.	ered relationships and tra	nsaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved M	ethod of amount	d) detern involv	nining ed
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
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Part VIII Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionale allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	, (,	Yes	Nο	1
			-		**************************************								
(3)													
.(4)													:
(5)													
(6)													
(7)													
													0001 0044

Schedule R (Form 990) 2011 STEELWORKERS HEALTH & WELFARE FUND Part VII Supplemental Information	23-1317409	Page 5
Complete this part to provide additional information for responses to questions on (see instructions).	Schedule R	
SCH R, PART II&IV RELATED ORGANIZATIONS ARE CONTRIBUTING EMPLOYERS		
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