

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1245-0003
Expires 10-31-2013

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only RECEIVED APR 15 2013 OLMS DRDA	1. FILE NUMBER 069-223	2. PERIOD COVERED MO DAY YEAR From 01 01 2012 Through 12 31 2012	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name CARL Last Name VANDERPOHL P.O. Box • Building and Room Number (if any) Number and Street 1170 W GOODFARM RD City DWIGHT State IL ZIP Code + 4 60420		
4. AFFILIATION OR ORGANIZATION NAME Steelworkers AFL-CIO		5. DESIGNATION (Local, Lodge, etc.) Local Union	
6. DESIGNATION NUMBER 7-865		7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u><i>Conley T. ...</i></u> 3/26/13 Date (815) 886-0495 Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u><i>Al ...</i></u> 3/26/13 Date (815) 260-4571 Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ Yes ☒ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ Yes ☒ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? ☐ Yes ☒ No
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 108

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 12500

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR 09 2015

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees					
Dues/Fees	Amount	Unit	Minimum	Maximum	
(a) Regular Dues/Fees	\$ 75	per mo.			
(b) Initiation Fees	\$ 125	per			
(c) Transfer Fees	\$	per			
(d) Work Permits	\$	per			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

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(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: TERRELL, First Name: COMLEY, MI: Title: PRESIDENT, Status: C			3519		3519
2. Last Name: ROBERTS, First Name: ROBERT, MI: Title: VICE PRESIDENT, Status: C			3223		3223
3. Last Name: EINHAUS, First Name: JOE, MI: Title: CHIEF STEWARD, Status: C			3223		3223
4. Last Name: JORDAN, First Name: WILLIAM, MI: Title: TREASURER, Status: P			1466		1466
5. Last Name: BASHAM, First Name: TERRY, MI: Title: RECORDING SECRETARY, Status: N			1896		1896
6. Last Name: VANDERPOHL, First Name: CARL, MI: Title: TREASURER, Status: N			2053		2053
7. Last Name: , First Name: , MI: Title: , Status:					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8			15380	3-25-13 CW 15380	15380
Enter the total from Line 11 in Item 45 ⇨			10. Less Deductions		
			11. Net Disbursements		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	4417	8008	32. Accounts Payable.....		
	26. Loans Receivable			33. Loans Payable.....		
	27. U.S. Treasury Securities			34. Mortgages Payable.....		
	28. Investments			35. Other Liabilities.....		
	29. Fixed Assets.....			36. TOTAL LIABILITIES..		
	30. Other Assets.....			37. NET ASSETS (Item 31 less Item 36)...	4417	8008
	31. TOTAL ASSETS.....	4417	8008			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	25251	45. To Officers (from Item 24)	15380
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits.....		47. Per Capita Tax	5878
	41. Interest & Dividends		48. Office & Administrative Expense.....	12
	42. Sale of Investments & Fixed Assets.....		49. Professional Fees.....	
	43. Other Receipts		50. Benefits.....	
	44. TOTAL RECEIPTS.....	25251	51. Contributions, Gifts & Grants.....	250
	<p>If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets....	
53. Loans Made.....				
54. Other Disbursements.....			140	
55. TOTAL DISBURSEMENTS.....			21660	