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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see Instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

C Name of organization

D Employer identification number

United Steelworkers Local 449

01-6014196

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO Box 898

City or town

state or country

ZIP + 4

Waterville

ME

04901

Application pending

E Telephone number

(207) 872-0957

F Group Exemption

Number ►

0260

G Accounting Method: Cash Accrual Other (specify) ► _____

I Website: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) ► (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 142,320

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 130,675
4	Investment income	4 1,876
5a	Gross amount from sale of assets other than inventory	5a
b	Less cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c	Less direct expenses from gaming and fundraising events	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	7a
b	Less cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8	► \$ 142,320
10	Grants and similar amounts paid (list in Schedule O)	10 4,948
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12 103,502
13	Professional fees and other payments to independent contractors	13 2,908
14	Occupancy, rent, utilities, and maintenance	14 18,149
15	Printing, publications, postage, and shipping	15 777
16	Other expenses (describe in Schedule O)	16 58,962
17	Total expenses. Add lines 10 through 16	► 17 189,246
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -46,926
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	► 19 402,308
20	Other changes in net assets or fund balances (explain in Schedule O)	► 20 -2,307
21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21 353,075

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

23NE

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	297,008	22 250,082
23	Land and buildings	105,300	23 105,300
24	Other assets (describe in Schedule O)		24
25	Total assets	402,308	25 355,382
26	Total liabilities (describe in Schedule O)		26 2,307
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	402,308	27 353,075

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Collective Bargaining

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 The Local Union was established to negotiate Collective Bargaining Agreements

to better the working conditions of the Local Union, and provide representation to its Members

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses. (add lines 28a through 31a) ► 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Herman Drouin				
President	Hr/WK 9 00	11,084		
Michael Higgins				
Vice President	Hr/WK 9 00	11,495		
Kelly Bonnell				
Recording Secretary	Hr/WK 9 00	11,614		
David Joseph				
Treasurer	Hr/WK 8 00	10,344		
Larry Desmond				
Financial Secretary	Hr/WK 4 00	6,208		
Blane Breton				
Trustee	Hr/WK 1 00	1,265		
Joey St Pierre				
Trustee	Hr/WK 6 00	7,473		
Marc Landry				
Trustee	Hr/WK 5 00	4,397		
Richard Schenk				
Guard	Hr/WK 1 00	924		
James Grard				
Guard	Hr/WK 1 00	583		
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. <input type="checkbox"/>	
Question	Yes <input type="checkbox"/> No <input type="checkbox"/>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33 <input type="checkbox"/> X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34 <input type="checkbox"/> X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a <input type="checkbox"/> X 35b <input type="checkbox"/> X 35c <input type="checkbox"/> X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36 <input type="checkbox"/> X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a b Did the organization file Form 1120-POL for this year?	37b <input type="checkbox"/>
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved	38a <input type="checkbox"/> X 38b <input type="checkbox"/>
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	39a <input type="checkbox"/> 39b <input type="checkbox"/>
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40b <input type="checkbox"/> 40c <input type="checkbox"/> 40e <input type="checkbox"/> X
41 List the states with which a copy of this return is filed ► _____	
42 a The organization's books are in care of ► Larry Desmond Located at ► 577 Benton Avenue City Winslow ST ME ZIP + 4 ► 04901 Telephone no ► (207) 872-4941	42b <input type="checkbox"/> X 42c <input type="checkbox"/> X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ► <input type="checkbox"/>	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44a <input type="checkbox"/> X 44b <input type="checkbox"/> X 44c <input type="checkbox"/> X 44d <input type="checkbox"/> 45a <input type="checkbox"/> X 45b <input type="checkbox"/> X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here			2/11/2013
	Signature of officer		Date
	David Joseph		Treasurer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

United Steelworkers Local 449

Employer identification number

01-6014196

Form 990-EZ, Part I, Line 8, Other Revenue, Rental Income: 899

Form 990-EZ, Part I, Line 8, Other Revenue, Refunds: 1,600

Form 990-EZ, Part I, Line 8, Other Revenue, Workers Comp Insurance: 400

Form 990-EZ, Part I, Line 8, Other Revenue, Union Apparel Purchased: 6,870

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Maine Fair Trade

Campaign, Cash Grant: 250, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Webster Baird

Scholarship, Cash Grant: 2,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Central Maine Hoops

Cash Grant: 200, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Women of Steel, Cash

Grant: 300, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Northern Star Lodge

Cash Grant: 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Winslow 4th of July

Committee, Cash Grant: 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Maine AFL-CIO, Cash

Grant: 200, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, American Cancer

Society, Cash Grant: 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Central Maine

Hurricanes, Cash Grant: 150, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Fairfield Football

Cash Grant: 150, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Donation, Grantee, Todd St Pierre Golf

Classic, Cash Grant: 100, Relationship

Name of the organization

United Steelworkers Local 449

Employer identification number

01-6014196

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Maine Labor Classic,

Cash Grant 150, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee The Maine Childrens

Home, Cash Grant 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee SAHS Ice Hockey

Boosters, Cash Grant 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Flowers and Memorials,

Cash Grant 548, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Travel 12,691

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 32,780

Form 990-EZ, Part I, Line 16, Other Expenses Per Capita Fees 191

Form 990-EZ, Part I, Line 16, Other Expenses Dues Refunded 986

Form 990-EZ, Part I, Line 16, Other Expenses Direct Taxes 12,314

Form 990-EZ, Part I, Line 20, Net Assets Increase in Liabilities -2,307

Form 990-EZ, Part II, Line 26, Liabilities Unremitted 4th Quarter Taxes Beginning of year

0, End of year 2,307