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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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 **JANUARY 1**, 2012, and ending **DECEMBER 31**, 20 **12****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED STEELWORKERS INTERNATIONAL UNION LOCAL 499**

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

Room/suite

PO BOX 482

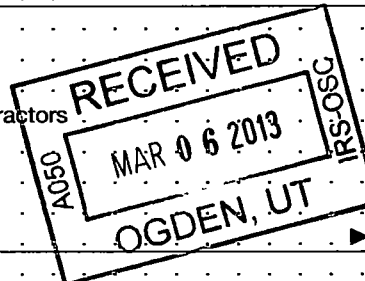
City or town, state or country, and ZIP + 4

SAINT MARYS, WV 26170**D** Employer identification number**55-0403320****E** Telephone number**740-525-6929****F** Group ExemptionNumber ► **0260****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** 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. ► \$**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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	62446
	4	Investment income	4	171
	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)	5c	0
	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)	6d	0
	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)	7c	0
	8	Other revenue (describe in Schedule O)	8	677
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63240
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	7779
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	33424
	13	Professional fees and other payments to independent contractors	13	3277
	14	Occupancy, rent, utilities, and maintenance	14	8888
	15	Printing, publications, postage, and shipping	15	6250
	16	Other expenses (describe in Schedule O)	16	14621
	17	Total expenses. Add lines 10 through 16	17	74239
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10999
	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	112486
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	101487

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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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	107928	22 96929
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	4558	24 4558
25	Total assets	112486	25 101487
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	112486	27 101487

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?

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 LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER WORKING CONDITIONS OF THE LOCAL UNION AND TO 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

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 ☐

[illegible]

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 ☐

	Yes	No
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 checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
35a 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)?	35a	<input checked="" type="checkbox"/>
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	35b	<input checked="" type="checkbox"/>
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	35c	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a 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?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 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	40b	<input checked="" type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ N/A		
42a The organization's books are in care of ▶ MICHAEL BARNHOUSE Telephone no. ▶ 740-525-6929 Located at ▶ 128 WEST SPRING ST., MARIETTA, OH ZIP + 4 ▶ 45750-2351		
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)?	42b	<input checked="" type="checkbox"/>
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.?	42c	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b 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)	45b	<input checked="" type="checkbox"/>

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

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 ☐

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

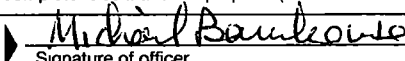
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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		2/28/13
	Signature of officer	Date
	MICHAEL BARNHOUSE, FINANCIAL SECRETARY	
	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

PART IV				
List of Officers, Directors, Trustees and Key Employees				
(a) Name & Address	(b) Title & ave hours	(c) Compensation	(d)	(e) Expense account and other allowances
BRADLEY BARKER	GRIEVER - PT	406		
315 WEST MAIN ST. PADEN CITY, WV 26159	NEW			
MICHAEL D BARNHOUSE	SECRETARY-TREASURER - PT	\$ 5,885 00	\$ -	\$ 650 00
128 WEST SPRING ST., MARIETTA OH 45750	CONTINUE			
ERVIN D BEST, JR	TRUSTEE - PT	\$ 376 00	\$ -	\$ -
15 MELODY LANE, MARIETTA, OH 45750	PAST			
LEWIS BIRKHIMER	TRUSTEE - PT	\$ 657.00		\$ 6 00
625 TRIPPLET ST , BELMONT WV 26134	NEW			
STEVE B BOSO	GRIEVER - PT	\$ 688 00	\$ -	\$ 72 00
2050 CONGRESS RD , BELPRE, OH 45714	CONTINUE			
STEVEN R CAMPBELL	GRIEVER - PT	\$ 688 00	\$ -	\$ -
7892 S PLEASANTS HWY., ST MARYS, WV 26170	CONTINUE			
MICHAEL L CARPENTER	GRIEVER - PT	\$ 688 00	\$ -	\$ 33 00
543 TOWER ROAD, ST MARYS, WV 26170	CONTINUE			
CHAD COTTRILL	TRUSTEE - PT	\$ 282 00	\$ -	\$ -
458 ALLEMAN HILL RD, WALKER, WV 26180	PAST			
CHRISTOPHER L DEATON	TRUSTEE - PT	\$ 282 00	\$ -	\$ -
205 SOUTH WELLS ST, SISTERSVILLE, WV 26175	PAST			
RICK A GIFFORD	PRESIDENT - PT	\$ 7,398 00	\$ -	\$ 707 00
510 41ST STREET, VIENNA, WV 26105	CONTINUE			
DUANE E LARSEN, JR	UNIT PRESIDENT - PT	\$ 2,753 00	\$ -	\$ -
PO BOX 311, BELMONT, WV 26134	CONTINUE			
RALPH N LEASBURG	GRIEVER - PT	\$ 688 00	\$ -	\$ -
PO BOX 155, ELLENBORO, WV 26346	CONTINUE			
THEODORE H MCCULLOUGH	UNIT PRESIDENT - PT	\$ 3,004 00	\$ -	\$ -
250 ROAD RUN ROAD, ST MARYS, WV 26170	CONTINUE			
LYLE S MEEKS	GRIEVER - PT	\$ 799 00	\$ -	\$ -
312 BARKWILL ST , ST MARYS, WV 26170	CONTINUE			
RALPH M MILLER	GRIEVER - PT	\$ 688 00	\$ -	\$ -
659 OAK GROVE EXT RD , ST MARYS, WV 26170	CONTINUE			
PAUL M NICHOLS	TREASURER - PT	\$ 5,596 00	\$ -	\$ 991 00
17 MOUND MANOR, ST.MARYS, WV 26170	CONTINUE			
DANNY RIDDLE	TRUSTEE - PT	\$ 632 00		\$ 22 00
321 REED ST., PENNSBORO, WV 26415	NEW			
CLAYTON D TAYLOR	TRUSTEE - PT	\$ 688.00	\$ -	\$ -
144 UPPER EUREKA RD, BELMONT, WV 26134	NEW			
JEFFERY TAYLOR	RECORDING SECRETARY - PT	\$ 1,907 00	\$ -	\$ -
625 RUBY ST., BELMONT, WV 26134	NEW			
DON WESTBROOK	GRIEVER - PT	\$ 595 00		\$ -
2603 BROAD ST , PARKERSBURG, WV 26101	NEW			
DANIEL C WILSON	VICE PRESIDENT - PT	\$ 2,753 00	\$ -	\$ 33 00
615 RIVERVIEW DR , BELMONT, WV 26134	CONTINUE			
MICHAEL WOMACK	RECORDING-SECRETARY - PT	\$ 1,887 00	\$ -	\$ 137 00
225 LINCOLN DRIVE, MINERAL WELLS, WV 26150	PAST			

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 INTERNATIONAL UNION LOCAL 499

Employer identification number

55-0403320

REVENUE - PART 1, LINE 8 - HOTEL REIMBURSEMENT AND PER DIEM REIMBURSEMENT

EXPENSES - PART 1, LINE 10 - MEMORIAL FLOWERS AND DONATIONS

EXPENSES - PART 1, LINE 16 - FEDERAL AND STATE TAXES; STATE UNEMPLOYMENT COMPENSATION

Employer identification number

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank white space. There are no margins, text, or other markings present.