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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20																																		
B Check if applicable <ul style="list-style-type: none"> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending 	C Name of organization UNITED STEELWORKERS 01449 LOCAL Number and street (or P O box, if mail is not delivered to street address) RR 1 BOX 421 Room/suite City or town, state or province, country, and ZIP or foreign postal code PETERSTOWN, WV 24963-9715																																	
D Employer identification number 31-0907702	E Telephone number 304-753-9890																																	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																																	
I Website: ► N/A																																		
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																		
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Labor Union																																		
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 65058																																		
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 <input checked="" type="checkbox"/>																																		
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> 1 Contributions, gifts, grants, and similar amounts received </td> <td style="width: 25%; text-align: right; vertical-align: top;"> 1 0 </td> </tr> <tr> <td style="vertical-align: top;"> 2 Program service revenue including government fees and contracts </td> <td style="text-align: right; vertical-align: top;"> 2 0 </td> </tr> <tr> <td style="vertical-align: top;"> 3 Membership dues and assessments </td> <td style="text-align: right; vertical-align: top;"> 3 64945 </td> </tr> <tr> <td style="vertical-align: top;"> 4 Investment income </td> <td style="text-align: right; vertical-align: top;"> 4 113 </td> </tr> <tr> <td style="vertical-align: top;"> 5a Gross amount from sale of assets other than inventory </td> <td style="text-align: right; vertical-align: top;"> 5a 5a </td> </tr> <tr> <td style="vertical-align: top;"> b Less: cost or other basis and sales expenses </td> <td style="text-align: right; vertical-align: top;"> 5b 5b </td> </tr> <tr> <td style="vertical-align: top;"> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) </td> <td style="text-align: right; vertical-align: top;"> 5c 0 </td> </tr> <tr> <td style="vertical-align: top;"> 6 Gaming and fundraising events <ul style="list-style-type: none"> a Gross income from gaming (attach Schedule G if greater than \$15,000) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> 6a 6a </td> <td style="width: 25%; text-align: right; vertical-align: top;"> 6a 0 </td> </tr> </table> 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) . . . <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> 6b 6b </td> <td style="width: 25%; text-align: right; vertical-align: top;"> 6b 0 </td> </tr> </table> c Less: direct expenses from gaming and fundraising events . . . <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> 6c 6c </td> <td style="width: 25%; text-align: right; vertical-align: top;"> 6c 0 </td> </tr> </table> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> 6d 6d </td> <td style="width: 25%; text-align: right; vertical-align: top;"> 6d 0 </td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> 7a Gross sales of inventory, less returns and allowances </td> <td style="text-align: right; vertical-align: top;"> 7a 7a </td> </tr> <tr> <td style="vertical-align: top;"> b Less: cost of goods sold </td> <td style="text-align: right; vertical-align: top;"> 7b 7b </td> </tr> <tr> <td style="vertical-align: top;"> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) </td> <td style="text-align: right; vertical-align: top;"> 7c 0 </td> </tr> <tr> <td style="vertical-align: top;"> 8 Other revenue (describe in Schedule O) </td> <td style="text-align: right; vertical-align: top;"> 8 0 </td> </tr> <tr> <td style="vertical-align: top;"> 9 Total revenue. 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8

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	84972	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	2696	24
25	Total assets	87668	25
26	Total liabilities (describe in Schedule O)	835	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	86833	27
			105321

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, optional for others.)

28 LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT 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****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
Harvey E. Dillon President	Part Time	3050	0	0
Randy P. Belcher Vice-President	Part Time	1843	0	0
David N. Perkins Treasurer	Part Time	5285	0	1280
Catherine G. Belcher Recording Secretary	Part Time	1599	0	0
Cary N. Bland Guard	Part Time	1419	0	3
Gary W. Derfun Trustee	Part Time	1091	0	0
Toni E. Daniels Trustee	Part Time	1091	0	8
Marvin E. Smith Trustee	Part Time	1050	0	0

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	✓
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	✓
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	✓
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	
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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	39a	
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 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____	40d	
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	✓
41 List the states with which a copy of this return is filed ► N/A		
42a The organization's books are in care of ► David Perkins Telephone no. ► 304-753-9890 Located at ► RR 1 Box 421 Peterstown, WV ZIP + 4 ► 24963-9715		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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: ► _____	42c	✓
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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)	45b	✓

		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	✓

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	(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 business address of each independent contractor	(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 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	<i>Harvey E. Dillon</i> PRESIDENT		4-17-15 Date
	Signature of officer	President	
	Harvey E. Dillon		
	President		
	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)**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.

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED STEELWORKERS 01449 LOCAL

Employer identification number

31-0907702**990EZ PART I LINE 10-DONATIONS AND GRANTS: \$3819****NONE OVER \$5000****990EZ PART I LINE 16-OTHER EXPENSES:****TRAVEL.....1299****ED&REC.....2871****OFFICE SUPPLIES.....1662****GIFT CARDS FOR MEMBERS.....7838****DUES REMITTED.....381****TAXES PAID.....2682****TOTAL.....\$16733****990EZ PART I LINE 20-OTHER CHANGES IN NET ASSETS:****LIABILITIES DECREASED FROM \$835 TO \$157****990EZ PART II LINE 24-OTHER ASSETS:****OFFICE EQUIPMENT \$2696****990EZ PART II LINE 26-TOTAL LIABILITIES:****TAXES TO BE PAID DECREASED BY \$678**