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990-EZ

Form

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax**2016**

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

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 2016 calendar year, or tax year beginning**

JANUARY 1

, 2016, and ending

DECEMBER 31

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

United Steelworkers Local 499

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

D Employer identification number

55-0403320

325 2nd Street

E Telephone number

(304) 684-9346

City or town, state or province, country, and ZIP or foreign postal code

F Group Exemption Number ►

0260

St Marys, WV 26170

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association 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

H Check ► if the organization is not

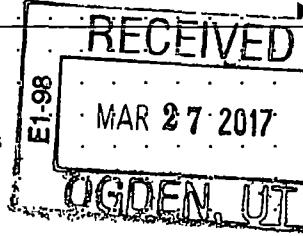
required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

84174

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	74795
	4 Investment income	4	25
	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	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
Expenses	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)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	9354
	8 Other revenue (describe in Schedule O)	9	84174
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	3001
	10 Grants and similar amounts paid (list in Schedule O)	11	
Net Assets	11 Benefits paid to or for members	12	50696
	12 Salaries, other compensation, and employee benefits	13	200
	13 Professional fees and other payments to independent contractors	14	19522
	14 Occupancy, rent, utilities, and maintenance	15	245
	15 Printing, publications, postage, and shipping	16	15544
	16 Other expenses (describe in Schedule O)	17	89208
	17 Total expenses. Add lines 10 through 16	18	5034
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	91872
	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)	20	556
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	87394
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	22	



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	82807	22 77773
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	9065	24 9621
25	Total assets	91872	25 87394
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)	91872	27 87394

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, optional for others)

28			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 28a
29			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 29a
30			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31a
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 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
TODD ARNOLD				
TRUSTEE	1	766		
ERVIN BEST				
TREASURER	1	1531		
LEWIS BIRKHIMER				
GREIVER	1	1149		
STEVE BOSO				
GREIVER	1	1149		
STEVE CAMPBELL				
GREIVER	1	1149		
RICK GIFFORD				
LOCAL PRESIDENT	3	11628		
DUANE LARSEN, JR				
UNIT PRESIDENT	3	3063		
ERIC LEMLEY				
GREIVER	1	1429		
THEODORE MCCULLOUGH				
GREIVER	1	556		
ROBERT MCFARLAND				
UNIT PRESIDENT	3	2800		
LYLE MEEKS				
GREIVER	1	1538		
PAUL M NICHOLS				
FINANCIAL SECRETARY	3	5109		

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	37a	
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	
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	39c	
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	40c	
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	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	<input checked="" type="checkbox"/>
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		
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of ► PAUL M. NICHOLS	Telephone no. ► (304) 684-9346	
Located at ► 211 WASHINGTON STREET, MARYS, WV 26170	ZIP + 4 ► 26170-9621	
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: ►	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? 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		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

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."		

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	 Signature of officer PAUL M. NICHOLS Financial Sec.	Date 3/20/17
	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

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED STEELWORKERS LOCAL 499

Employer identification number

55-0403320

#8 OTHER REVENUE: COMPANY REIMBURSEMENT 8870; VOIDED CHECK 484=9354

#16 OTHER EXPENSES: REIMBURSED EXPENSES/TRAVEL 4900

OFFICE SUPPLIES 4545

DIRECT TAXES 4658

REISSUED CHECK 252

DUES TO INTERNATIONAL 633

COMPUTER PURCHASE 556

TOTAL 15544

#20 CHANGE IN FUND BALANCES: BEGINING YEAR FIXED ASSETS 9065

ENDING YEAR FIXED ASSETS 9621

TOTAL 556

#24 OTHER ASSETS OFFICE FURNATURE AND EQUIPMENT

PART IV CONTINUED

BRYAN OLIVER GRIEVER 1 HOUR 1149

DANNY RIDDLE TRUSTEE 1 HOUR 1011

FRANCIS SELLERS II TRUSTEE/GREIVER 1 HOUR 865

JAMES SUMMERS GREIVER 1 HOURS 1260

JEFFREY TAYLOR RECORDING SECRETARY 7599

DONALD WESTBROOK UNIT PRESIDENT 3 HOURS 3062