



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► 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](http://www.irs.gov/form990).

## A For the 2016 calendar year, or tax year beginning

JANUARY 1

, 2016, and ending

DECEMBER 31

, 2016

B Check if applicable

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

C Name of organization

United Steelworkers Local 01280

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

P.O. Box 281

Room/suite

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

Follansbee WV 26031

D Employer identification number

55-0707054

E Telephone number

304-527-4888

F Group Exemption

Number ► 0260

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

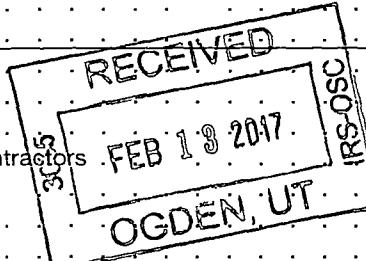
J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other LABOR UNION

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. ► \$ 52,711

## 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 50913
4	Investment income . . . . .	4 302
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	5c
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
b	Gross income from fundraising events (not including \$ 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 . . . . .	6d
b	Less: cost of goods sold . . . . .	7a
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7b
8	Other revenue (describe in Schedule O) . . . . .	7c
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 1491
10	Grants and similar amounts paid (list in Schedule O) . . . . .	9 52711
11	Benefits paid to or for members . . . . .	10 4000
12	Salaries, other compensation, and employee benefits . . . . .	11
13	Professional fees and other payments to independent contractors . . . . .	12 45323
14	Occupancy, rent, utilities, and maintenance . . . . .	13 3458
15	Printing, publications, postage, and shipping . . . . .	14 280
16	Other expenses (describe in Schedule O) . . . . .	15 79
17	<b>Total expenses.</b> Add lines 10 through 16	16 20306
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	17 73446
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) . . . . .	18 (20735)
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	19 1,0110
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20
		21 89375



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

SEARCHED MAR 08 2017

Expenses

Net Assets

**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 . . . . .	109105	22 89370
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .	1005	24 1005
25	<b>Total assets</b> . . . . .	110110	25 89375
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	110110	27 89375

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule Q 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

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations, optional for  
others.)

**28 THE LOCAL ENFORCED THE COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS.**

29

30

---

-----

-----

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  30a

**Part IV – List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for 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

Check if the organization used Schedule C 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
Forrest Wietfeld Local President	4	7748		
Craig Olson Local Vice President	4	6088		
James Grimm Recording Secretary	2	4742		
George Adams Financial Secretary	6	5544		
Michael Gilchrist Treasurer	2	3745		
Robert Burns Trustee	.25	250		
Michael McCandle Trustee	.25	-0-		
Keith Bodnar Outside Guard	.25	-0-		
Rick and Times Inside Guard	.25	-0-		
Rick Rahner guide	.25	-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 ► <b>37a</b>	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9	40a	✓
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____, section 4955 ► _____	40c	✓
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	40d	✓
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	40e	✓
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____	42b	✓
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).	42c	✓
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
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	✓

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 . . . . . Yes No

**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	George M. Adams Signature of officer	2/3/17 Date
	George M. Adams Financial Secretary Type or print name and title	

<b>Paid Preparer Use Only</b>	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

Form 990-EZ (2016)

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.

OMB No 1545-0047

2016

Open to Public  
Inspection

Name of the organization

UNITED STEELWORKERS

Employer identification number  
55-0707054

#8. Tax Refund 140 Vending machines 821, Social Receipts 490,  
VODER check from OHIO STATE TREASURER 40.

TOTAL OTHER REVENUE - 1491.

#10. Scholarships 3600, funeral flowers - 400.

Total donations - 4000.

#16. TRAVEL expense - 7507, Education - 6815, office Expense - 581, O.R.C.T.  
taxes 3616, Remitted dues - 699, WORKERS COMP. premium - 753,  
WHEELING NISSHIN - 335 Total OTHER EXPENSES - 20306.

#24. Office furniture & equipment - 1005.