

Form 990-EZ

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)

2017

inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning		January 1	, 2017, and ending	December 31	, 2017
B Check if applicable <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 Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 281 City or town, state or province, country, and ZIP or foreign postal code FOLLANSBEE WV 26037-2481		D Employer identification number 55-0707054 E Telephone number 304-527-4888 F Group Exemption Number ► 0260	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► _____					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input 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 ► \$ 70779					
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	1 Contributions, gifts, grants, and similar amounts received	5a	1		
	2 Program service revenue including government fees and contracts	5b	2		
	3 Membership dues and assessments		3	67,564	
	4 Investment income		4	294	
	5a Gross amount from sale of assets other than inventory	5a	5c		
	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)				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	7c			
b Less: cost of goods sold	7b			0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)		8	2,921		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 70,779		9	70,779		
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	3,738	
	11 Benefits paid to or for members	POSTMARK	11	0	
	12 Salaries, other compensation, and employee benefits	RECEIVED	12	46,715	
	13 Professional fees and other payments to independent contractors	02232018	13	157	
	14 Occupancy, rent, utilities, and maintenance	03072018	14	560	
	15 Printing, publications, postage, and shipping	07 OGDEN	15	52	
	16 Other expenses (describe in Schedule O)	SERVICE CENTER	16	18,483	
	17 Total expenses. Add lines 10 through 16 ► 69,705		17	69,705	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,074	
	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	89,375	
	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 ► 90,449		21	90,449	

P
22NE

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	88,370	22 89,444
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	1,005	24 1,005
25	Total assets	89,375	25 90,449
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)	89,375	27 90,449

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.

28 The local union enforced the 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

28

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

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

30

(Grants \$) If this amount includes foreign grants, check here ► 31a

31

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

Position and title	# of Average hours per week devoted to position	(a) Reportable (Forms W-2/1099-MISC) (if not paid, enter -0-)	(b) Health benefits, contributions to pension plans, and deferred compensation	(c) Estimated amount of other compensation
Forrest Wietfeld				
President	5	8,465		
Craig Ollom				
Vice President	5	8,657		
George M Adams				
Financial Secretary	7	5,669		
James W Grimm				
Recording Secretary	3	5,751		
Michael W Gilchrist Jr				
Treasurer	3	4,614		
Robert J Burns				
Trustee	1	200		
Leonard W Monteleone				
Trustee	1	0		
Richard G Himes				
Guide	1	0		
Rick Ranieri				
Inside Guard	1	0		
Keith Bodnar				
Outside Guard	1	0		

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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 taxes for the year? If "Yes," complete Schedule C, Part IV	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	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 ►	40a	
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 ►		
42a The organization's books are in care of ► George M Adams	Telephone no. ► 304-723-4198	
Located at ► Penn & Main Streets, Follansbee, WV	ZIP + 4 ► 26037	
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 United States? 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 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	✓

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 1

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

All section 501(c)(3) organizations must answer questions 46, 47b and 51, and complete the tables for lines 50 and 51.

Check if the organization had **Entomista** to recommend to any institution 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	<p>Complete this table for the organization's five highest compensated independent contractors who each received more than \$1,000,000 of compensation from the organization. If there is none, enter "None."</p> <table border="1" data-bbox="360 1147 1447 1147"> <thead> <tr> <th data-bbox="360 1147 863 1155">(a) Name and business address of each independent contractor</th><th data-bbox="863 1147 1247 1155">(b) Type of service</th><th data-bbox="1247 1147 1447 1155">(c) Compensation</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td></tr> </tbody> </table>	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation															
(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 (if other than filer) is attached to all returns of which this is a part.

George M. Adams

2/22/18

卷之三

Here

✓ Georg M Adams Financial Secretary, USW #01280

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

Form 990-EZ (2017)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public

Name of the organization

UNITED STEELWORKERS

Employer identification number

550707054

8. VENDING MACHINES 2306. SOCIAL RECEIPTS 430. TAX REFUNDS 79. VOIDED CHECK 106.

TOTAL OTHER REVENUE 2921.

10. FUNERAL FLOWERS 438. SCHOLARSHIPS 3300.

TOTAL GRANTS AND DONATIONS 3738.

16. REIMBURSED EXPENSES 8601. RECREATIONAL AND EDUCATIONAL EXPENSES 4555. OFFICE SUPPLIES 206.

DIRECT TAXES 3490. WORKERS COMP PREMIUM 712. WHEELING NISSHIN 369. REMITTED DUES 550.

TOTAL OTHER EXPENSES 18483.

24. OFFICE EQUIPMENT 1005.