

Form 990-EZ

## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2018

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

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

## A For the 2018 calendar year, or tax year beginning

January 1

, 2018, 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)  Room/suite

211 WASHINGTON STREET

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

ST MARY'S, WV 26170

## D Employer identification number

55-0403320

## E Telephone number

304-684-9346

## F Group Exemption

Number ►  0260G 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)) 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).

\$ 82,005

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 81,492
4	Investment income . . . . .	4 12
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:	
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
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
8	Other revenue (describe in Schedule O) . . . . .	8 501
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 82,005
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10 3,591
11	Benefits paid to or for members OGDEN, UT	11
12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .	12 49,699
13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .	13 2,448
14	Occupancy, rent, utilities, and maintenance . . . . .	14 15,491
15	Printing, publications, postage, and shipping . . . . .	15
16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .	16 18,149
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17 89,378
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -7,373
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 62,858
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -194
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 55,291

**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	42,344	22
23	Land and buildings	98,500	23
24	Other assets (describe in Schedule O)	9,621	24
25	Total assets	150,465	25
26	Total liabilities (describe in Schedule O)	87,607	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,858	27
			55,291

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

28	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
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29	-----	
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29	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
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30	-----	
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30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
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31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
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32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32
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**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	859.86			
Nathan E. Baker Griever	1	1053.87			
Ervin D. Best, Jr. Treasurer	1	2050.76			
Craig E. Bills Griever	1	1196.91			
Steve B. Boso Griever	1	494.1			
Steven R. Campbell Griever	1	1437.51			
Chad Cottrill Unit President	3	859.68			
Brian S. Cunningham Unit President	3	2480.36			
Barry A. Gains Trustee	1	394.92			
Shawn S. Gates Griever	1	1563.71			
Rick A. Gifford Local President	3	18568.44			
Fred D. Lambert Poll Worker	1	268.00			

**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	
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	
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)?	
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	
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	
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	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	
b	Did the organization file Form 1120-POL for this year?	
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?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
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), 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	
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 ► _____	
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 ► PAUL NICHOLS Telephone no. ► 304-684-9346 Located at ► 211 WASHINGTON STREET, ST MARYS, WV ZIP + 4 ► 26170	
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).	
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 ► <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
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	

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
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 . . . . .

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 . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

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."

Yes	No
47	?
48	?
49a	
49b	

(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 . . . . . ►

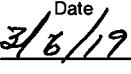
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 <input type="checkbox"/>	 Signature of officer	Date  3/6/19
	► PAUL NICHOLS, FINANCIAL SECRETARY	
Paid Preparer Use Only <input type="checkbox"/>	Type or print name and title	

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)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

UNITED STEELWORKERS LOCAL UNION 499

Employer identification number

55-0403320

**#8. OTHER REVENUE: VOID CHECKS - 501**

**#10. DONATIONS: NO DONATIONS OVER \$5000**

**#16. OTHER EXPENSES, REIMBURSED EXPENSES/TRAVEL - 1578; EDUCATION/REC - 4213; PER CAPITA - 13; OFFICE EXPENSES - 4759;**

**DIRECT TAXES - 6274; REISSUED CHECKS 363 ; DUES TO INT'L - 949 = 18149**

**#20. BEGINNING YEAR MORTGAGE PAYABLE - 87607; END YEAR MORTGAGE PAYABLE - 8/801 = -194**

**#24. OTHER ASSETS: OFFICE FURNITURE AND EQUIPMENT**

**#26. LIABILITIES: MORTGAGE**

**PART IV: OFFICERS CONTINUED:**

DUANE E LARSEN, JR 3 HOURS UNIT PRESIDENT 3377.84

ERIC S. LEMLEY 1 HOUR GRIEVER 2317.67

TODD E. LEWIS 1 HOUR POLLWORKER 253.52

ROBERT S. MCFARLAND 3 HOURS RECORDING SECRETARY 3377.84

LYLE S. MEEKS 1 HOUR GRIEVER 494.10

PAUL M. NICHOLS 3 HOURS FINANCIAL SECRETARY 6112.33

MICHEAL D. NUTTER 1 HOUR POLLWORKER 282.88

DANNY RIDDLE 1 HOUR TRUSTEE 1537.46

RICHARD B. ROBINSON 1 HOUR GRIEVER 1595.15

FRANCIS I. SELLERS, II 1 HOUR GRIEVER 1289.79

JAMES D. SUMMERS 2 HOURS LOCAL VICE PRESIDENT 1289.79

GREGORY S. TAYLOR 1 HOUR GRIEVER 772.59

JEFFREY W. TAYLOR 3 HOURS RECORDING SECRETARY 1995.20

DONALD E. WESTBROOK 3 HOURS LOCAL PRESIDENT 3774.25