

2018

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)

Department of the Treasury
Internal Revenue ServiceC&F
990-EZOpen to Public
Inspection

- 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 2018 calendar year, or tax year beginning **JANUARY 1**, 2018, and ending **DECEMBER 31**, 2018

B Check if applicable.	C Name of organization UNITED STEELWORKERS LOCAL 01280		D Employer identification number 55-0707054
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 281		E Telephone number 304-527-4888
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code FOLLANSBEE WV 26062		F Group Exemption Number ► 0260
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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 OtherL 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. ► \$ **73,620****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	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Contributions, gifts, grants, and similar amounts received																								
2	Program service revenue including government fees and contracts																								
3	Membership dues and assessments																								
4	Investment income																								
5a	Gross amount from sale of assets other than inventory																								
b	Less: cost or other basis and sales expenses																								
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								
6	Gaming and fundraising events:																								
a	Gross income from gaming (attach Schedule G if greater than \$15,000)																								
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																								
c	Less: direct expenses from gaming and fundraising events																								
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																								
b	Less: cost of goods sold																								
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								
8	Other revenue (describe in Schedule O)																								
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►																								
10	Grants and similar amounts paid (list in Schedule O)																								
11	Benefits paid to or for members																								
12	Salaries, other compensation, and employee benefits																								
13	Professional fees and other payments to independent contractors																								
14	Occupancy, rent, utilities, and maintenance																								
15	Printing, publications, postage, and shipping																								
16	Other expenses (describe in Schedule O)																								
17	Total expenses. Add lines 10 through 16 ►																								
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								
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	Other changes in net assets or fund balances (explain in Schedule O)																								
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►																								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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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	89,444	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	1,005	24
25	Total assets	90,449	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,449	27
			93,590

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.**

(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)		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
Forrest Wietfeld				
President	5	8,804	0	0
Craig Ollom				
Vice President/Grievance	4	5,204	0	0
George Adams				
Financial Secretary	6	7,863	0	0
James W. Grimm				
Recording Secretary	2	4,723	0	0
Michael W. Gilchrist Jr				
Treasurer/Vice President	5	3,690	0	0
Frank Carrothers				
Treasurer	2	1,611	0	0
Robert J Burns				
Trustee	1	200	0	0
Leonard Monteleone				
Keith Bodnar	1	0	0	0
Outside Guard				
Rick Ranieri	1	0	0	0
Inside Guard				
Richard G Himes	1	0	0	0
Guide		0	0	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 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	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 ►	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 and Main Streets, Follansbee WV 26037	ZIP + 4 ► 26037-0281	
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	✓
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	42d	✓
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	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	✓

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

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STEELWORKERS LOCAL 01280

Employer identification number

55-0707054

8. Tax Refunds - 91. Workers Comp Premium Refund - 300. Vending Machines - 2310. Social Receipts -430. Refund from USW - 2979.

Total Other Receipts - \$6110.

10. No Individual or Organization received more than \$5000.

16. Reimbursed Expenses - 4500. Recreation & Education - 3450. Office Supplies - 153. Remitted Dues - 765. Wheeling Nissin - 2642. Workers Comp Premium 710. Direct Taxes 5428. Total Other Expenses \$17648.

24. Office Equipment.