

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)
 ► 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.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning		, and ending	
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	United Steelworkers International, Local Union 469		
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return	W3235 County Rd O		
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code
<input type="checkbox"/> Amended return	Appleton	WI	54913 05
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code

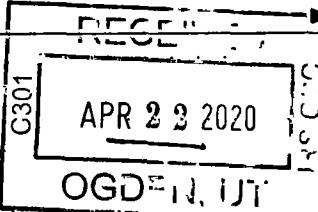
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____
I Website:	► N/A		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(5)	► (insert no) <input type="checkbox"/> 4947(a)(1) 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 Organization
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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 ► \$ 110,605

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	3 108,458
4 Investment income	4 352
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 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 \$ 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
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 0
8 Other revenue (describe in Schedule O)	8 1,795
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 110,605
10 Grants and similar amounts paid (list in Schedule O)	10 7,950
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 62,334
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 5,602
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 38,733
17 Total expenses. Add lines 10 through 16	17 114,619
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -4,014
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)	19 298,346
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 294,332



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	294,346	290,332
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	4,000	4,000
25	Total assets	298,346	294,332
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,346	294,332

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 **Expenses**

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

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 Representations to its Members	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29		(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30		(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses. (add lines 28a through 31a)		32 0

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
Lee Hanson				
Treasurer	Hr/WK 5 00	6,952		
Ezra Hill				
Trustee	Hr/WK 1 00	1,756		
Scott Smith				
Recording Secretary	Hr/WK 1 00	3,455		
Daniel Umnus				
President	Hr/WK 5 00	5,810		
Jeffrey Van Eperen				
Board Member	Hr/WK 1 00	3,777		
Richard Brickner				
Chief Steward	Hr/WK 3 00	5,811		
Kurtis Burton				
Trustee	Hr/WK 1 00	1,361		
Cyril Clavers				
trustee	Hr/WK 1 00	1,188		
Chad Hanson				
Vice President	Hr/WK 3 00	5,273		
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

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 X

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 X

35 a 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. 35a X
 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. 35b

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 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
 b Did the organization file Form 1120-POL for this year? 37b X

38 a 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. 38a X 38b

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9. 39a
 b Gross receipts, included on line 9, for public use of club facilities. 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d
 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. 40e X
 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. 40f
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization. 40g
 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. 40h

41 List the states with which a copy of this return is filed ► 41

42 a The organization's books are in care of ► Lee Hanson Telephone no ► 920-733-5438
 Located at ► 825 E. Wisconsin Ave City Appleton ST WI ZIP + 4 ► 54912 42b X

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 ► 42c X
 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 ► 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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a X
 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 X
 c Did the organization receive any payments for indoor tanning services during the year? 44c X
 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

45 a 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. 45a X 45b X

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		X

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

	Yes	No
47		
48		
49a		
49b		

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

49 a 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"

(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
Name None				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
f Total number of other employees paid over \$100,000				

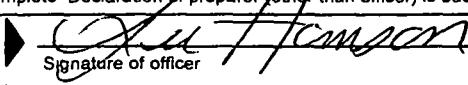
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
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		2-26-20			
	Signature of officer Lee Hanson	Date 2/26/2020			
Type or print name and title Financial Secretary					
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

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 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

United Steelworkers International, Local Union 469

Employer identification number

39-1152992

Form 990-EZ, Part I, Line 8, Other Revenue Refund from AFL-CIO for Training 110

Form 990-EZ, Part I, Line 8, Other Revenue Refund from Airline 610

Form 990-EZ, Part I, Line 8, Other Revenue Void Check 659

Form 990-EZ, Part I, Line 8, Other Revenue IRS Refund 416

Form 990-EZ, Part I, Line 16, Other Expenses Travel 18,122

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 12,984

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 904

Form 990-EZ, Part I, Line 16, Other Expenses Per Capita Fees 1,824

Form 990-EZ, Part I, Line 16, Other Expenses Taxes Paid 4,899

Form 990-EZ, Part II, Line 24, Other Assets Office equipment Beginning of year 4,000, End

of year 4,000