

2012

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)

OMB No. 1545-0047

2020

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning	01/01	, 2020, and ending	12/31	, 20 20
B Check if applicable	C Name of organization <b>USW INTERNATIONAL UNION LOCAL 4</b>			D Employer identification number <b>030225594</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 584</b>			E Telephone number <b>802-476-3181</b>
<input type="checkbox"/> Name change	Room/suite <b>05</b>			
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>BARRE VT 05641-0584</b>			F Group Exemption Number <b>0280</b>
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► <a href="mailto:uswlocal4@live.com">uswlocal4@live.com</a>	

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(b)(1) or  527K Form of organization  Corporation  Trust  Association  Other **INTERNATIONAL 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. ► \$ **99374**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	0
2 Program service revenue including government fees and contracts	2	0
3 Membership dues and assessments	3	90288
4 Investment income	4	484
5a Gross amount from sale of assets other than inventory	5a	0
b Less: cost or other basis and sales expenses	5b	0
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	0
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	0
c Less: direct expenses from gaming and fundraising events	6c	0
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	8602
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99374
10 Grants and similar amounts paid (list in Schedule O)	10	0
11 Benefits paid to or for members	11	1044
12 Salaries, other compensation, and employee benefits	12	81125
13 Professional fees and other payments to independent contractors	13	0
14 Occupancy, rent, utilities, and maintenance	14	10656
15 Printing, publications, postage, and shipping	15	200
16 Other expenses (describe in Schedule O)	16	3308
17 Total expenses. Add lines 10 through 16	17	96333
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	3041
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	191112
20 Other changes in net assets or fund balances (explain in Schedule O)	20	(468)
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	193685

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

<b>Part II Balance Sheets (see the instructions for Part II)</b>		Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	53333	22 56374
23	Land and buildings	136600	23 136600
24	Other assets (describe in Schedule O)	3000	24 3000
25	<b>Total assets</b>	192933	25 195974
26	<b>Total liabilities (describe in Schedule O)</b>	1821	26 2289
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	191112	27 193685

<b>Part III Statement of Program Service Accomplishments (see the instructions for Part III)</b>		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	
What is the organization's primary exempt purpose? <b>COLLECTIVE BARGAINING</b>			
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 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	

<b>28 LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER WORKING CONDITIONS OF IT'S MEMBERS AND PROVIDE REPRESENTATION TO IT'S MEMBERS</b>			
28	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
	<b>Total program service expenses (add lines 28a through 31a)</b>	32	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)</b>		Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>	

(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
RAYMOND BETTIS PRESIDENT	50	59717	5439	0
DENNIS LABOUNTY TREASURER	2	300	0	0
DONNA McNALLY FINANCIAL SECRETARY	2	1500	0	0
LEVI BEACH VICE PRESIDENT		0	0	0
SYLVIE RIVARD RECORDING SECRETARY	1	0	0	0
RANDY SAVARD TRUSTEE		0	0	0
STEVEN CARROLL TRUSTEE		0	0	0
TIM CELLEY TRUSTEE		0	0	0
CHARLES BEEDE OUTSIDE GUARD		0	0	0
KELLY ROBERTS INSIDE GUIDE		0	0	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 ► 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:		
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	
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	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		
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	40e	✓
41 List the states with which a copy of this return is filed ► VERMONT		
42a The organization's books are in care of ► DONNA MCNALLY	Telephone no. ► 802-476-3181	
Located at ► 790 EAST BARRE RD BARRE VT	ZIP + 4 ► 05641-0584	
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).		
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	✓



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue ServiceName of the organization  
USW INTERNATIONAL UNION LOCAL 4**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

**2020**Open to Public  
InspectionEmployer identification number  
030225594

LINE 8-Dist 4 dues, Insurance refund, initiation fees, bank refunds

LINE 16-Office supplies, Ed/Conference fee, dues, Christmas Appeal

LINE 20-Tax Liability higher (higher wages)

LINE 24-computer, printers, desks, chairs office supplies

LINE 26-FUTA Tax, W/H Taxes, Pension payment