

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)

2020

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.Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning		, 2020, and ending		, 20	
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 Local Union 1449 Number and street (or P O box if mail is not delivered to street address) ? Room/suite P O Box 528 City or town, state or province, country, and ZIP or foreign postal code Union, WV 24983		D Employer identification number ? 310907702 E Telephone number 304-772-5235 F Group Exemption Number ► ? 0260	
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: ► _____					
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 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 ► \$ 64202					
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 SCANNED MAY 05 2022	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	61542	
	4	Investment income	4	49	
	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	2611	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64202	
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits ?	12	21636		
13	Professional fees and other payments to independent contractors ?	13	6379		
14	Occupancy, rent, utilities, and maintenance	14	2834		
15	Printing, publications, postage, and shipping	15	51		
16	Other expenses (describe in Schedule O) ?	16	24350		
17	Total expenses. Add lines 10 through 16	17	56801		
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18			
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	117204		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	366		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	124971		

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	92808	22 100209
23	Land and buildings	21176	23 21176
24	Other assets (describe in Schedule O)	4351	24 4616
25	Total assets	118335	25 126001
26	Total liabilities (describe in Schedule O)	1131	26 1030
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	117204	27 124971

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 REPRESENTATIONS TO ITS MEMBERS

28	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
30			
31			
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
Brian Laxton		4	3228		
President					
Christopher Ratliff		3	2047		
Vice-President					
Teresa Hodge		2	1716		
Recording Secretary					
Patrick McClung		4	2902		
Financial Secretary					
Jason Evans		1	1565		
Guard					
David Perkins		4	6811		
Treasurer					
Toni Daniels		1	1055		
Trustee					
Gary Derfun		1	986		
Trustee					
Marvin Smith		1	1008		
Trustee					

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

	Yes	No
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

37b	✓
-----	---

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?

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

40b	
-----	--

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

40e	✓
-----	---

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

42a The organization's books are in care of ► David Perkins Telephone no. ► 304-772-5235
Located at ► P.O. Box 528 Union, WV ZIP + 4 ► 24983-0528

42b	✓
-----	---

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).

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 ►

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 I		Yes	No
		46	<input checked="" type="checkbox"/>

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?	49b 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	<input type="checkbox"/>
					48	<input type="checkbox"/>
					49a	<input type="checkbox"/>
					49b	<input type="checkbox"/>

(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	► <input type="checkbox"/> Yes <input type="checkbox"/> 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"/>		05-03-2021
	Signature of officer	Date
	David Perkins Treasurer	
	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 ► 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

2020

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local 1449

Employer identification number

31-0907702

#8 Other Revenue: Void Checks - 29, Recreation Community - 855, Woman of Steel - 1727 = 2611

#10 Donations. No Donations Over \$5000

#16 Other Expenses. Reimbursed Exp/Trvel - 1506, Education/Rec - 6684, Office Exp - 1237; Direct Taxes - 9510, Dues to Int'l - 416;

Insurances - 1526; Purchased T-Shirts - 3206, Office Epuip Purchased - 265 = 24350

#20 Change in Fund Balance: Beg Year Fixed Assets - 25527, End Year Fixed Assets - 25792 = +265

Beg Year Liabilities - 1131, End Year Liabilities - 1030 = +101 +265 plus +101 = +366

#24 Other Assets Office Furniture and Equipment

#26 Liabilities Unremitted Taxes and Dues