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d			Short Form	ı	OMB No 1545-0047		
Form 990-EZ		N_F7					
Form	Form JJU-LL				2020		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four	indations)			
			▶ Do not enter social security numbers on this form, as it may be made public	,	Open to Public		
Depa	rtment o	f the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.	γ_{ℓ}	Inspection		
			<u> </u>	DECEMBE	R 31 , 20		
	heck if ap				entification number		
_	Address c	•	UNITED STEELWORKERS LOCAL 9-1535	52-2442861			
$\overline{}$	Name cha	-		E Telephone number			
_	nıtıal retur Final retur	m n/terminated	P O BOX 2877	256-762-8366			
=	Amended		1	F Group Exemption			
		n pending	IMOSOEE SHOAES, AE 33002	Number •	0200		
	\ccount Vebsite	ing Method. : ► N/A			f the organization is no ach Schedule B		
					D-EZ, or 990-PF).		
			: Corporation Trust Association Other LABOR UNION		· · · · · · · · · · · · · · · · · · ·		
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets			
			\$500,000 or more, file Form 990 instead of Form 990-EZ	<u>▶</u> \$	129,02		
P	art I		ie, Expenses, and Changes in Net Assets or Fund Balances (see the ins				
			the organization used Schedule O to respond to any question in this Part I.				
	1 2		ons, gifts, grants, and similar amounts received	1 2			
	3	-	nip dues and assessments	. 3	126.690		
	4	Investmen	·	. 4	7:		
	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	6 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) and fundraising events:	. 5c			
	a		come from gaming (attach Schedule G if greater than				
Revenue		\$15,000)					
Ş.	ь		ome from fundraising events (not including \$ of contributions				
æ			raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b				
			ch gross income and contributions exceeds \$15,000) 6b ct expenses from gaming and fundraising events 6c				
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ict			
		line 6c)		. 6d			
	7a	Gross sale	es of inventory, less returns and allowances				
	ь		of goods sold				
	C	_	fit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c			
	8		enue (describe in Schedule O)	. 8 • 9	18,92		
	10		d similar amounts paid (list in Schedule O)	. 10	145,702 9,333		
	11		aid to or for members	. 11			
8	12	Salaries, o		. 12	(
Expenses	13	Profession	ther compensation, and employee benefits	. 13			
Ž	14		y, rent, utilities, and maintenance	. 14	7,383		
Ш	15		ubilications, postage, and simpling	. 15	3,143		
	16 17		enses (describe in Schedule O)	. <u>16</u> ▶ 17	54,853 74,712		
	18		(deficit) for the year (subtract line 17 from line 9)	. 18	74,717		
šets	19		s or fund balances at beginning of year (from line 27, column (A)) (must-agree wi				
Net Assets		•	ar figure reported on prior year's return)	. 19	359,440		
fet	20		nges in net assets or fund balances (explain in Schedule O)	. 20			
-	121	Net assets	or fund balances at end of year. Combine lines 18 through 20	D 21	430 430		

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No. 106421

Form **990-EZ** (2020)

359,440

430,430

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Par							
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>	
			<u> </u>	(A) Beginning of year	L	(B) End of year	
22	Cash, savings, and investments			151,347		222,337	
23 24	Land and buildings			208,093	24	208,093	
24 25	Total assets			359,440		430 430	
26	Total liabilities (describe in Schedule O)			359,440	26	430,430	
27	Net assets or fund balances (line 27 of column			359,440		430,430	
Par						10,071.00	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III		Expenses	
What	is the organization's primary exempt purpose?					ured for section (c)(3) and 501(c)(4)	
Desc	ribe the organization's program service accompl	ishments for each o	f its three largest p	orogram services,	orga	inizations; optional for	
	leasured by expenses. In a clear and concise n		e services provide	d, the number of	othe	ers.)	
<u></u>	ons benefited, and other relevant information for e	ach program title.			ļ	T	
28							
						1	
	(Grants \$) If this amount				28a		
29	(Granto V					 	
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	29a		
30							
					l		
				·····	1		
		t includes foreign gra			30a	<u> </u>	
31	Other program services (describe in Schedule O)				١		
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra			31a 32		
Par					1	tions for Part I\A	
	Check if the organization used Schedule						
	<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,	T		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC		yee (e) Estimated amount of other compensation		
		devoted to position	(if not paid, enter -0-)				
CALV	/IN BOLDEN, PRESIDENT	_					
		40			4		
TONY	OPSTEEN, EXEC VICE PRESIDEN]			į		
		40			+		
ANG	E GRIMES, FINANCIAL SECRETARY	-					
	TV IADMON TOCACUOCO	5			+		
COR	EY JARMON, TREASURER	5					
CYNT	THIA MOSS, RECORDING SECRETARY	<u> </u>			+		
<u> </u>	THA MOSS, RECONDING SECRETARY	5					
CHRI	S ROBERTSON, AREA VP WINDERS	<u> </u>		· 	1	· · · · · · · · · · · · · · · · · · ·	
		5			ŀ		
ERIC	JONES, AREA VP LOGISITICS						
		10					
DARF	RYL MOORE, GUARD CONVERTING	_					
		1					
STEV	EN STRINGER, AREA VP CONVERTING MAINT	-					
	10						
CON	NIE PILGRIM, TRUSTEE LOGISITICS	-					
		11		 	+		
BILLY	/ GRISSOM, AREA VP NAPKINS	-					
16500	IV HALL COME A DEA VID FOLLOSSO	55		 	+		
KENN	IY WILSON, AREA VP FOLDERS	-					

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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	~	<u> </u>
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	Yes	No
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			
35a	change on Schedule O. See instructions	34 35a	-	1
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		1
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		1
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		1
37a	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	l i	1
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		√
ъ 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9	Į		
b 40a	Gross receipts, included on line 9, for public use of club facilities	<u> </u>		'
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	705		
·	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		256-76	2-8366	5
_	Located at ► 4082 COUNTY ROAD 95, ROGERSVILLE, AL ZIP + 4 ►	35652	-4818	
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)?	42b	Yes	No ✓
	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).			·
С	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	• •	. 1	- 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448		✓
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		1
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		
		ענדן	i I	₩.

	-						. –	Yes	No.	
46	Did t	he organization engage, directly or in Indidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities	on behalf of	or in opposit	ion			
Part		Section 501(c)(3) Organization		, raiti	• • • •		. 4	<u> </u>	1	
rait	Ш	All section 501(c)(3) organization		stions 47–49b an	d 52, and c	omplete the	e tables	for lin	nes	
		50 and 51.	•		•	·				
	Check if the organization used Schedule O to respond to any question in this Part VI								. 🗆	
								Yes	No	
47		Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II								
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule E		. 4	В		
49a	Did the organization make any transfers to an exempt non-charitable related organization?							a	1	
b	If "Yes," was the related organization a section 527 organization?								ــــــــــــــــــــــــــــــــــــــ	
50		plete this table for the organization's								
	empi	oyees) who each received more than	1 \$100,000 or comper	nsation from the or			e, enter	None.	•	
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plans	h benefits, s to employee s, and deferred ensation				
									·	
										
	T-1-1		\$400 000	L						
		number of other employees paid ov plete this table for the organization			nt contractor	n who ooob	roceive	d mar	n than	
51		,000 of compensation from the orga			in Contractor	S WIID EQUI	1000140	a mor	o triari	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)	Name and business address of each independ	Sent contractor	(b) Type of s	ervice	(c)	Compens	ation		
						 				
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d		number of other independent contra	•		.▶					
52		the organization complete Scheduleted Schedule A	ule A? Note: All se	ection 501(c)(3) or	ganizations	nust attach			Ma	
Lindar o			entrem restriction accompany	and ashedular and state	monto and to th	a bact of my ka	> U Y		No	
true, co	enames rect, an	of person, I declare that I have examined this in decomplete. Declaration of preparer (other than	n officer) is based on all info	ying scriedules and state irmation of which prepar	er has any knowl	edge.	owiedge a	ina belle	r, it is	
		The Mond Munes					4/2	DU	/	
Sign Here	ĺ	Signature of officer Date ANGIE GRIMES, FINANCIAL SECRETARY					1			
		Type or print name and title	LIARI		<u>-</u>					
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	of PTIN			
Prep	arer					self-employ	/ed			
Use		Firm's name ▶					Firm's EIN ▶			
Maria	IDC	Firm's address >	s about about Cons	note etions	Ph	one no.	<u> </u>		Na	
iviay (f	14.2	discuss this return with the prepare	SHOWIL SHOVE (266)	11301UCUO115			۲۰ ن -	s 📙	No	

Form 990-EZ (2020)

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	Employer identification number
USW LOCAL 9-1535	52-242861
	<u> </u>
LINE 8 - RENT FROM STORAGE BLDGS	
LINE 6 · RENT FROM STORAGE BLDGS	
LINE 40 NO ONE OPERATION PEOPLYED OVER \$5000	
LINE 10 - NO ONE ORGANIZATION RECEIVED OVER \$5000	
THE CASE OF THE PROPERTY OF TH	0.4 DITA EEEC #4220.
LINE 16 - REIMBURSED INDIVIDUAL EXPENSES \$392; EDUCATIONAL & CONFERENC FEES \$5455; PER (JAPITA FEES \$1329;
TAXES PAID \$6044; SUNDRY EXPENSES \$41633	

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