C

SCANNED APR 1 9 2022

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

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.

Department of the Treasury

Open to Public

Internal Revenue Service 30 to www.irs.gov/Form99022 for instructions and the latest information.								
<u>A</u>	For t	he 2020 calen						
В	Check	ıf applicable	C Name of organization	D Employer identification number				
\perp	Addres	Iress change United Steelworkers Local 4856						
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite	8	8-0063980			
] Initial r	etum	47 South Water Street	Telephone i	number			
	Final ret	urn/terminated	City or town State ZIP code					
	Amend	led return	Henderson NV 89015	(70	02) 565-8207			
〒	Applica	ation pending		F Group Exemption				
_				Number >				
_				_	0200			
G		nting Method	X Cash Accrual Other (specify)	Check ► X if the organization is				
ı	Websi	ite: ► <u>N/A</u>		not required to attach Schedule B				
J	Tax-exe	empt status (chec	ck only one) —501(c)(3)X 501(c) (5) ◀ (insert no) 4947(a)(1) or527 (F	orm 990, 99	90-EZ, or 990-PF)			
K	Form o	of organization	Corporation Trust Association X Other LABOR (ORGANIZA	ATION			
L	Add lin	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	s				
			re \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	100,329			
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions fo				
			the organization used Schedule O to respond to any question in this Part I.		X			
_	4							
	1		ns, gifts, grants, and similar amounts received .	1				
	2	_	rvice revenue including government fees and contracts	2				
	3		dues and assessments .	3	95,280			
	4	Investment	Income unt from sale of assets other than inventory 5a 5	4	845			
	5a							
	Ь	Less cost o						
	C	Gain or (los	5c	0				
	6	-	fundraising events					
a	а		ne from gaming (attach Schedule G if greater than	٠				
Revenue		\$15,000)	_ 6a	^				
Š	b		ne from fundraising events (not including \$ of contributions	1				
Re			sing events reported on line 1) (attach Schedule G if the					
			gross income and contributions exceeds \$15,000) 6b					
	С		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)	A I I	6d	0			
	7a		of inventory, less returns and allowances	<i>─</i>				
	b		f goods sold					
	С		or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0			
	8		ue (describe in Schedule O)	8	4,204			
	9	Total reven	f goods sold or (loss) from sales of inventory (subtract line 7b from line 7a) ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	100,329			
	10		similar amounts paid (list in Schedule O)	/ 10				
	11	Benefits paid	d to or for members	/ 11				
Expenses	12	Salaries, oth	ner compensation, and employee benefits	12	33,314			
	13		I fees and other payments to independent contractors	13				
	14		ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O) d to or for members her compensation, and employee benefits I fees and other payments to independent contractors rent, utilities, and maintenance	14	11,906			
	15	Printing, put	olications, postage, and shipping .	15	27,054			
	16	Other expen	ises (describe in Schedule O)	16	12,134			
	17	Total expen	ses. Add lines 10 through 16	▶ 17	84,408			
Ϋ́	18		deficit) for the year (subtract line 17 from line 9)	18	15,921			
Set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Š			figure reported on prior year's return)	19	463,635			
Net Assets	20		les in net assets or fund balances (explain in Schedule O)	20				
ž	21	-	or fund balances at end of year Combine lines 18 through 20	▶ 21	479,556			
E			on Act Notice see the senarate instructions		Form 990-F7 (2020)			

88-0063980

Par	Balance Sheets (see the instructions for Check if the organization used Schedule O to re		question in t	his Part II .				
			,	T	(A) Beginning	of year	Τ	(B) End of year
22	Cash, savings, and investments .				3	339,196	22	355,117
23	Land and buildings					24,439	23	124,439
24	Other assets (describe in Schedule O)						24	
25	Total assets					463,635		479,556
26	Total liabilities (describe in Schedule O)			ļ			26	
27	Net assets or fund balances (line 27 of column (E					63,635	27	479,556
Pa	rt III Statement of Program Service Accomplisi Check if the organization used Schedule O to	•		•				Expenses
\A/ba		COLLECTIVE				_ <u>-</u>	(Re	quired for section
	it is the organization's primary exempt purpose? cribe the organization's program service accomplishm				7/1005			(c)(3) and 501(c)(4) anizations, optional
	neasured by expenses. In a clear and concise manner							others)
	ons benefited, and other relevant information for eac			Svided, the numbe	01			
				BETTER THE W	ORKING		 -	T
	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	ıncludes forei	ign grants, cl	neck here			28a	,
29						 _		
							i	
						·		
	(Grants \$) If this amount	includes forei	ign grants, cl	neck here		. 🗀	29a	1
30								
							1	
	(Grants \$) If this amount	includes forei	gn grants, ch	neck here		<u> </u>	30a	<u> </u>
31	Other program services (describe in Schedule O)					Γ		
	(Grants \$) If this amount		ign grants, cr	eck nere		<u> </u>	31a	1
	Total program service expenses. (add lines 28a th				<u> </u>	<u> </u>	32	
	rt IV List of Officers, Directors, Trustees, and K	ey Employees			nsated—see	the inst		ns for Part IV)
		ey Employees		this Part IV			ructioi	ns for Part IV)
	rt IV List of Officers, Directors, Trustees, and K	ey Employees respond to ar (b) Avi	ny question ii erage er week		(d) He cont	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of other compensation
Pa	rt IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title	ey Employees respond to ar (b) Av	ny question ii erage er week	(c) Reportable compensation	(d) He cont	alth benefit	ructions,	(e) Estimated amount of
Pa Sam	Check if the organization used Schedule O to (a) Name and title	ey Employees respond to ar (b) Av- hours pe devoted to	ny question ii erage er week o position	c) Reportable compensation (Forms W-2/1099-MIS (If not paid, enter -0-	(d) He cont	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of
Sam PRE	Check if the organization used Schedule O to (a) Name and title amy Phillips SIDENT	ey Employees respond to ar (b) Avi	ny question ii erage er week	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He cont	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of
Sam PRE Filad	Check if the organization used Schedule O to (a) Name and title amy Phillips SIDENT delfio Maestas	ey Employees respond to ar (b) Avi hours pe devoted to	erage er week o position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-14,56	(d) He cont employe and deferrence	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of
Sam PRE Filad VICE	Check if the organization used Schedule O to (a) Name and title Imp Phillips SIDENT delfio Maestas E PRESIDENT	ey Employees respond to ar (b) Av- hours pe devoted to	ny question ii erage er week o position	c) Reportable compensation (Forms W-2/1099-MIS (If not paid, enter -0-	(d) He cont employe and deferrence	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of
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Sam PRE Filad VICE Herb	Check if the organization used Schedule O to (a) Name and little amy Phillips SIDENT delfio Maestas PRESIDENT pert Doss ANCIAL SECRETARY	ey Employees respond to ar (b) Avi hours pe devoted to	erage er week o position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-14,56	(d) He cont cont employe and deferrence and deferrence cont cont cont cont cont cont cont cont	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of
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Sam PRE Filac VICE Herb Jasc TRE Man REC Shau TRU Tern TRU Osva	Check if the organization used Schedule O to (a) Name and little Impy Phillips SIDENT Jelfio Maestas PRESIDENT Jert Doss ANCIAL SECRETARY In chapman ASURER Coleman ORDING SECRETARY un chamberlain ISTEE y Reid STEE Jaido Carrillo	ey Employees respond to ar (b) Avihours per devoted to Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	1 00 strong stro	1 this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-14,5) 10,69 2,0 26	(d) He cont employe and deferment for the cont of the	alth benefit ributions to e benefit pla	ructions,	(e) Estimated amount of

Form 990-EZ (2020) United Steelworkers Local 4856 88-0063980 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. 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 34 change on Schedule O See instructions 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 b Did the organization file Form 1120-POL for this year? 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were 38a 38a 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 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 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 ► 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 The organization's books are in care of Herbet Doss (702) 565-8207 42a Telephone no > Located at ► 47 South Water Street City Henderson ST NV 89015 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х 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). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c 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 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 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ 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 44d explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Х 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

T OIIII 3	30-62 (202	Officed Steelworkers Loca	1 4000			00-00038	00	Page 🕶
							Yes	No
46		organization engage, directly or indirectlidates for public office? If "Yes," complet	·	ivities on behalf of or i	n opposition	46		- -
Part		Section 501(c)(3) Organizations O		_ - -		[46	L	X
rari	— Д 5	All section 501(c)(3) organizations of the section 501(c)(3) organizations of the section 501 (c)(3) organization of the section of the secti	nust answer questions 4			s for line	s	_
		The Ck in the Organization used Sche	dule O to respond to ar	y question in this P	rant vi			
47	Did the	organization engage in lobbying activitie	s or have a section 501(h)	election in effect durin	ng the tax		Yes	No
	year? If	"Yes," complete Schedule C, Part II			•	47		Ĺ
48	Is the o	rganization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule	€E	48		
49a		organization make any transfers to an ex	•	ed organization?		49a		
þ						49b		
50								
	employe	ees) who each received more than \$100	,000 of compensation from	the organization If th		ne "		
	(a	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) Estima other co	ated amo	
Name Title	None		Hr/WK 00					
Name								
Title			Hr/WK 00					
Name								
Title			Hr/WK .00					
Name								
Title			Hr/WK 00			<u> </u>		
Name	. .							
Title			HrWK 00	L	L	<u> </u>		
f 51	Comple	imber of other employees paid over \$100 te this table for the organization's five his	ghest compensated indepe		o each received more	than		
	\$100,00	00 of compensation from the organization	n il there is none, enter in	ione				
	(a) Name and business address of each independent contractor (b) Type of service (c) Compensation							
	None	Str						
City		ST S:	ZIP					
Name City		Str ST	ZIP	ı				
Name		Str				-		
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
d 52		imber of other independent contractors e organization complete Schedule A? Not e	"		• n a			
		ed Schedule A			<u> </u>	<u> </u>	s X	No
		perjury, I declare that I have examined this return, in complete Declaration of preparer (other than officer)			ge			
		Idularet 2 m			3-12-20	21		
Sign								
Here	1	Herbet Doss	<u> </u>		FINANCIAL SI	CRETA	? Y	
	L_	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid		. The type property a marine		Date	Check	1		
Prep	arer	Firm's name			self-employed Firm's EIN ▶			
Use	Only	Firm's address			Phone no			
Mav th	ne IRS di	iscuss this return with the preparer show	n above? See instructions			Ye	s 「	No
				·		Form 99		
								\- /

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

United Steelworkers Local 4856	88-0063980
Form 990-EZ, Part I, Line 8, Other Revenue IRS refunds 3,004	
Form 990-EZ, Part I, Line 8, Other Revenue Rents 1,200	
Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,423	
Form 990-EZ, Part I, Line 16, Other Expenses Payroll taxes 4,855	
Form 990-EZ, Part I, Line 16, Other Expenses Donations 1,550	
Form 990-EZ, Part I, Line 16, Other Expenses Per Capita 800	
Form 990-EZ, Part I, Line 16, Other Expenses Dues to Parent Body 506	
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