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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**UNITED STEELWORKERS LOCAL 1375**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

684 NORTH PARK AVE

City or town, state or country, and ZIP + 4

WARREN, OH 44483**D** Employer identification number**34-0554052****E** Telephone number**330-373-1375****F** Group Exemption Number**0260**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	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	141,364
	4	Investment income	4	5,268
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	35,430
b	Less: direct expenses other than fundraising expenses	6b	0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	35,430	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► Donations, stale checks, refunds, pop machines)	8	16,319	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	198,381	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	199,243
	13	Professional fees and other payments to independent contractors	13	685
	14	Occupancy, rent, utilities, and maintenance	14	31,329
	15	Printing, publications, postage, and shipping	15	2,599
	16	Other expenses (describe ► Conf. fees, donations, office supplies, 401k, per capita)	16	45,935
	17	Total expenses. Add lines 10 through 16	17	279,791
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-81,410
	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	432,579
	20	Other changes in net assets or fund balances (attach explanation)	20	127,000
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	478,169

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	221,553	22 139,343
23 Land and buildings	175,000	23 302,000
24 Other assets (describe ► Office equipment and furniture)	37,617	24 37,617
25 Total assets	434,170	25 478,960
26 Total liabilities (describe ► Unremitted taxes)	1,591	26 791
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	432,579	27 478,169

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? COLLECTIVE BARGAINING Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF IT'S LOCAL UNION AND PROVIDED REPRESENTATION TO IT'S MEMERS OF 1,284		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	N/A
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	N/A
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	N/A
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	N/A
32	Total program service expenses (add lines 28a through 31a)	32	N/A

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EDWARD J MACHINGO 4010 WESTLAKE DR CORTLAND, OH 44410	PRESIDENT 40 HRS	45,776.04		
DARRYL PARKER 705 MILLER ST WARREN, OH 44485	VICE PRESIDENT 20 HRS	735		
DENISE BARBER 289 FULLER DR WARREN, OH 44484	RECORDING SEC. 20 HRS	105		
ERNEST M GALGOZY 299 MARSHALL RD WARREN, OH 44483	FINANCIAL SEC. 15 HRS	1,380		
WANDA J CUNNINGHAM 1194 SOUTHERN BLVD WARREN, OH 44485	TREASURER 10 HRS	860		
GEORGE CALKO JR 341 LAIRD AVE NE WARREN, OH 44483	INSIDE GUARD 5 HRS	40		
DANIEL LEIHGEBER 1860 SOUTHERN BLVD NW WARREN, OH 44485	OUTSIDE GUARD 2 HRS	25		
TOMMY BOGGS 4978 PALMYRA RD WARREN, OH 44481	GUIDE 2 HRS	90		
PAUL MARKLE 1236 ROBBINS AVE APT 3 NILES, OH 44446	TRUSTEE 5 HRS	485		
ED ROSCOE 2819 HOFFMAN CIRCLE WARREN, OH 44483	TRUSTEE 5 HRS	385		
TERRENCE THORPE 3631 KIBLER TOOT RD WARREN, OH 44481	TRUSTEE 5 HRS	0		
JOSEPH DATCHUK 31 CHEYENNE GIRARD, OH 44420	PAST OUTSIDE GUARD 2	40		
ANTHONY SABO 190 ALBERT ST NEWTON FALLS, OH 44444	PAST VICE PRES. 10 HRS	1,000		
BETTY K ENGRAM P.O. BOX 333 NILES, OH 44446	PAST TRUSTEE 5 HRS	275		
DENNIS CHURCH 2253 MILLER GRABER RD NEWTON FALLS, OH 44444	PAST TREASURER 10 HRS	1,221		
CHRIS BARBER 289 FULLER DR WARREN, OH 44484	PAST TRUSTEE 5 HRS	275		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 period covered by this return?	38a	<input checked="" type="checkbox"/>
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ N/A		
42a The organization's books are in care of ▶ ERNEST M GALGOZY Telephone no. ▶ 330-373-1375 Located at ▶ 684 NORTH PARK AVE WARREN, OH ZIP + 4 ▶ 44483		
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	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
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."			

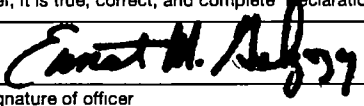

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	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.				
	 Signature of officer		Date <u>5/14/10</u>		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	EIN		Phone no		
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

UNITED STEELWORKERS
DISTRICT 1, LOCAL 1375
684 NORTH PARK AVE
WARREN, OH 44483
PERIOD ENDING 12/31/2009
TAX ID 34-0554052
GEN# 0260

PART 1 LINE 20
NET ASSETS

NEW BUILDING CONSTRUCTED