See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under 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
USW DISTRICT 2 LOCAL 12934

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 2380

City or town, state or country, and ZIP + 4
MIDLAND, MI, 48641-2380

D Employer identification number
38-1551119

E Telephone number
989-496-4780

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	237090
	4	Investment income	4	21067
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 ▶ **void checks,reimbursed from members,lockout fund(international)**)	8	136945
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	395102
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	147370
	12	Salaries, other compensation, and employee benefits	12	186697
	13	Professional fees and other payments to independent contractors	13	950
	14	Occupancy, rent, utilities, and maintenance	14	1200
	15	Printing, publications, postage, and shipping	15	3852
	16	Other expenses (describe ▶ **office expenses, conference fees, locked out workers expenses**)	16	106479
	17	**Total expenses.** Add lines 10 through 16 ▶	17	446548
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(51446)
	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	1069282
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	1017836

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	1064273	22	1012827
23	Land and buildings		23	
24	Other assets (describe ▶ **stocks & laptop & printer**)	5155	24	5155
25	**Total assets**	1069428	25	1017982
26	**Total liabilities** (describe ▶)	146	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1069282	27	1017982

P 18

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose?

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

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.)

(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
MARK R. LEWIS	PRESIDENT- 50 HOURS	57050	0	
ALVIN L. ZIMMERMAN	VICE PRES.-50 HOURS	15958	0	
JUDY APO	RECORDING SEC.-4 HOUR	8582	0	
D. THOMAS BILLS 1824 WYLLYS, MIDLAND,MI. 48642	FINANCIAL SEC- 25 HOUR	20369	0	
BOB CHAMPINE	GUARD	11333	0	
FLORENCIO QUIROGA	GUARD	361	0	
C. SCOTT GROULX	GUIDE	6179	0	
GREG ABBATE	TRUSTEE	984	0	
JOHN MENDYK	TRUSTEE	7571	0	
BRIAN MOWRY	TRUSTEE	361	0	
TIMOTHY J. SMITH	TREASURER	1551	0	
THOMAS P. WOODS	V. PRES. PAST	12107	0	
KIM BURKETT	PAST GUARD	3411	0	
KIRK LEWIS	PAST TRUSTEE	500	0	
JEFFREY MANSFIELD	PAST TRUSTEE	517	0	

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
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			
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 period 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) 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		
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		✓

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

42a The organization's books are in care of ▶ **D. THOMAS BILLS** Telephone no. ▶ **989-496-4780**

Located at ▶ **1824 WYLLYS MIDLAND, MI 48642** ZIP + 4 ▶ **48642**

			Yes	No
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		✓
	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		✓
	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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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.

			Yes	No
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		✓
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

▶ D. Thomas Bills 5/12/2010
Signature of officer Date

▶ D. THOMAS BILLS FINANCIAL SEC.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No 1215-0188
Expires 09-30-2011

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER	2 PERIOD COVERED MO DAY YEAR	3 (a) AMENDED - If this is an amended report, check here. ☐ (b) HARDSHIP - If filing under the hardship procedures, check here. ☐ (c) TERMINAL - If this is a terminal report, check here ☐
E	006-793	From 01/01/2009 Through 12/31/2009	

4. AFFILIATION OR ORGANIZATION NAME	
STEELWORKERS AFL-CIO	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
LOCAL UNION	12934
7. UNIT NAME (if any)	

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes ☐ No ☒

8. MAILING ADDRESS (Type or print in capital letters)

First Name	Last Name
D T	BILLS
P O Box - Building and Room Number	
PO BOX 2380	
Number and Street	
City	
MIDLAND	
State	ZIP Code + 4
MI	48641-2380

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions)

70. SIGNED Mark R Lewis Digitally signed by Mark R Lewis DN c=US, o=DST Aces Unaffiliated Individual, cn=Mark R Lewis, 0.9.2342.19200300.100.1.1=A01096A00000 11187BACA2A500002C67 Date 2010 03 29 20 06 38 -04'00' PRESIDENT (If other title, see instructions.)

Date Telephone Number

71 SIGNED DOYLE T BILLS Digitally signed by DOYLE T BILLS DN c=US, o=DST Aces Unaffiliated Individual, cn=DOYLE T BILLS 0.9.2342.19200300.100.1.1=A01098900000117202BADB00006883 Reason: *** Date: 2010.03.29 20:07:20 -04'00' TREASURER (If other title, see instructions)

Date Telephone Number

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER 006-793

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes ☐ No ☒

11. During the reporting period did the labor organization have a political action committee (PAC) fund? Yes ☐ No ☒

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes ☐ No ☒

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes ☐ No ☒

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds? $147,427

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes ☐ No ☒

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes ☐ No ☒

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes ☐ No ☒

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes ☐ No ☒

19. What is the date of the labor organization's next regular election of officers? 04/2012

20. How many members did the labor organization have at the end of the reporting period? (Total from Line 8 of Schedule 13) 761

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	1.45%	per	month		
(b) Working Dues/Fees		per			
(c) Initiation Fees	10.00	per			
(d) Transfer Fees		per			
(e) Work Permits		per			

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER 006-793

Complete Schedules 1 Through 20 Before Completing Statement A

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		$1,064,273	$1,012,827
23. Accounts Receivable	1	$0	$0
24. Loans Receivable	2	$0	$0
25. U.S. Treasury Securities		$0	$0
26. Investments	5	$442	$442
27. Fixed Assets	6	$4,713	$4,713
28. Other Assets	7	$0	$0
29. **TOTAL ASSETS**		$1,069,428	$1,017,982

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	$0	$0
31. Loans Payable	9	$0	$0
32. Mortgages Payable		$0	$0
33. Other Liabilities	10	$146	$0
34. **TOTAL LIABILITIES**		$146	$0

35. **NET ASSETS** (Item 29 Less Item 34)	$1,069,282	$1,017,982

STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER 006-793

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		$237,090
37.	Per Capita Tax		$0
38.	Fees, Fines, Assessments, Work Permits		$0
39.	Sale of Supplies		$0
40.	Interest		$21,026
41.	Dividends		$41
42.	Rents		$0
43.	Sale of Investments and Fixed Assets	3	$0
44.	Loans Obtained	9	$0
45.	Repayments of Loans Made	2	$0
46.	On Behalf of Affiliates for Transmittal to Them		$0
47.	From Members for Disbursement on Their Behalf		$0
48.	Other Receipts	14	$136,945
49.	**TOTAL RECEIPTS**		$395,102

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50	Representational Activities	15	$110,112
51.	Political Activities and Lobbying	16	$9,712
52.	Contributions, Gifts, and Grants	17	$133,584
53.	General Overhead	18	$9,374
54.	Union Administration	19	$52,612
55.	Benefits	20	$0
56.	Per Capita Tax		$2,082
57.	Strike Benefits		$101,863
58.	Fees, Fines, Assessments, etc.		$0
59.	Supplies for Resale		$0
60.	Purchase of Investments and Fixed Assets	4	$0
61.	Loans Made	2	$0
62.	Repayment of Loans Obtained	9	$0
63.	To Affiliates of Funds Collected on Their Behalf		$0
64.	On Behalf of Individual Members		$14,616
65.	Direct Taxes		$12,593
[redacted]			
66.	Subtotal		$446,548
67.	Withholding Taxes and Payroll Deductions		[redacted]
	67a Total Withheld $39,808		[redacted]
	67b Less Total Disbursed $39,808		[redacted]
	67c Total Withheld But Not Disbursed		$0
68.	**TOTAL DISBURSEMENTS** (Line 66-Line 67c)		$446,548

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER 006-793

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4				
5				
6.				
7.				
8.				
9				
10				
11.				
12				
13.				
14.				
15.				
16				
17				
18				
19.				
20.				
21.				
22.				
23.				
24.				
25. Totals from Continuation pages (if any)	$0	$0	$0	$0
26 Totals of Lines 1 through 25	$0	$0	$0	$0
27. Totals from all other accounts receivable				$0
28. **Totals of Lines 26 and 27** (Total from Line 28, Column(B) will be automatically entered in Item 23, Column(B).)	$0	$0	$0	$0

SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER 006-793

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name Purpose Security Terms of Repayment					
2. Name Purpose Security Terms of Repayment					
3. Name Purpose Security Terms of Repayment					
4. Totals from Continuation pages (if any)	$0	$0	$0	$0	$0
5. Totals of loans not listed above	$0	$0	$0	$0	$0
6. **Totals of Lines 1 through 5**	$0	$0	$0	$0	$0

The Totals from Line 6 will be automatically entered in ... Item 24 Column (A) ... Item 61 ... Item 45 ... Item 69 with Explanation ... Item 24 Column (B)

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER 006-793

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3				
4				
5				
6.				
7.				
8				
9.				
10				
11				
12. Totals from Continuation pages (if any)	$0	$0	$0	$0
13 Totals of Lines 1 through 12	$0	$0	$0	$0
			14. Less Reinvestments	
		(The total from Line 15 will be automatically entered in Item 43.)	15. **Net Sales**	$0

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER 006-793

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1			
2.			
3.			
4.			
5			
6.			
7			
8.			
9.			
10.			
11.			
12. Totals from Continuation pages (if any)	$0	$0	$0
13. Totals of Lines 1 through 12	$0	$0	$0
		14. Less Reinvestments	
(The Total from Line 15 will be automatically entered in Item 60)		15 **Net Purchases**	$0

SCHEDULE 5 - INVESTMENTS

FILE NUMBER 006-793

Description (A)	Amount (B)
Marketable Securities	
1 Total Cost	$442
2 Total Book Value	$442
3 List each marketable security which has a book value over $5,000 and exceeds 5% of Line 2.	
(a) N/A	$0
(b)	
(c)	
(d) Total from Continuation pages (if any)	$0
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over $5,000 and exceeds 5% of Line 5. Also, list each Trust which is an investment.	
(a) N/A	$0
(b)	
(c)	
(d)	
(e) Total from Continuation pages (if any)	$0
7. **Total of Lines 2 and 5** (The total from Line 7 will be automatically entered in Item 26, Column(B).)	$442

SCHEDULE 6 - FIXED ASSETS

FILE NUMBER 006-793

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1. Land (give location)				
2. Totals from Continuation pages (if any)	$0		$0	$0
3. Buildings (give location)				
4. Totals from Continuation pages (if any)	$0	$0	$0	$0
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	$4,713		$4,713	$4,713
7. Other Fixed Assets				
8. **Totals of Lines 1 through 7** (The Total from Line 8, Column(D) will be automatically entered in Item 27, Column(B).)	$4,713	$0	$4,713	$4,713

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER 006-793

Description (A)	Book Value (B)
1	
2.	
3.	
4.	
5	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14 Total from Continuation pages (if any)	$0
15. **Total of Lines 1 through 14** (The Total from Line 15 will be automatically entered in Item 28, Column(B).)	$0

SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER 006-793

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2				
3.				
4.				
5.				
6				
7.				
8.				
9.				
10.				
11				
12.				
13.				
14				
15.				
16.				
17.				
18				
19.				
20.				
21.				
22.				
23.				
24.				
25. Totals from Continuation pages (if any)	$0	$0	$0	$0
26. Totals of Lines 1 through 25	$0	$0	$0	$0
27. Totals from all other accounts payable				$0
28. **Totals of Lines 26 and 27** (Line 28, Column(B) will be automatically entered in Item 30, Column(D))	$0	$0	$0	$0

SCHEDULE 9 - LOANS PAYABLE

FILE NUMBER 006-793

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12. Totals from Continuation pages *(if any)*	$0	$0	$0	$0	$0
13. **Totals of Lines 1 through 12**	$0	$0	$0	$0	$0

The Totals from Line 13 will be automatically entered in Item 31 Column (C) ... Item 44 ... Item 62 ... Item 69 with Explanation ... Item 31 Column (D)

SCHEDULE 10 - OTHER LIABILITIES

FILE NUMBER 006-793

Description (A)	Amount at End of Period (B)
1.	
2.	
3	
4.	
5.	
6	
7.	
8.	
9.	
10.	
11.	
12.	
13 Total from Continuation pages (if any)	$0
14. **Total of Lines 1 through 13** (The Total from Line 14 will be automatically entered in Item 33, Column (D))	$0

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 006-793

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	First Name: MARK; Middle Initial: ; Last Name: LEWIS							
A		PRESIDENT		$28,707		$28,343		$57,050
B								
C		C						
I	Schedule 15 Representational Activities: 60 %	Schedule 16 Political Activities and Lobbying: 10 %	Schedule 17 Contributions: %	Schedule 18 General Overhead: 10 %	Schedule 19 Administration: 20 %			
2	First Name: THOMAS; Middle Initial: P; Last Name: WOODS							
A		VICE PRESIDENT		$10,519		$1,588		$12,107
B								
C		P						
I	Schedule 15 Representational Activities: 85 %	Schedule 16 Political Activities and Lobbying: 5 %	Schedule 17 Contributions: %	Schedule 18 General Overhead: %	Schedule 19 Administration: 10 %			
3	First Name: ALVIN; Middle Initial: L; Last Name: ZIMMERMAN							
A		VICE PRESIDENT		$13,894		$2,064		$15,958
B								
C		N						
I	Schedule 15 Representational Activities: 75 %	Schedule 16 Political Activities and Lobbying: 10 %	Schedule 17 Contributions: %	Schedule 18 General Overhead: 10 %	Schedule 19 Administration: 5 %			
4	First Name: JUDY; Middle Initial: ; Last Name: APO							
A		RECORDING SECRETARY		$7,982		$600		$8,582
B								
C		C						
I	Schedule 15 Representational Activities: 25 %	Schedule 16 Political Activities and Lobbying: %	Schedule 17 Contributions: %	Schedule 18 General Overhead: %	Schedule 19 Administration: 75 %			
5	First Name: D. THOMAS; Middle Initial: ; Last Name: BILLS							
A		FINANCIAL SECRETARY		$18,342		$2,027		$20,369
B								
C		C						
I	Schedule 15 Representational Activities: 10 %	Schedule 16 Political Activities and Lobbying: 5 %	Schedule 17 Contributions: %	Schedule 18 General Overhead: 10 %	Schedule 19 Administration: 75 %			

6. TOTALS FROM CONTINUATION PAGES (if any)	$27,063	$0	$5,705	$0	$32,768
7. TOTAL OF LINES 1-6	$106,507	$0	$40,327	$0	$146,834
8. LESS DEDUCTIONS	[redacted]	[redacted]	[redacted]	[redacted]	$31,840
9. NET DISBURSEMENTS	[redacted]	[redacted]	[redacted]	[redacted]	$114,994

SCHEDULE 12 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-793

	(A) Name	(B) Title	(C) Other Payer	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	A First Name Middle Initial Last Name							
	B							$0
	C							
	I Schedule 15 Representational Activities %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
2	A First Name Middle Initial Last Name							
	B							$0
	C							
	I Schedule 15 Representational Activities %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
3	A First Name Middle Initial Last Name							
	B							$0
	C							
	I Schedule 15 Representational Activities %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
4	A First Name Middle Initial Last Name							
	B							$0
	C							
	I Schedule 15 Representational Activities %	Schedule 16 Political Activities and Lobbyings %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
5	A First Name Middle Initial Last Name							
	B							$0
	C							
	I Schedule 15 Representational Activities %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
6.	TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING $10,000 OR LESS			$27,791		$7,184		$34,975
	I Schedule 15 Representational Activities 100 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration %			
7.	TOTALS FROM CONTINUATION PAGES (if any)			$0	$0	$0	$0	$0
8.	TOTAL OF LINES 1-7			$27,791	$0	$7,184	$0	$34,975
9.	LESS DEDUCTIONS							$7,968
10.	NET DISBURSEMENTS			[redacted]	[redacted]	[redacted]	[redacted]	$27,007

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER 006-793

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. ALL MEMBERS IN GOOD STANDING	761	Yes ☒
2.		Yes ☐
3.		Yes ☐
4		Yes ☐
5.		Yes ☐
6.		Yes ☐
7. Total from Continuation page(s)	0	
8. Members (Total of Lines 1 through 7, Enter the Total from Line 8 in Item 20.)	761	
9. Agency Fee Payers*		
10. **Total Members/Fee Payers** (Total of Lines 8 and 9)	761	

*Agency Fee Payers are not considered members of the labor organization.

DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER 006-793

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14
OTHER RECEIPTS

1. Named Payer Itemized Receipts	$136,945
2. Named Payer Non-itemized Receipts	$0
3. All Other Receipts	
4. **Total Receipts** *(add Lines 1 through 3)*	$136,945

Item 48

SCHEDULE 15
REPRESENTATIONAL ACTIVITIES

1. Named Payee Itemized Disbursements	$0
2. Named Payee Non-itemized Disbursements	$0
3. To Officers	$75,137
4. To Employees	$34,975
5. All Other Disbursements	
6. **Total Disbursements** *(add Lines 1 through 5)*	$110,112

Item 50

SCHEDULE 16
POLITICAL ACTIVITIES AND LOBBYING

1. Named Payee Itemized Disbursements	$0
2. Named Payee Non-itemized Disbursements	$0
3. To Officers	$9,712
4. To Employees	$0
5. All Other Disbursements	
6. **Total Disbursements** *(add Lines 1 through 5)*	$9,712

Item 51

SCHEDULE 17
CONTRIBUTIONS, GIFTS, AND GRANTS

1. Named Payee Itemized Disbursements	$133,584
2. Named Payee Non-itemized Disbursements	$0
3. To Officers	$0
4. To Employees	$0
5. All Other Disbursements	
6. **Total Disbursements** *(add Lines 1 through 5)*	$133,584

Item 52

SCHEDULE 18
GENERAL OVERHEAD

1. Named Payee Itemized Disbursements	$0
2. Named Payee Non-itemized Disbursements	$0
3. To Officers	$9,374
4. To Employees	$0
5. All Other Disbursements	
6. **Total Disbursements** *(add Lines 1 through 5)*	$9,374

Item 53

SCHEDULE 19
UNION ADMINISTRATION

1. Named Payee Itemized Disbursements	$0
2. Named Payee Non-itemized Disbursements	$0
3. To Officers	$52,612
4. To Employees	$0
5. All Other Disbursements	
6. **Total Disbursements** *(add Lines 1 through 5)*	$52,612

Item 54

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name LOCAL 12934 P.O. Box 2380 Street City MIDLAND State MI Zip Code 48641-2380	void stale dated check #19333	07/31/2009	$32
	reimbursed for; 4-h resale	09/09/2009	$796
	reimbursed for; 941 taxes dept. of treasury	12/02/2009	$21
	reimbursed for overpayment to members	03/27/2009	$1,842
(B) Type or Classification			
reimbursements from members and government agencys			
	(F) Total of Transactions Listed Above		$2,691
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$2,691
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$2,691

SCHEDULE 15 – REPRESENTATIONAL ACTIVITIES

FILE NUMBER 006-793

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of Transactions Listed Above		$0
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$0
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$0

SCHEDULE — 16 - POLITICAL ACTIVITIES AND LOBBYING

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of Transactions Listed Above		$0
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$0
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$0

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name MEIJER P O Box 2102 Street City GRAND RAPIDS State MI Zip Code 49501-2102	LOCKED-OUT WORKERS UNITO2	10/13/2009	$21,607
	LOCKED-OUT WORKERS UNIT02	11/03/2009	$32,409
	LOCKEDOUT WORKERS UNIT02	10/02/2009	$21,607
	LOCKEDOUT WORKERS UNIT02	10/22/2009	$8,647
	ADOPT-A-FAMILY UNIT02	11/30/2009	$12,871
(B) Type or Classification			
GIFT CARDS & GAS CARDS FOR LOCKED-OUT UNIT02			
	(F) Total of Transactions Listed Above		$97,141
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$97,141
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$97,141

SCHEDULE 18 — GENERAL OVERHEAD

FILE NUMBER 006-793

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of Transactions Listed Above		$0
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$0
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$0

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of Transactions Listed Above		$0
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$0
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$0

SCHEDULE 20 — BENEFITS

FILE NUMBER 006-793

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5		
6		
7.		
8		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20		
21.		
22. Total of Continuation pages (if any)		$0
23. **Total of Lines 1 through 22** (The Total from Line 23 will be automatically entered in Item 55.)		$0

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 006-793

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1 A	First Name: TIMOTHY	Middle Initial: J	Last Name: SMITH					
B	TREASURER			$1,541		$10		$1,551
C	C							

I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
										100%

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
2 A	First Name: C. SCOTT	Middle Initial:	Last Name: GROULX					
B	GUIDE			$3,268		$2,911		$6,179
C	C							

I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
		10 %		10 %		%		%		80 %

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
3 A	First Name: KIM	Middle Initial:	Last Name: BURKETT					
B	GUARD			$3,099		$312		$3,411
C	P							

I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
		10 %		5 %		%		%		85 %

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
4 A	First Name: FLORENCIO	Middle Initial:	Last Name: QUIROGA					
B	GUARD			$361		$0		$361
C	N							

I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
		10 %		%		%		10 %		80 %

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
5 A	First Name: ROBERT	Middle Initial:	Last Name: CHAMPINE					
B	GUARD			$9,801		$1,532		$11,333
C	C							

I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
		70 %		%		%		%		30 %

6.					
7. TOTAL OF LINES 1-6	$18,070	$0	$4,765	$0	$22,835

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 006-793

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	A First Name GREGORY Middle Initial Last Name ABBATE							
	B	TRUSTEE		$715		$269		$984
	C	N						
	I	Schedule 15 Representational Activities 10 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration 90 %		
2	A First Name KIRK Middle Initial Last Name LEWIS							
	B	TRUSTEE		$500		$0		$500
	C	P						
	I	Schedule 15 Representational Activities 10 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration 90 %		
3	A First Name JEFFREY Middle Initial Last Name MANSFIELD							
	B	TRUSTEE		$517		$0		$517
	C	P						
	I	Schedule 15 Representational Activities 10 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration 90 %		
4	A First Name JOHN Middle Initial Last Name MENDYK							
	B	TRUSTEE		$6,900		$671		$7,571
	C	C						
	I	Schedule 15 Representational Activities 70 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration 30 %		
5	A First Name BRIAN Middle Initial Last Name MOWRY							
	B	TRUSTEE		$361		$0		$361
	C	N						
	I	Schedule 15 Representational Activities 10 %	Schedule 16 Political Activities and Lobbying %	Schedule 17 Contributions %	Schedule 18 General Overhead %	Schedule 19 Administration 90 %		
6.								
7. TOTAL OF LINES 1-6				$8,993	$0	$940	$0	$9,933

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name USW DISTRICT 2 P O Box Street 1244A MIDWAY ROAD City MENASHA State WI Zip Code 54952	LOCKEDOUT WORKERS UNIT02	10/14/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	10/14/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	10/28/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	10/28/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	11/09/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	11/13/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	11/20/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	12/02/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	12/04/2009	$10,325
(B) Type or Classification	LOCKEDOUT WORKERS UNIT02	12/11/2009	$10,325
PASS THROUGH STRIKE & DEFENSE FUNDS	LOCKEDOUT WORKERS UNIT02	12/18/2009	$10,325
	LOCKEDOUT WORKERS UNIT02	12/29/2009	$10,325
	(F) Total of Transactions Listed Above		$123,900
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$123,900
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$123,900

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name USW LOCAL 12934 P.O Box 2380 Street City MIDLAND State MI Zip Code 48641-2380	DONATIONS FOR LOCKED-OUT UNIT02	12/31/2009	$10,354
(B) Type or Classification			
VARIOUS LOCAL UNIONS AND OTHER NON-PROFITS & INDIV			
	(F) Total of Transactions Listed Above		$10,354
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$10,354
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$10,354

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name USW LOCAL 12934 DISTRICT 2	SCHOLARSHIPS	11/30/2009	$7,000
P O Box 2380			
Street			
City MIDLAND			
State MI			
Zip Code 48641-2380			
(B) Type or Classification			
SCHOLARSHIP AWARDS 2009			
	(F) Total of Transactions Listed Above		$7,000
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$7,000
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$7,000

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name USW LOCAL 12934 DISTRICT 2	DONATIONS VARIOUS CHARITIES	12/31/2009	$29,443
P O Box 2380			
Street			
City MIDLAND			
State MI			
Zip Code 48641-2380			
(B) Type or Classification			
DONATIONS TO CIVIC CHARITIES			
	(F) Total of Transactions Listed Above		$29,443
	(G) Total of All Transactions from Continuation Pages with this Payee/Payer		$0
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		$29,443
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
	(J) **Total of All Transactions with This Payee/Payer for This Schedule** (Sum of (H) and (I))		$29,443

69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER. 006-793

Address of Record: 9- 1824 wyllys st, Midland,MI 48642

Schedule 13 : SCHEDULE 13-DUES PAYING MEMBERS- WITH FULLVOTING ELEGIBILITY