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990-EZForm
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
UNITED STEEL WORKERS 02-01822 LOCAL

Number and street (or P O box, if mail is not delivered to street address)
E 8395 COUNTY ROAD H

Room/suite

D Employer identification number
41-2192582

E Telephone number

City or town, state or country, and ZIP + 4
FREMONT WI 54940-8704

F Group Exemption Number ► **2506**

• 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: ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (5) (insert no) 4947(a)(1) or 527K 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.)

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	
4	Investment income	4	2087.92
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 ► <input type="checkbox"/>	6	
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 ► DUES REFUND)	8	47863.65
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	49951.57
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	15728.44
13	Professional fees and other payments to independent contractors	13	575.00
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► ODDEN, U PER ATTACHED SUMMARY)	16	18649.89
17	Total expenses. Add lines 10 through 16	17	34953.33
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14998.24
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	75008.76
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	90007.00

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	75230.00	22 90316.11
23	Land and buildings	23	
24	Other assets (describe ► COMPUTER/PRINTER)	540.26	24 324.14
25	Total assets	75770.26	25 90640.25
26	Total liabilities (describe ►)	761.50	26 633.25
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	75008.76	27 90007.00

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

Cat No 106421

Form 990-EZ (2009)

SCANNED JUN 17 2010

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? _____
 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		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	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
CHARLES MERKES 1026 W FIFTH ST APPLETON WI	PRESIDENT	2025.42		
DOUGLAS SCHWOBE N2569 HWY 45 HORTONVILLE WI	VICE PRESIDENT	1076.04		
RANDALL MUTHIG 3789 FAIRVIE RD NEENAH WI	VICE PRESIDENT	1038.62		
TODD EAKE E8395 CTY RD H FREMONT WI	TREASURER	2373.96		
PETER FRANCK 323 CORDY LN HORTONVILLE WI	FIN .SEC.	1217.52		
MIKE SPOEHR 819 E MEADOWGROVE APPLETON WI	REC. SEC	1417.82		
ALVIN RATHSACK N3263 ST RD 76 HORTONVILLE WI	CHIEF STEWARD	1205.60		
FRANK BOWERS N3031 CTY RD M HORTONVILLE WI	STEWARD	631.54		
MARY BOWERS N3031 CTY RD M HORTONVILLE WI	TRUSTEE	330.41		
CLIFF BUNGERT W9855 BADER RD HORTONVILLE WI	TRUSTEE	175.36		
JOHN EBBEN 605 3RD ST MENASHA WI	STEWARD	678.04		
LISA FRANCK 323 CORDY LN HORTONVILLE WI	STEWARD	529.84		
GARRY KRUEGER 816 GROVE ST OSHKOSH WI	STEWARD	678.04		
LYNDON MARCKS N5867 ST 187 SCHILOCTON WI	STEWARD	529.84		

CONTINUED ON NEXT PAGE

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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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	35a	X
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?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
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	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	40a	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Located at ► _____	Telephone no. ► _____	ZIP + 4 ► _____
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	X
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 .	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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	□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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 . . .	Yes	No
46		X	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . .	Yes	No
47		X	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48		X	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a		X	
b	If "Yes," was the related organization a section 527 organization? . . .	Yes	No
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"	Yes	No

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."

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

Sign
H

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

5-5-10

Todd E.

TREASURE

Paid
Preparer's
Use Only

Preparer's
signature

Date

Check
self-
employ

Preparer's identifying number (See instructions)

P00101852

Firm's name (or
yours if self-employed).

EIN 39 ▶ 1157613

Phone no. ▶ 920 733

► Yes No

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2009)

UNITED STEEL WORKERS 02-1822

FED ID NO 41-219582

PART 1

LINE # 16 - OTHER EXPENSES

CONVENTION/CONFERENCE	\$ 895.00
COMPANY PICNIC/CHRISTMAS PARTY	6901.20
DOOR PRIZES	-
DUES & SUBSCRIPTIONS	-
INSURANCE	350.00
FLOWERS/MEMORIALS	556.17
REFRESHMENTS	4952.00
OFFICE EXPENSE	873.87
PAYROLL TAXES	1462.85
TRAVEL EXPENSE	2442.68
DEPRECIATION EXPENSE	216.12
<hr/>	
TOTAL	\$ 18649.89
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