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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** January 1 , 2009, and ending December 31 , 20 09**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 307**

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

Room/suite

1603 NW Taylor

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

Topeka, Kansas, 66608**D Employer identification number****48-0517457****E Telephone number****(785)234-568****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) () ◀ (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	411576
	4	Investment income	4	8508
	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"/>		
	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	1807	
b	Less: cost of goods sold	7b	1516	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3323	
8	Other revenue (describe ► Refunds, Reimbursed Expenses & Retiree Banquet Ticket Sales)	8	5319	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	428726	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	12580
	11	Benefits paid to or for members	11	12469
	12	Salaries, other compensation, and employee benefits	12	188150
	13	Professional fees and other payments to independent contractors	13	5860
	14	Occupancy, rent, utilities, and maintenance	14	53036
	15	Printing, publications, postage, and shipping	15	1758
	16	Other expenses (describe ► Conferences Fees, Bibles, Legislative Exp. & Misc Exp.)	16	223945
	17	Total expenses. Add lines 10 through 16	17	497798
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(69072)
	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	1073079
	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	1004007

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	1074287	1005502
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets		
26 Total liabilities (describe ►)	1208	1425
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1073079	1004077

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.)

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.

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

28	"Local Union enforced collective bargaining agreement to better working conditions of the Local Union and provide representation to its members."		
	(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)	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
Robert Tripp 4047 NW Menoken Rd., Topeka, Ks. 66618	President - 50 hours/week	6536		26482
James Freegon 4635 SE 27th St., Topeka, Ks. 66605	Past Vice-President -	253		
Jody Juarez 5217 NE Shaffer Rd., Topeka, Ks. 66617	Vice-President - 50 Hrs/wk	6960		60
Kevin McClain 5211 NE Indian Creek Rd., Topeka, Ks. 66617	Rec. Secretary - 50 Hrs/wk	4744		484
Nelson Van Dyke 202 Poplar, Perry, Ks. 66073	Treasure - 4 Hours/week	3119		1638
Earl Ransom 2623 Pennsylvania, Topeka, Ks. 66605	Past Fin. Sec.- 50 Hrs/week	1130		434
Scott Tummons 3328 SW 46th St., Topeka, Ks. 66610	Financial Sec. - 50 Hrs/wk	6687		313
David Agnew 2101 NW 59th Terr., Topeka, Ks. 66618	Executive Board - 4 Hrs/mo	4290		4726
Jon Workman 3424 SE Taurus Ave., Topeka, Ks. 66605	Past E-Board - 4Hrs/mo	6874		60
Todd White 2543 SE Blair Dr., Topeka, Ks. 66605	Past E-Board - 4Hrs/mo	7921		
George Bradley 718 NE Freeman, Topeka, Ks. 66616	Past E-Board - 4Hrs/mo	519		
Scott Brown 1735 NW 94th St., Topeka, Ks. 66618	Executive Board - 4Hrs/mo	189		
Michael Haze 1338 SW Mulvane, Topeka, Ks. 66604	Executive Board - 4Hrs/mo	1442		
Ralph Spellmeier 14566 102nd Rd., Hoyt, Ks. 66440	Trustee - 5 Hours/Month	2439		
Michael Bird 1712 SW Cheyenne Rd., Topeka, Ks. 66604	Trustee - 5 Hours/Month	1362		
David Stewart 141 SE 40th St., Topeka, Ks. 66609	Trustee - 5 Hours/Month	1825		
John Blanco 1936 N Kansas Ave., Topeka, Ks. 66608	Past Trustee - 5 Hrs/Month	916		
Steve Bickford 637 Kansa, Ozawkie, Ks. 66070	Trustee - 5 Hours/Month	983		

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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		
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.		
41	List the states with which a copy of this return is filed. ▶ <u>Kansas</u>		
42a	The organization's books are in care of ▶ <u>Scott W Tummons</u> Telephone no. ▶ <u>785-234-5688</u> Located at ▶ <u>1603 NW Taylor, Topeka, Ks.</u> ZIP + 4 ▶ <u>66608</u>		
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)?	Yes	No
	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.?		✓
	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 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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	<input type="checkbox"/>	<input type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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."			

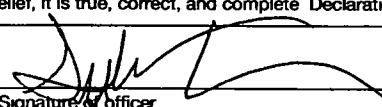
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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	15-14-2010 Date
	Scott W Tummons Financial Secretary Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	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