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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 **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  
**INTERNATIONAL UNION, UAW LOCAL 1590**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**608 CAPERTON BLVD 1590**

City or town, state or country, and ZIP + 4  
**MARTINSBURG, WV 25403**

**D** Employer identification number  
**52 0892465**

**E** Telephone number  
**3042603913**

**F** Group Exemption Number ► **0427**

• 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) ►

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

**I** Website: ► **WWW.UAWLOCAL1590.ORG**

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

**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 ► \$ **135721**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								0		
	2	Program service revenue including government fees and contracts																								0		
	3	Membership dues and assessments																								77779		
	4	Investment income																								3107		
	5a	Gross amount from sale of assets other than inventory																		0								
	5b	Less cost or other basis and sales expenses																		0								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								0		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																		0								
	6b	Less direct expenses other than fundraising expenses																		0								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																								0			
7a	Gross sales of inventory, less returns and allowances																		9									
7b	Less cost of goods sold																		9									
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								0			
8	Other revenue (describe ► <b>COLLECTIONS, DONATIONS, REBATES, SALES, REFUNDS</b> )																								54835			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																								135721			
Expenses	10	Grants and similar amounts paid (attach schedule)																								0		
	11	Benefits paid to or for members																								233		
	12	Salaries, other compensation, and employee benefits																								48401		
	13	Professional fees and other payments to independent contractors																								0		
	14	Occupancy, rent, utilities, and maintenance																								13851		
	15	Printing, publications, postage, and shipping																								3650		
	16	Other expenses (describe ► <b>PER CAPITA TAX, RENTALS, LEASES, REGISTRATIONS, FICA</b> )																								85582		
	17	<b>Total expenses.</b> Add lines 10 through 16																								151708		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								(15987)		
	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)																								115073		
	20	Other changes in net assets or fund balances (attach explanation)																								3842		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								102928		

**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	108326	92339
23	Land and buildings	12052	12911
24	Other assets (describe ► <b>T-SHIRTS, HATS, BIBLES, MAILING ACCOUNT</b> )	895	1157
25	<b>Total assets</b>	121273	106407
26	<b>Total liabilities</b> (describe ► <b>TAXES DUE IN DEC BUT PAID IN JANUARY</b> )	6200	3479
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	115073	102928

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUN 17 2010

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)		<b>Expenses</b> (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? <b>LABOR ORGANIZATION</b>			
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			
<b>28</b>	<b>COLLECTIVE BARGAINING AND REPRESENTATION SERVICE TO 1100 MEMBERS</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>N/A</b>
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	<b>N/A</b>
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	<b>N/A</b>
<b>31</b>	Other program services (attach schedule)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	<b>N/A</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>N/A</b>

**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
MICHAEL F BURKE 13802 PARADISE CHURCH ROAD HAGERSTOWN, MD	TRUSTEE/1 HR-WK	560	0	0
KENNETH COLLINSON 107 KARLA COURT, MARTINSBURG, WV 25404	PRESIDENT/8 HR-WK	2606	0	0
JAMES M DOYLE 445 ELK BRANCH RD HEDGESVILLE, WV 25427	FIN SEC/16 HR-WK	7481	0	0
EDWARD FOCHTMAN 1854 HENRY O'MICHAEL RD BERKELEY SPRINGS WV	GUIDE/ 1 HR-WK	0	0	0
GARY L GRANTHAM 4 HIDDEN VALLEY CIRCLE SHEPHERDSTOWN, WV	SGT-AT-ARMS/ 1 HR-WK	106	0	0
SUSAN D GRIFFITH 124 HERMITAGE DRIVE MARTINSBURG, WV 25405	TRUSTEE/1 HR-WK	636	0	0
SCOTT R HENRY P.O BOX 2627 MARTINSBURG, WV 25402	SHOP COMM 40HR-WK	714	0	0
DIANNE HILLIARD 104 N DELAWARE AVE MARTINSBURG, WV 25401	TRUSTEE/1 HR-WK	0	0	0
JAMES W HOWLAND 747 FRANKLIN SQUARE CHAMBERSBURG, PA 17201	TRUSTEE/1 HR-WK	620	0	0
JOSEPH L KIRBY 18931 ORCHARD TERRACE RD HAGERSTOWN, MD	REC SEC/4 HR-WK	46	0	0
TIMOTHY D LEE 599 FIRST STREET INWOOD, WV 25428	VICE PRES/8 HR-WK	772	0	0
KRISTY R LUNDBERG 82 EFFIE LANE MARTINSBURG, WV 25404	REC SEC/4 HR-WK	23322	0	0
RUSSELL E RICHARDS 12026 BELVEDERE ROAD HAGERSTOWN, MD 21742	RETIREE CHAIR	125	0	0

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>	✓
<b>35</b>	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		
<b>a</b>	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>35a</b>	✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b>	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	<b>36</b>	✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	✓
<b>38a</b>	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>38a</b>	✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</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	<b>40b</b>	✓
<b>c</b>	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 ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
<b>e</b>	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	<b>40e</b>	✓
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>N/A</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>JAMES M DOYLE</b> Telephone no ▶ <b>304 754-7083</b> Located at ▶ <b>445 ELK BRANCH ROAD HEDGESVILLE, WV</b> ZIP + 4 ▶ <b>25427</b>		
<b>b</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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	✓
<b>c</b>	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 ▶ _____	<b>42c</b>	✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	✓
<b>45</b>	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	<b>45</b>	✓

**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                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization?  | <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."

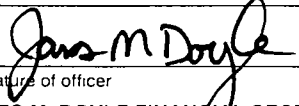
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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 ▶ \_\_\_\_\_

<b>Sign Here</b>	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 <b>MAY 7, 2010</b>	
<b>Paid Preparer's Use Only</b>	JAMES M. DOYLE FINANCIAL SECRETARY UAW LOCAL 1590 Type or print name and title		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Preparer's signature	Date	EIN	Phone no.
	Firm's name (or yours if self-employed), address, and ZIP + 4			

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

# FORM 990EZ LINE 20 WORKSHEET

(Attach to Form 990EZ)

Year 2009 UAW Local Union 1590 Employer ID# 52-0892465

LM-3 Line	LM-2 Line	Asset Other than Cash	Start of Reporting Period (A)	End of Reporting Period (B)	Explanation
		Void checks from previous years	N/A	—	
N/A	23	Accounts Receivable	0	0	
26	24	Loans Receivable	0	0	
27	25	U.S. Treasury Securities	0	0	
28	26	Investments	0	0	
29	27	Fixed Assets	12052	12911	
30	28	Other Assets	895	1157	

(X) Total (Non-Cash) Asset	12947	14068
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		Liabilities	(C)	(D)	
32	30	Accounts Payable	5116	3143	
33	31	Loans Payable	0	0	
34	32	Mortgages Payable	0	0	
35	33	Other Liabilities	1084	336	

(Y) Total Liabilities	6200	3479
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	START	END
NET (NON-CASH) ASSETS (X-Y)	6747	10589

## LINE 20

IRS Form 990EZ Line 20 amount is Net (Non-Cash) Assets at the "End of the Reporting Period" minus Net (Non-Cash) Assets at the "Start of the Reporting Period"

- Net (Non-Cash) Assets END
- Minus Net (Non-Cash) Assets START

\$ 10589  
- 6747

• **LINE 20**

\$ 3842

FORM 990EZ  
EXPENSE RECONCILIATION

**FORM 990EZ EXPENSE RECONCILIATION**

Calendar year 2009

UAW LOCAL UNION 1590 EMPLOYER ID# 52-0892465

FORM 990EZ: Part I

Gross Disbursements  
(LM-2, 68; LM-3, 55)

\$ 151717

Deductions from Gross Disbursements:

Deductions from Revenue on

FORM 990EZ, Part I, Page 1:

- Line 5(b) Cost or other basis and sales expenses \$ 0
- Line 6(b) Direct expenses (fund-raising) \$ 0
- Line 7(b) Cost of goods sold \$ 9

Total Deductions

\$ 9

Gross Disbursements Less Total Deductions  
(Form 990EZ, Line 17)

\$151708

**A COPY OF THIS RECONCILIATION WORKSHEET MUST BE ATTACHED TO EACH COPY OF  
FORM 990EZ**