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990-EZ

Form 990-EZ
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable	C Name of organization <i>USW International Union</i> 9306		
<input type="checkbox"/> Address change	Please use IRS label or print or type.		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	E Telephone number		
<input type="checkbox"/> Amended return	F Group Exemption Number ► 0260		
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 <i>1405 Tomilu Dr. Girard, OH 44420-1457</i>		

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

D Employer identification number
52-1742897

E Telephone number
330-766-5520

F Group Exemption Number ► 0260

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ► *N/A*

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 ► *\$ 30,980*

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	0
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	30,963
4	Investment income	4	17
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	0
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
8	Other revenue (describe ►)	9	30,980
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	10	492
10	Grants and similar amounts paid (attach schedule)	11	11,853
11	Benefits paid to or for members	12	10,699
12	Salaries, other compensation, and employee benefits	13	1403
13	Professional fees and other payments to independent contractors	14	0
14	Occupancy rent, utilities, and maintenance	15	409
15	Printing, publications, postage, and shipping	16	471
16	Other expenses (describe ►)	17	25,327
17	Total expenses. Add lines 10 through 16 ►	18	5,653
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	30,937
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)	20	0
20	Other changes in net assets or fund balances (attach explanation)	21	36,590
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		

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	31,219	22 37,663
23	Land and buildings	0	23 0
24	Other assets (describe ►)	0	24 0
25	Total assets.	31,219	25 37,663
26	Total liabilities (describe ►)	282	26 1,073
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,937	27 36,590

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	<i>Local Union entered collective bargaining agreement to better working conditions of the Local Union and provide representation to its members</i>	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29			
30		(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
32	Total program service expenses (add lines 28a through 31a)		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
George Ervin 2008 Celestial Dr. Warren, OH 44484	President 10 Hours	622	0	0
Dennis Bowser 2597 Reever Rd. Warren, OH 44483	Ex-President 10 Hours	1372	0	0
Joseph Slezak 5466 Russell Lane Fowler, OH 44418	Vice President 5 Hours	810	0	0
Jeff Wigters 1829 Rt. 208 Box 238 Pulaski, PA 16143	Ex-Vice President 5 Hours	740	0	0
David Ervin 1405 Tomlin Dr. Girard, OH 44420	Residential Secretary 3 Hours	1180	0	0
Robert Cover 1733 County Line Rd. Mineral Ridge, OH 44440	Recording Secretary 3 Hours	1046	0	0
Edward Williams 1021 Patricia Dr. Girard, OH 44420	Treasurer 2 Hours	0	0	0
Jeffrey Barker 2814 Cheryl Ave. Southington, OH 44470	Grievance Chairman 3 Hours	1447	0	441
John Jackson 602 E. Drive Warren, OH 44484	Committee Man 3 Hours	908	0	80
Steve Chalener 87 Mine St. Stoneboro, PA 16153	Committee Man 2 Hours	915	0	0
Larry Clay 3673 Everett Hull Cortland, OH 44410	Trustee 1-hour	100	0	0
William Elwood 541 Fairfield Warren, OH 44483	Trustee 1-hour	100	0	0
Barry Langford 951 Commerce St. Warren, OH 44485	Trustee 1-hour	50	0	0
Wayne Womer 465 7th St. Sharpsville, PA 16150	Shop Steward 1-hour	136	0	0
Antoine Williamson 2786 Randolph Warren, OH 44485	Teller-Election	272	0	0
James Horner 8447 State St. Kinsman, OH 44428	Teller-Election	127	0	0
Richard Bee 4581 State Rt. 82 Newton Falls, OH 44444	Teller-Election	302	0	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	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? <i>N/A</i>	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	0
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations. Enter:	39b	N/A
a Initiation fees and capital contributions included on line 9	40a	N/A
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
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	40d	
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	40e	X
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. ► <i>NONE</i>		
42a The organization's books are in care of ► <i>David Erwin</i> Telephone no. ► <i>330-766-5520</i> Located at ► <i>1405 Tamila Dr. Girard, OH</i> ZIP + 4 ► <i>44420-1457</i>		
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

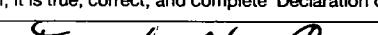
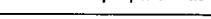
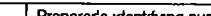
Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	
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."		

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 Here	<p>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</p>			
	 Signature of officer	 Date		
	 Type or print name and title	DAVID H. ERWIN FINANCIAL SECRETARY		
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  				

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