



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**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

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 International Union 9306

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

1405 Tomlin Dr.

Room/suite

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

Girard, OH 44420-1457

D Employer identification number

52-1742897

E Telephone number

330-766-5520

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: ▶ N/A

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. ▶ \$ 30,980

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	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
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	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"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ▶)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	30,980
	10	Grants and similar amounts paid (attach schedule)	10	492
	11	Benefits paid to or for members	11	11,853
	12	Salaries, other compensation, and employee benefits	12	10,699
	13	Professional fees and other payments to independent contractors	13	1,403
	14	Occupancy rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	409	
16	Other expenses (describe ▶)	16	471	
17	Total expenses. Add lines 10 through 16	17	25,327	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,653	
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	30,937	
20	Other changes in net assets or fund balances (attach explanation)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,590	

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

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

Cat No 106421

Form **990-EZ** (2009)

26

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
George Ervin 2008 Celestial Dr. Warren, OH 44484	President 10 Hours	622	0	0
Dennis Bowser 2597 Reeve Rd. Warren, OH 44483	Ex-President 10 Hours	1372	0	0
Joseph Snejzik 5466 Russell Lane Fowler, OH 44418	Vice President 5 Hours	810	0	0
Jeff Winters 1829 Rt. 208 Box 238 Pulaski, PA 16143	Ex-Vice President 5 Hours	740	0	0
David Erwin 1405 Tamila Dr. Girard, OH 44420	Financial 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. Southampton, 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 Chaloner 87 Mine St. Stoneboro, PA 16153	Committee Man 2-Hours	915	0	0
Larry Clay 3673 Everett Hull Cartland, 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	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year? <i>N/A</i>	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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <i>0</i>		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <i>0</i>	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a <i>N/A</i>	
b Gross receipts, included on line 9, for public use of club facilities	39b <i>N/A</i>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: <i>N/A</i> 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	<input checked="" type="checkbox"/>
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 Temile Dr. Gicard, 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

- 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 **d** _____

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.

Sign Here

Signature of officer David H. Erwin Date 2-28-10
 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 ☐ **Yes** ☐ **No**