

## 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

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							, 20					
В	Check if a	pplicable	ine IDS			Emplo	loyer identification number					
	Address o	change	use IRS label or	United Steelworkers Local No. 00040	1		55 0371183					
=	Name ch	-	print or	Number and street (or P O box, if mail is not delivered to street address) Roo	m/suite E	Teleph	Telephone number					
=	Initial retu Terminate		type. See 712 Buffington Street			304 525-3611						
×	Amended		Specific City or town, state or country, and ZIP + 4				p Exem	otior	<u> </u>			
=		on pending	Instruc- tions.	Huntington, WV 25702-2111	l'		ber ▶	Diloi	0260			
=			omania	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Account			77 (	Cash Accrual			
	• 360	11011 30 1 (0)(3)		npleted Schedule A (Form 990 or 990-EZ).	Other (s	-			ASII L. ACCIDAL			
_								10017	ration is not			
	Nebsi	te: ► N/A					_	the organization is <b>not</b> ch Schedule B (Form 990,				
			check or	nly one) — ✓ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	990-EZ,			cuui	e B (r 01111 990,			
_												
	Check I			zation is not a section 509(a)(3) supporting organization and its gross reci					ın \$25,000. A			
_				turn is not required, but if the organization chooses to file a return, be s			ete retur	n.	470.024			
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of			\$ **iono 1	- I	170,031			
	art I			enses, and Changes in Net Assets or Fund Balances (	See the ii	IStruc		Or I				
	1		_	s, grants, and similar amounts received		·	1		0			
	2			evenue including government fees and contracts			2		0			
	3		•	and assessments		· }	3		162734			
	4	Investmen		1 1		- 1	4		899			
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a		0						
	b			r basis and sales expenses		0	ļ					
•	C	•	-	n sale of assets other than inventory (Subtract line 5b from line 5	•	_:	5c		0			
ž	6	Special event	s and act	rvities (complete applicable parts of Schedule G). If any amount is from gaming, o	check here ►							
Revenue	а	Gross reve	enue (no	ot including \$ of contributions			ŀ					
æ		reported o	n line 1	) <u>6a</u>		0						
	b	Less: direc	ct exper	nses other than fundraising expenses 6b		0						
	С	Net incom	e or (los	ss) from special events and activities (Subtract line 6b from line	6a)		6c		0			
	7a	Gross sale	s of inv	entory, less returns and allowances		0						
	b	Less: cost	of good	ds sold		0						
	С	Gross prof	fit or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)			7c		0			
	8			(describe ► Rent, reimbursements, refunds, 50/50 drawings & voided checks )					6398			
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		_▶ [	9		170031			
	10			r amounts paid (attach schedule)	⇒(.)		10		969			
	11	Benefits paid to or for members					11		0			
Š	12	Salaries, other compensation, and employee benefits . APR. 97. 2010					12		118955			
Expenses	13	Professional fees and other payments to independent contractors					13		350			
9	14	Occupancy, rent, utilities, and maintenance							30127			
ũ	15	-	ublications, postage, and shipping OGDEN, UT						897			
	16			describe ▶ Miscellaneous		١ , [	16		8255			
	17	•		Add lines 10 through 16		_ <u>`</u>	17		159553			
Net Assets	18	Excess or	(deficit)	for the year (Subtract line 17 from line 9)			18		10478			
	19			d balances at beginning of year (from line 27, column (A)) (mu		-						
ASS			end-of-year figure reported on prior year's return)						191555			
et ,	20	Other chai	Other changes in net assets or fund balances (attach explanation)						(8043)			
ž	21		_	·			20		193990			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in								of F	orm 990-EZ.			
								B) End of year				
2	2 C	ash, savinos	and in	vestments			2027 2	2	82505			
2		Land and buildings				66970 2			66970			
2						_	6198 2		47362			
2							5195 2		196837			
2		Total liabilities (describe ► Unpaid payroll taxes, union dues, city fees					3640 2	_	2847			
							1555 2	_	193990			

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

Form 990-EZ (2009)

FOITH	990-EZ (2009)					_ Page ∠			
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses			
Wha	t is the organization's primary exempt purpose?					ired for section			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise									
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant infor	rmation for		a)(1) trusts; optional			
each	program title.				for ot	hers.)			
28	Local union enforced collective bargaining agreeme	nt to better the working cond	itions of the local u	nion					
	and provide representation to the members.								
		includes foreign grants, che			28a	N/A			
29				•					
	(Grants \$ N/A) If this amount	includes foreign grants, ch	eck here	. ▶ 🗍	29a	N/A			
30									
-									
		•••••							
	(Grants \$ N/A) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	N/A			
31	Other program services (attach schedule)				1000				
		includes foreign grants, ch			31a	N/A			
32	Total program service expenses (add lines 28a				32	N/A			
	List of Officers, Directors, Trustees, and Key	<u> </u>				tions for Part IV.)			
-		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans & nsation	account and other allowances			
Gre	gory S. Kingery		,						
#6 C	colonial Ct., Barboursville, WV 25504	President 12 Hours	10227		0	290			
Cha	d S. Thompson								
14 B	rushy Point Road, Gallipolis, OH 45631	Vice President 6 Hours	4748		0	198			
Tho	mas E. McCallister								
399	County Rd 131, South Point, OH 45680	Recording Secretary 6 Hrs.	4151		0	o			
Rich	ard K. Lewis								
119	Private Drive 266, Proctorville, OH 45669	Financial Secretary 12 Hrs.	9609		0	2040			
Will	am R. Wilcox	_							
3049	Wallace Circle, Huntington, WV 25705	Treasurer 4 Hours	3302		0	0			
Brya	an E. Thompson								
PO I		Trustee 2 Hours	786		0	59			
Will	am B. Howard								
121	4th St. Altizer, Huntington, WV 25705	Trustee 2 Hours	1221		0	0			
Kev	in A. Goodall	Touris Ollinson							
2880	Ousley Gap Rd., Barboursville, 25504	Trustee 2 Hours	9270		0	280			
Roll	ey P. Pyles,Jr	Tt 2 H							
4260	Rear Four Pole Rd., Huntington, WV 25701	Trustee 2 Hours	8073		0	382			
Jam	es M. Carter	Cuida 2 Maura							
507	Blackburn Ave., Ashland, KY 41101	Guide 2 Hours	134		0	0			
Gar	/ D. Wilson	Colida 2 Harris							
424	TWP Rd. 368, Proctorville, OH 45669	Guide 2 Hours	43		0	0			
Jacl	( L. Johnson	Guard 2 Hours							
892	5 Eastview Ct., Catlettsburg, KY 41129	Guard 2 Hours	11167		0	0			
Dav	id A. Woodall	Guard 2 Hours							
412	Rotary Road, Huntington, WV 25705	Guara 2 Hours	19		0	0			
		I	I	ı		I			

Part	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		✓			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
а	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		✓			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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		✓			
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?	37b		✓			
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						
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9						
ь	Gross receipts, included on line 9, for public use of club facilities	Į		'			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A						
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					
С	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		!				
е	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	-	 			
41	List the states with which a copy of this return is filed. ► N/A						
42a	The organization's books are in care of ▶ Richard K. Lewis Telephone no. ▶	304-52	5-361	1			
	Located at ▶ 712 Buffington Street, Huntington, WV 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		Yes	No			
	account)?	42b	ļ	<b>✓</b>			
	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.			٠			
С	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:	42c	<u></u>	✓_			
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	• •	•	<b>▶</b> □			
			<u> </u>	A			
44	Did the exceptration maintain any depart advised funded if "Ves " Forms 000 asset he appealed district of		Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1			
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_	_	Ī			
		00/	) E7	(0000)			

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) none 17(a)(1) nonexempt char id 51.	xempt charita table trusts mu	<b>ble trusts only.</b> A st answer question	II sec ons 46	tion 491	0			
	Did the organization engage in direct or indirect					Yes	No			
	candidates for public office? If "Yes," complete S	·			46		<u> </u>			
	Did the organization engage in lobbying activities	•	•		47	_	<del></del>			
	Is the organization a school as described in sectio Did the organization make any transfers to an ex				48 49a		<del> </del>			
	•	•	-		49b	_	<del>                                     </del>			
50	If "Yes," was the related organization a section 527 organization?									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expensount a	nse and			
			:							
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor			(b) Type of service			(c) Compensation			
d	Total number of other independent contractors e	each receiving over \$100,0				-				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is t	lying schedules and s pased on all information	statements, and to the bes	st of my any kno	knowi wledg	ledge e			
Sign Here	Signature of officer  Richard K. Lewis, Financial Secretary Type or print name and title		14-1-10 Date							
Paid Prepare	Preparer's signature	Date	Date Check if self-employed ▶ ☐				ng number (See instructions)			
Use On	Firm's name (or			Phone no 🕨						
May th	e IRS discuss this return with the preparer shown	n above? See instructions		▶ [	Yes m 990		<b>No</b> (2009)			

United Steelworkers Local No. 00040 712 Buffington Street Huntington, WV 25702-2111 EIN 55-0371183 Period Ending 12-31-2009

## FORM 990-EZ

Attached explanation - Part I Net Assets Line 20 - Other Changes

There is a difference of \$793 between 2008 and 2009 unpaid payroll taxes, union dues and city fees, line 26. These are payroll taxes, union dues and city fees paid in January, 2010, but withheld in the 4th quarter 2009

An inventory of fixed assets in 2009 revealed a decrease in value of \$8836 for fixed assets due to broken, out dated and unusable furniture and eguipment, line 24

Line 20: \$8836 - \$793 = \$8043