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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 **JAN 1**, 2009, and ending **DEC 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

U.S.W. L.U. 5668

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

Room/suite

RR 1 BOX 96K

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

RAVENSWOOD, WV 26164-9730

**D** Employer identification number

55 0419476

**E** Telephone number

304 273-9319

**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) ( ) ◀ (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 ► \$ **341815**

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	290049
	<b>4</b>	Investment income . . . . .	<b>4</b>	2738
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>6b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
Expenses	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe ► <b>TRANSFER OF FUNDS TO SAVING ACCOUNTS &amp; DONATIONS</b> ) . . . . .	<b>8</b>	49028
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	341815
	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	20792
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	13587
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	158884
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	17818
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	28105
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	8672	
<b>16</b>	Other expenses (describe ► <b>REIMBURSE EXP,EDU,CONF,RECREATION,TAXES,DUES,INSUR</b> ) . . . . .	<b>16</b>	55278	
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	303136	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	38679
	<b>19</b>	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) . . . . .	<b>19</b>	232153
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	270832

**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
<b>22</b> Cash, savings, and investments . . . . .	114636	<b>22</b> 153315
<b>23</b> Land and buildings . . . . .	48800	<b>23</b> 48800
<b>24</b> Other assets (describe ► _____) . . . . .	68717	<b>24</b> 68717
<b>25</b> <b>Total assets</b> . . . . .	232153	<b>25</b> 270832
<b>26</b> <b>Total liabilities</b> (describe ► _____) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	232153	<b>27</b> 270832

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED APR 14 2010

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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.)

<b>28</b>	<b>LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS.</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</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>32</b>	<b>Total program service expenses (add lines 28a through 31a) . . . . .</b>	<b>32</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
JASON S MILLER 109A JACKSON AVE. RIPLEY WV 25271	PRESIDENT 23.21HRS	27371		1680
NATHAN C NELSON 704 McINTOSH AVE RAVENSWOOD WV 26164	VICE PRESIDENT 9.35HRS	9668		73
DAVID M MARTIN 110 DOTSON DR. MILLWOOD WV 25262	RECORDING SEC. 1.38HR	2006		332
DANIEL R POSTLEWAIT 3 PARKVIEW DR. PARKERSBURG WV 26104	FINANCIAL SEC. 2.46HRS	2965		1416
CLARENCE M LAWRENCE 52785 C.R. 31 PORTLAND OH 45770	TREASURER 2.2HRS	2862		170
RALPH B GIBBS P.O. BOX 504 MASON WV 25260	GUIDE .87HRS	1242		25
ALAN G STARCHER 218 PIKE ST SPENCER WV 25276	TRUSTEE 1.69HRS	1854		330
KENNY H OSBORNE 4131 BUCKEYE HILLS RD THURMAN OH 45685	TRUSTEE 2.34HRS	2563		116
FRANCIS AYERS JR 864 PINE CIRCLE DAVISVILLE WV 26142	TRUSTEE .85HRS	929		50
MARK A LYNCH 72 ANNISTON DR POINT PLEASANT WV 25550	GUARD 7.45HRS	8914		244
GLEN H BURGESS 36 BRIERWOOD VILLAGE SANDYVILLE WV 25275	GUARD 0HRS	0		0
ELIJAH P MORRIS RT 1 BOX 72 MILLWOOD WV 25262	GREIVANCE CHAIR 37HRS	42962		1038
SANDRA L MILLER PATTERSON RD COTTAGEVILLE WV	SECRETARY 17HRS	17632		0
DAVID L PATRICK 2477 POCA RIVER RD POCA WV	FORMER PRESIDENT 1HR	1339		0
DOUGLAS W WILSON II RT2 BOX6A SANDYVILLE WV	FORMER TRUSTEE .3HRS	309		0
TERRY L OCHELTREE RT2 BOX67 RIPLEY WV	FORMER GUARD .08HRS	88		100
KEITH A KINZEL 38130 STORYS RUN RD CHESIRE OH	FORMER V PRES. 4HRS	4804		74
RYAN O CORRIVEAU 2903 CHANDLER DR PT. PLEASANT WV	FORMER TRUSTEE 4HRS	4776		119

**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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	<input checked="" type="checkbox"/>
<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> 0	<b>37b</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> N/A	
<b>40a</b> 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>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 . . . . . ▶ <u>N/A</u>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
<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>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <u>DAN POSTLEWAIT</u> Telephone no. ▶ <u>3042739319</u>		
Located at ▶ <u>RR1 BOX 96K RAVENSWOOD WV</u> ZIP + 4 ▶ <u>26164-9730</u>		
<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)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
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>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="checkbox"/> N/A		
<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>	<input checked="" type="checkbox"/>
<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>	<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.

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

**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 . . . . . ▶

<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		March 18, 2010 Date	
<b>Paid Preparer's Use Only</b>	DANIEL R POSTLEWAIT FINANCIAL SECRETARY Type or print name and title			
	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

**USW LOCAL 5668 2009 990EZ EIN 55-0419476**

PART 1  
LINE 10

BRANDON HUDSON	1990
CONNIE GOOD	1286
JERRY FRENCH	601
LORI STATS	1930
LISA HARRIS	1315
OPEL ROBISNSON	1308
ROBIN SHOCKEY	2042
TOM EZELL	1291
SANDY MILLER	2412
RAVENSWOOD GRADUATION	100
FLORAL SICK & BEREAVEMENT	6467
RAVENSWOOD VOL FIRE DEPT	50
<b>TOTAL</b>	<b>20792</b>