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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**Department of the Treasury
Internal Revenue Service**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

USW International Union Local 4959

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

4548 SHELLRIDGE ROAD NW

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

OLYMPIA, WA 98502

D Employer identification number

87-0753864

E Telephone number

(360)8668021

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. \$ 234,801**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	20,456
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	194,818
4	Investment income	4	1,225
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"/>		
a	Gross revenue (not including \$ 0 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)	6c	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)	7c	0
8	Other revenue (describe ► Reimbursements and refunds)	8	18,302
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	234,801
10	Grants and similar amounts paid (attach schedule)	10	33089
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	78,561
13	Professional fees and other payments to independent contractors	13	61491
14	Occupancy, rent, utilities, and maintenance	14	2600
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe ► per capita, office expense)	16	27469
17	Total expenses. Add lines 10 through 16	17	203210
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31591
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	580,012
20	Other changes in net assets or fund balances (attach explanation)	20	6,700
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	618,303

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	441,012	22 472,603
23 Land and buildings	139,000	23 145,700
24 Other assets (describe ►)	0	24 0
25 Total assets	580,012	25 618,303
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	580,012	27 618,303

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 Labor Union and provide representation to its members		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	n/a
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	n/a
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	n/a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	n/a
32	Total program service expenses (add lines 28a through 31a)	32	n/a

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
Dye, Kris 3912 S Lee St, Spokane WA 99203	President	2,610	0	5,334
Trimmer, Glenn 4548 Shellridge Rd NW, Olympia WA 98502	Secretary-Treasurer	9,373	0	13,534
Wallis, Charles 35805 Forest Lane, Soldotna AK 99669	1st VP	769	0	0
Knowles, Randall 53080 Jahwa Ave, Kenai AK 99611	Trustee	0	0	4,411
Kovac, Mark PO Box 2973, Seward AK 99664	Guard	0	0	776
Guenther, Fritz 222 Chehalis Valley Dr, Chehalis WA 98532	Chief Steward	1,992	0	4,895
Legner, Jesse PO Box 1884, Soldotna AK 99669	2nd VP BP	421	0	0
Every, Dustin 2720 Set Net Ct, Kenai AK 99611	Steward	3,859	0	1,515
Forkner, Billey 17800 E Smith Rd Ext, Palmer AK 99645	Steward	82	0	0
Kadel, Dan 3927 N Simpson Rd, Otis Orchards WA 99027	Steward	2,076	0	0
Maddaugh, Don	Steward	894	0	0
McKay, Peter 55441 Chinook Rd, Kenai AK 99611	1st VP	2,780	0	1,970
Myrick, Daniel PO Box 1256, Kotzebue AK 99752	Steward	910	0	2,784
Parkman, Mike 4706 Wilbury Heights Dr., Pasadena TX 77505	Steward	2,351	0	1,107
Suttles, Mike 1820 Arroyo Vista Way, Eldorado Hills CA 95762	Steward	1,787	0	1,413
Ulrey, Hank 215 4th St, Nenana AK 99760	Steward	0	0	2,937
Brooks, Andrew	Steward	0	0	404
Wentz, Rose Lee 7362 W Parks Hwy #843, Wakilla AK 99654	Recording Secretary	0	0	363

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?	✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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	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?		
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 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a n/a		
b	Gross receipts, included on line 9, for public use of club facilities 39b n/a		
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		
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.		
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>Glenn Trimmer</u> Telephone no. ▶ <u>(360)8668021</u> Located at ▶ <u>4548 Shellridge Rd NW, Olympia WA</u> ZIP + 4 ▶ <u>98502</u>		
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)?	Yes	No
	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.?		✓
	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		✓
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		✓

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."

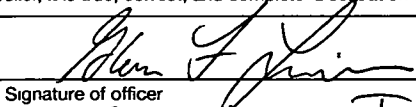
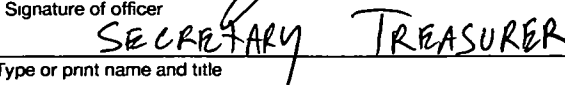
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
n/a				

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
n/a		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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 4-28-10	
Paid Preparer's Use Only	 Type or print name and title SECRETARY TREASURER			
	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**

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
Hollers, Loren 36165 Ollie St, Soldotna AK 99669	Steward	0	0	4,790
Johnson, Mike 78206 Cedar Park Rd, Cottage Grove OR	Steward	0	0	232
Spinka, James	Steward	0	0	1,189