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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning		, 2010, and ending		20
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization UNITED STEELWORKERS OF AMERICA 01449 LOCAL Number and street (or P O box, if mail is not delivered to street address) RR 1 BOX 421 City or town, state or country, and ZIP + 4 PETERSTOWN, WV 24963-9715		D Employer identification number 31-0907702 E Telephone number 304-753-9890 F Group Exemption Number ► 0260
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ► _____		J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 67963
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	1	0
	2 Program service revenue including government fees and contracts	5b	2	0
	3 Membership dues and assessments		3	59070
	4 Investment income		4	724
	5a Gross amount from sale of assets other than inventory	5a	5c	0
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	7c	0
	b Less: cost of goods sold	7b	8	8169
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		9	67963
	8 Other revenue (describe in Schedule O)		10	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		11	0
	10 Grants and similar amounts paid (list in Schedule O)		12	41813
	11 Benefits paid to or for members		13	1691
	12 Salaries, other compensation, and employee benefits		14	6182
	13 Professional fees and other payments to independent contractors		15	0
	14 Occupancy, rent, utilities, and maintenance		16	15293
15 Printing, publications, postage, and shipping		17	64979	
16 Other expenses (describe in Schedule O)		18	2984	
17 Total expenses. Add lines 10 through 16		19	69444	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		20	1786	
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)		21	74214	
20 Other changes in net assets or fund balances (explain in Schedule O)				
21 Net assets or fund balances at end of year. Combine lines 18 through 20				

Part II. Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	68534	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	910	24
25	Total assets	69444	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	69444	27
			74214

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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		
		
	(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 (describe in Schedule O)		
	(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.) Check if the organization used Schedule O to respond to any question in this 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
Dwight F. Baldwin 227 S. Lafayette St. Lewisburg, WV 24901	President - Part Time	3550	0	587
Willard K. Mills II 3550 Sandstone RD. Meadow Bridge, WV 25976	Vice President - Part Time	2815	0	98
Harvey E. Dillon HC 77 Box 490 Ballard, WV 24918	Vice President - Part Time	1286	0	3
David N. Perkins RT. 1 Box 421 Peterstown, WV 24963	Treasurer - Part Time	6549	0	1102
Judy A. Walton HC 83 Box 132 Union, WV 24983	Rec. Sec. - Part Time	648	0	0
Ruth A. Smith RT. 1 Box 273 Alderson, WV 24910	Rec. Sec. - Part Time	1879	0	222
Lawrence R. Bolton P.O. Box 251 Union, WV 24983	Guard - Part Time	412	0	0
Cary N. Bland HC 30 Box 135A Caldwell, WV 24925	Guard - Part Time	1005	0	5
Linda C. Bolton P.O. Box 251 Union, WV 24983	Trustee - Part Time	349	0	0
Nancy A. Davis P.O. Box 362 Union, WV 24983	Trustee - Part Time	175	0	0
Gary W. Derfun RT. 1 Box 394 Peterstown, WV 24963	Trustee - Part Time	609	0	60
Marvin E. Smith HC 65 Box 35 Ballengee, WV 24919	Trustee - Part Time	1756	0	71
Toni E. Daniels RT. 1 Box 389 Ronceverte, WV 24970	Trustee - Part Time	1165	0	249

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 ✓

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, explain in Schedule O why the organization did not report the income on Form 990-T. 35 ✓

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? 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

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 tax year covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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. ► _____ 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► _____ 40d

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 ✓

41 List the states with which a copy of this return is filed. ► _____

42a The organization's books are in care of ► David N. Perkins Telephone no. ► 304-753-9890
 Located at ► RT. 1 Box 421 Peterstown, WV ZIP + 4 ► 24963-9715

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 ✓

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 ✓
 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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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>Sign Here</p> <p>► <u>Dwight Baldwin</u> Signature of officer</p> <p>► <u>Dwight Baldwin</u> President Type or print name and title</p>		
		1 4/27/11 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no. ►	

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2010)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

United Steelworkers of America 01449 Local

Employer identification number

31-0907702

#8, Other Revenue: Women of Steel - 8115 / Void checks 54 /

#16, Other Expenses: Summer Institute - 1400 / Nova Financial Program Classes a Hotel Rooms - 1190 / Pig Roast - 924 /

#16 Other Expenses: Room for Arbitration Prep. - 168 / Rooms for Women of Steel Conference - 441 /

#16 Other Expenses: Donations - 500 / Flowers - 1005 / Reimb. Company for Wages for Election Committee - 1089 / Monthly Drawings - 150 /

#16 Other Expenses: Women of Steel - 6586 / Lost Checks - 54 / Office Equipment Purchased - 1786 /

#20 Other Changes in Net Assets: Office Equipment Purchased - 1786 /

#24 Other Assets: Office Equipment - 2696 /