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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, 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.*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning January 1 , 2010, and ending December 31 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
United Steelworkers Local 7837

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2882 N Dinneen

City or town, state or country, and ZIP + 4
Decatur, IL 62521-2862

D Employer identification number
370602482

E Telephone number
217-876-7006

F Group Exemption Number ▶ 0260

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☐ 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 $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 . . . . . ▶ $

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 . . . . . ☐

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	169609
	4	Investment income		4	1010
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 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 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	3191
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	173810
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	00
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	24033
	13	Professional fees and other payments to independent contractors		13	2486
	14	Occupancy, rent, utilities, and maintenance		14	14808
	15	Printing, publications, postage, and shipping		15	549
	16	Other expenses (describe in Schedule O)		16	105710
	17	**Total expenses.** Add lines 10 through 16 ▶		17	147586
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26224
	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	91811
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-700
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	117335

16

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	93067	22	117982
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	1500	24	1000
25	**Total assets**	94567	25	118982
26	**Total liabilities** (describe in Schedule O)	1309	26	1647
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	93258	27	117335

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? **labor union**

28			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

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-.)	[illegible] account, other allowances	[illegible]
MARK TOZER 620 SHERIDAN, DECATUR, IL 62521	PRESIDENT 8 HOURS	3184	0	0
RICHARD CAIRNS 3956 E WILLIAMS, DECATUR, IL 62521	VICE PRESIDENT 2 HOURS	1235	0	0
KEVIN MCPEAK 5830 BLUE MOUND RD, MACON, IL 62544	RECORDING SEC 3 HOUR	2637	0	0
WILLIAM BARNETT 2923 S BURGENER CT, DECATUR, IL 62521	FINANCIAL SEC 3 HOURS	2977	0	0
MIKE FLEENER RR #1, BOX 57A, LOVINGTON, IL 61937	TRUSTEE 1 HOUR	420	0	0
DOUG HARVEY 2701 W HUNT, DECATUR, IL 62526	TRUSTEE 1 HOUR	420	0	0
WILLIAM WINTER JR 15 SANDCREEK DR, DECATUR, IL 62521	TRUSTEE 1 HOUR	280	0	0
JOSH RITCHIE 386 E COOK ST, MACON, IL 62544	GUARD 1 HOUR	671	0	0
DAVID DUNCAN 210 N 33RD ST, DECATUR, IL 62521	GUARD 2 HOUR	883	0	0
JACK CAIRNS 256 BRISTOL, DECATUR, IL 62521	BARGAINING COMM 4HR	3306	0	0
WAYNE SCHMAHL 150 S WALL ST, MACON, IL 62544	BARGAINING COMM 2 HR	535	0	0
ARTHUR DHERMY 335 N LAKE SHORE DRIVE, DECATUR, IL 62521	BARGAINING COMM 2HR	923	0	0

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 . . . . . ☐

			Yes	No
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.			
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 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 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 NA			
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 ▶			
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	NA	
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		✓

41 List the states with which a copy of this return is filed. ▶ ILLINOIS

42a The organization's books are in care of ▶ WILLIAM BARNETT Telephone no. ▶ 217-876-7006
Located at ▶ 2882 N DINNEEN, DECATUR, IL 62526 ZIP + 4 ▶ 62526-2862

			Yes	No
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 . . . . ☐ NA
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43

			Yes	No
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	NA	

			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."

(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 ▶

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 ▶ ☐ Yes ☐ No

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

▶ WG — Signature of officer — Date 05/10/2011

▶ William G Barnett Financial Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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 ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 7837	370602482

PART 1, LINE 8 (OTHER REVENUE) $250 CONVENTION REFUND, $5.00 CASH RETURN, $ 2936 FROM MERGER WITH PARK DISTRICT LOCAL 7839

PART 1, LINE 16 (OTHER EXPENSES) $ 91348 DUES TO STEELWORKERS INTERNATIONAL, $1000 XMAS BASKETS FOR LAID OFF EMPLOYEES, $ 1000 TO WOMIL FOR XMAS AND LABOR DAY ACTIVITIES, $ 1529 FOR LOCAL UNION T-SHIRTS, $ 4320 IN DONATIONS TO UFCW LOCAL 86 D MUTUAL ASSISTANCE PACT FUND, $100 BUS DRIVER XMAS PARTY, $100 CORN COUNCIL , $200 CANDY FOR LABOR DAY PARADE, $4035 DUES REIMBURSALS TO STEWARDS, $ 64 LIABILITY BOND, $ 1999 HOTEL EXPENSES (CORN COUNCIL) $ 15 BANK SERVICE FEES

PART 1, LINE 20 DEPRECIATED LAPTOP COMPUTER FROM $1500 TO $1000, $200 difference in carryover tax obligations

PART 2 LINE 24....LAPTOP COMPUTER...NEW $1500, DEPRECIATED TO $1000

PART 2, LINE 26 TAX LIABILITIES FROM 4TH QRTR, (STATE, FEDERAL, FUTA, ETC.)