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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 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

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A For the 2010 calendar year or tax year beginning <u>JAN</u> 1		2010, and ending <u>DEC 31 2010</u>
B Check if applicable		D Employer identification number <u>39-0503005</u>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Final return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number <u>920-722-8520</u>
C Name of organization USW LOCAL 2-0148		F Group Exemption Number ► <u>0260</u>
Number and street (or P O box if mail is not delivered to street address) 1201 GILLINGHAM ROAD		Room/suite
City or town state or county and ZIP + 4 NEENAH WI 54956-3903		
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) () (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 ► \$ _____		
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	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <u>155283</u>
	4 Investment income	4 <u>665</u>
	5a Gross amount from sale of assets other than inventory	5a
	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)	5c
	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
	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
	8 Other revenue (describe in Schedule O)	8 <u>3705</u>
	9 Total revenue Add lines 1, 2, 3, 4, 5c 6d 7c and 8	9 <u>159653</u>
10 Grants and similar amounts paid (list in Schedule O)	10 <u>550</u>	
11 Benefits paid to or for members	11	
12 Salaries other compensation and employee benefits	12 <u>85406</u>	
13 Professional fees and other payments to independent contractors	13 <u>3117</u>	
14 Occupancy rent utilities and maintenance	14 <u>11933</u>	
15 Printing publications postage and shipping	15 <u>2075</u>	
16 Other expenses (describe in Schedule O)	16 <u>38316</u>	
17 Total expenses Add lines 10 through 16	17 <u>141397</u>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>18256</u>	
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 <u>44722</u>	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 <u>62978</u>	

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	38422	22 56678
23 Land and buildings		23
24 Other assets (describe in Schedule O)	6300	24 6300
25 Total assets	44722	25 62978
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44722	27 62978

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	—		
29	—	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants check here ► <input type="checkbox"/> 28a	
30	—	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants check here ► <input type="checkbox"/> 28a	
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants check here ► <input type="checkbox"/> 30a	
32	Total program service expenses (add lines 28a through 31a)	(Grants \$ <input type="checkbox"/> If this amount includes foreign grants check here ► <input type="checkbox"/> 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
JAMES EHLKE 608 FIFTH ST MENASHA WI 54952	PRESIDENT 10 0	2313		179
GREG VOSTERS 1031 E MITCHELL AVE APPLETON WI 54915	VICE PRESIDENT 10 0	2597		201
JOSEPH KNAACK 674 LA QUINTA CT NEENAH WI 54956	TREASURER, 10 0	5128		385
SCOTT ELLIOTT 2620 MAPLE GROVE DR NEENAH WI 54956	CORRES SECR 10 0	5373		1461
GWEN SCHWARTZKOPH 306 BELL ST NEENAH WI 54956	FINANCIAL SECR, 10 0	5444		363
VANCE KNUTH N994 NEUMANN RD FREMONT WI 54940	RECORDING SECR 10 0	2665		574
DAVID NOVAK 1027 GREGORY ST NEENAH WI 54956	TRUSTEE 5 00	1874		0
WILLIAM KOEHLER N6807 ELM RD HILBERT WI 54129	TRUSTEE 5 00	2041		0
RODNEY DIETZEN 500 COURTLAND AVE OSHKOSH WI 54901	TRUSTEE 5 00	2063		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

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

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 ► 40a

section 4912 ► 40a

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 40b

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

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 40b

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

42a The organization's books are in care of ►

Telephone no ►

ZIP + 4 ►

Located at ►
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)?

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

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
33		✓
34		✓
35a		✓
35b		
36		✓
37a		
37b		✓
38a		✓
38b		
40a		
40b		
40c		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44a		✓
44b		✓
44c		✓
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45

46 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 VII 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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If Yes was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
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 ►

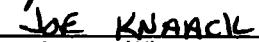
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization If there is none enter None

(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 ►

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		4/6/11 Date
	Signature of officer	
		
	TREASURER	
Type or print name and title		

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 ► 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

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Name of the organization
USW LOCAL 2-0148

Employer identification number
39-0503005

LINE 8 OTHER REVENUE HALL RENT T SHIRT SALES BAR RECEIPTS

LINE 10 GRANTS & DONATIONS YOUTH SPORTS DECEASED RETIREES SPOUSES MEMBERS OFF FOR SURGERY SICKNESS ETC

LINE 16 OTHER EXPENSES FED STATE TAXES PD EDUCATION CONFERENCE FEES

LINE 24 OTHER ASSETS FURNITURE COMPUTER, LAP TOP REFRIDGERATOR