



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**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 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 JAN 1 2010, and ending DEC 31 20 10

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

C Name of organization
USW LOCAL 2-0148

D Employer identification number
39-0503005

Number and street (or P O box if mail is not delivered to street address) Room/suite
1201 GILLINGHAM ROAD

E Telephone number
920-722-8520

City or town state or country and ZIP + 4
NEENAH WI 54956-3903

F Group Exemption Number ► 0260

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ► _____

H Check ☒ 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) — ☐ 501(c)(3) ☒ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 155283 |
| | 4 | Investment income | 4 | 665 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15 000) | 6a | |
| 6b | 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 | | |
| 6c | Less direct expenses from gaming and fundraising events | 6c | | |
| 6d | 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 | | |
| 7b | Less cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | 3705 | |
| 9 | Total revenue Add lines 1 2 3 4 5c 6d 7c and 8 | 9 | 159853 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 550 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries other compensation and employee benefits | 12 | 85406 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 3117 |
| | 14 | Occupancy rent utilities and maintenance | 14 | 11933 |
| | 15 | Printing publications postage and shipping | 15 | 2075 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 38316 |
| | 17 | Total expenses Add lines 10 through 16 | 17 | 141397 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 18256 |
| | 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 | 44722 |
| | 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 | 62978 |

For Paperwork Reduction Act Notice see the separate instructions.

Cat No 108421

Form **990-EZ** (2010)

SCANNED MAY 03 2011

P 12

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 | 58678 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | 6300 | 6300 |
| 25 Total assets | 44722 | 62978 |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 44722 | 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 | | | |
| (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 |
|--|--|---|---|--|
| 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 2820 MAPLE GROVE DR. NEENAH WI 54956 | CORRESPONDING SEC. 10 0 | 5373 | | 1461 |
| GWEN SCHWARTZKOPF 306 BELL ST. NEENAH WI 54956 | FINANCIAL SEC., 10 0 | 5444 | | 363 |
| VANCE KNUTH N994 NEUMANN RD. FREMONT WI 54940 | RECORDING SEC. 10 0 | 2865 | | 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 ☐

| | 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 | | |
| 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 ▶ | | |
| 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 ▶ | | |
| 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 ▶ | | |
| 42a The organization's books are in care of ▶ Telephone no ▶ Located at ▶ ZIP + 4 ▶ | | |
| 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.? If Yes enter the name of the foreign country ▶ | 42c | ✓ |
| 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 | | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 45a 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 | <input checked="" type="checkbox"/> |
| 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 | <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 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"/> |
| 49b 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 | Signature of officer <u>Joe Knaack</u> | Date <u>4/6/11</u> |
| | Type or print name and title <u>JOE KNAACK TREASURER</u> | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| 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

Open to Public
Inspection

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

--