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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  
**INTERNATIONAL UNION, UAW LOCAL 1590**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**608 CAPERTON BLVD 1590**

City or town, state or country, and ZIP + 4  
**MARTINSBURG, W.V. 25403**

**D** Employer identification number  
**52 0892465**

**E** Telephone number  
**(304)2603913**

**F** Group Exemption Number ► **0427**

**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: ► **WWW.UAWLOCAL1590.ORG**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 5 ) ◀ (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. **\$ 157625**

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	68002	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	2004	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less: cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	268		
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	00		
6c	Less: direct expenses from gaming and fundraising events	6c	268		
6d	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	0		
7b	Less: cost of goods sold	7b	0		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	87351		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157625		
10	Grants and similar amounts paid (list in Schedule O)	10	0		
11	Benefits paid to or for members	11	752		
12	Salaries, other compensation, and employee benefits	12	78816		
13	Professional fees and other payments to independent contractors	13	0		
14	Occupancy, rent, utilities, and maintenance	14	8181		
15	Printing, publications, postage, and shipping	15	2371		
16	Other expenses (describe in Schedule O)	16	74278		
17	<b>Total expenses.</b> Add lines 10 through 16	17	164398		

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

24P

**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
<b>22</b> Cash, savings, and investments	92339	85566
<b>23</b> Land and buildings	12911	9138
<b>24</b> Other assets (describe in Schedule O)	1157	1093
<b>25</b> <b>Total assets</b>	106407	95797
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	3479	5701
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	102928	90096

**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 ORGANIZATION**

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)

<b>28</b> <b>COLLECTIVE BARGAINING AND REPRESENTATION TO 1100 MEMBERS</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	N/A
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	N/A
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	N/A
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	N/A
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	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.)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
MICHAEL F. BURKE 13802 PARADISE CHURCH RD HAGERSTOWN, MD 21742	TRUSTEE/1 HR-WK	0	0	0
RAMONA A. BUTTS 1528 BUTLERS CHAPEL ROAD MARTINSBURG, WV 2540	TRUSTEE/1 HR-WK	506	0	0
KENNETH COLLINSON 107 KARLA COURT MARTINSBURG, WV 25404	PRESIDENT/8 HR-WK	4306	0	0
JAMES M. DOYLE 445 ELK BRANCH RD HEDGESVILLE, WV 25427	FIN SEC/16 HR-WK	8007	0	0
EDWARD J. FOCHTMAN 1854 HENRY O MICHAEL RD BERKELEY SPRINGS, WV	GUIDE/1 HR-WK	30	0	0
GARY L. GRANTHAM 4 HIDDEN VALLEY CIRCLE SHEPHERDSTOWN, WV	SGT-AT-ARMS/1 HR-WK	104	0	0
SUSAN D. GRIFFITH 124 HERMITAGE DR MARTINSBURG, WV 25405	TRUSTEE/1 HR-WK	521	0	0
SCOTT R. HENRY PO BOX 2627 MARTINSBURG, WV 25402	SHOP CHAIR/40 HR-WK	2142	0	0
JAMES W. HOWLAND 747 FRANKLIN SQUARE DR CHAMBERSBURG, PA 17201	TRUSTEE/1 HR-WK	565	0	0
JOSEPH KIRBY 18931 ORCHARD TERRACE RD HAGERSTOWN, MD	REC SEC/2 HR-WK	0	0	0
TIMOTHY D. LEE 599 FIRST STREET INWOOD, WV 25428	VICE PRESIDENT/4 HR-WK	227	0	0
KRISTY R. LUNDBERG 82 EFFIE LANE MARTINSBURG, WV 25404	REC SEC/2 HR-WK	47030	0	0
RUSSELL RICHARDS 12026 BELVEDERE RD HAGERSTOWN MD 21742	RETIREE CHAIR	0	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
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> 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?	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<b>35b</b>	
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> N/A		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> N/A	
<b>40a</b> 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>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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 . . . . . ▶ N/A		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ N/A		
<b>e</b> 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 . . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed ▶ N/A		
<b>42a</b> The organization's books are in care of ▶ JAMES M DOYLE Telephone no. ▶ 304 754-7083		
Located at ▶ 445 ELK BRANCH RD HEDGESVILLE, WV ZIP + 4 ▶ 25427		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country. ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country. ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> N/A		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	✓

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<input checked="" type="checkbox"/>
<b>a</b> 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)	<b>45a</b>	<input checked="" type="checkbox"/>
<b>46</b> 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	<b>46</b>	<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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	<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
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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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 **▶** ☐ 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.

<b>Sign Here</b>	Signature of officer <i>James M Doyle</i>		Date <b>MAY 3, 2011</b>	
	Type or print name and title <b>JAMES M DOYLE FINANCIAL SECRETARY UAW LOCAL 1590</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name <b>▶</b>	Firm's EIN <b>▶</b>		PTIN
	Firm's address <b>▶</b>	Phone no <b>▶</b>		
May the IRS discuss this return with the preparer shown above? See instructions <b>▶</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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

INTERNATIONAL UNION UAW LOCAL 1590

Employer identification number

52 0892465

PART 1, LINE 8 - OTHER REVENUE: INCLUDES - REBATES FROM INTERNATIONAL UNION - VOLUNTARY CONTRIBUTIONS - REFUNDS OF  
LOST TIME AND TRAVEL, DONATIONS, COLLECTIONS, ENTRY FEES, BANK ERRORS THAT INCREASED BALANCE.

PART 1, LINE 16 - OTHER EXPENSES: INCLUDES- PER CAPITA TAXES, RENTALS, LEASES, REGISTRATIONS, POSTAGE, SUPPLIES,  
CORPORATE TAXES, DONATIONS, FLOWERS, BIBLES, INSURANCE, SOCIAL AND RECREATION EVENTS, SCHOLARSHIP AWARDS.

PART 1, LINE 20- CHANGES IN NET ASSETS OR FUND BALANCES. SEE ATTACHED WORKSHEET FOR LINE 20, THE LOCAL UNION  
ADDED 1 PRINTER/COPIER AT \$212.00, AND SCRAPPED 3 COMPUTERS AND 3 PRINTERS FROM INVENTORY VALUED AT \$3985.00,  
MAKING A NET LOSS OF FIXED ASSETS OF \$3773.00 ALSO THE LOCAL UNION HAS \$152.00 LESS IN IT'S MAILING ACCOUNT, \$119.00  
LESS IN T-SHIRTS AND HAS \$207.00 MORE IN BIBLES AT THE END OF YEAR, MAKING A NET LOSS OF OTHER ASSETS OF \$64.00  
ACCOUNTS PAYABLE WAS \$561.00 MORE IN 2010, DUE TO MORE IN PER CAPITA TAXES OWED, AND OTHER LIABILITIES WERE  
\$1661.00 MORE IN 2010 DUE TO PAYING MORE IN 941 TAXES, 940 FUTA TAX AND WVUC TAX THAT WAS DUE IN DECEMBER BUT  
PAID IN JANUARY 2011 THUS THERE WAS A NET LOSS OF \$6059.00

PART 2, LINE 24- OTHER ASSETS: INCLUDES T-SHIRTS, BIBLES, HATS, MAILING ACCOUNT BALANCE

PART 2, LINE 26-TOTAL LIABILITIES: INCLUDES TAXES DUE IN DECEMBER BUT PAID IN JANUARY

FORM 990EZ  
EXPENSE RECONCILIATION

FORM 990EZ EXPENSE RECONCILIATION

Calendar year 2010

UAW LOCAL UNION 1590 EMPLOYER ID# 52-0892465

FORM 990EZ: Part I

Gross Disbursements \$ 164,397  
(LM-2, 68; LM-3, 55)

Deductions from Gross Disbursements:

Deductions from Revenue on

FORM 990EZ, Part I, Page 1:

- Line 5(b) Cost or other basis and sales expenses \$ 0
- Line 6(b) Direct expenses (fund-raising) \$ 0
- Line 7(b) Cost of goods sold \$ 0

Total Deductions \$ 0

Gross Disbursements Less Total Deductions  
(Form 990EZ, Line 17)

\$164,398

\* OFF \$1 DUE TO ROUNDING

A COPY OF THIS RECONCILIATION WORKSHEET MUST BE ATTACHED TO EACH COPY OF  
FORM 990EZ

# FORM 990EZ LINE 20 WORKSHEET

(Attach to Form 990EZ)

Year 2010 UAW Local Union 1590 Employer ID# 52-0892465

LM-3 Line	LM-2 Line	Asset Other than Cash	Start of Reporting Period (A)	End of Reporting Period (B)	Explanation.
		Void checks from previous years	N/A	0	
N/A	23	Accounts Receivable	0	0	
26	24	Loans Receivable	0	0	
27	25	U.S. Treasury Securities	0	0	
28	26	Investments	0	0	
29	27	Fixed Assets	12,911	9,138	
30	28	Other Assets	1,157	1,093	

(X) Total (Non-Cash) Asset	14,068	10,231
----------------------------	--------	--------

		Liabilities	(C)	(D)	
32	30	Accounts Payable	3143	3704	
33	31	Loans Payable	0	0	
34	32	Mortgages Payable	0	0	
35	33	Other Liabilities	336	1997	

(Y) Total Liabilities	3479	5701
-----------------------	------	------

	START	END
NET (NON-CASH) ASSETS (X-Y)	10589	4530

## LINE 20

IRS Form 990EZ Line 20 amount is Net (Non-Cash) Assets at the "End of the Reporting Period" minus Net (Non-Cash) Assets at the "Start of the Reporting Period"

- Net (Non-Cash) Assets END
- Minus Net (Non-Cash) Assets START

• **LINE 20**

\$ 4,530  
- 10,589

\$ (6059)