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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

C Name of organization
United Steelworkers Local No. 00040
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
712 Buffington Street
 City or town, state or country, and ZIP + 4
Huntington, WV 25702-2111

D Employer identification number
55-0371183

E Telephone number
304-525-3611

F Group Exemption Number ► **0260**

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

I Website: ► **N/A**

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 ► \$ **164137**

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 ☒

Expenses	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	156951
	4	Investment income	4	514
	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	0
	b	Less: cost of goods sold	7b	0
	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	6672
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164137
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1091
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	118507
	13	Professional fees and other payments to independent contractors	13	1559
	14	Occupancy, rent, utilities, and maintenance	14	26177
	15	Printing, publications, postage, and shipping	15	188
	16	Other expenses (describe in Schedule O)	16	10126
	17	Total expenses. Add lines 10 through 16	17	157648
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6489
	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	193990
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(956)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	199523

For Paperwork Reduction Act Notice, see the separate instructions.

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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	82505 22	88994
23 Land and buildings	66970 23	66970
24 Other assets (describe in Schedule O)	47362 24	47362
25 Total assets	196837 25	203326
26 Total liabilities (describe in Schedule O)	2847 26	3803
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193990 27	199523

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 ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Collective Bargaining

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.

28 Local union enforced collective bargaining agreement to better the working conditions of the local union and provide representation to the members.		
(Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	N/A
29		
(Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	N/A
30		
(Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	N/A
31 Other program services (describe in Schedule O)		
(Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	N/A
32 Total program service expenses (add lines 28a through 31a)	32	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
Gregory S. Kingery #6 Colonial Ct., Barboursville, WV 25504	President 12 Hours	8370	0	55
Chad S. Thompson 69 Scott Lane, Patriot, OH 45685	Vice President 6 Hours	5971	0	375
Thomas E. McCallister 399 County Rd 131, South Point, OH 45680	Recording Secretary 6 Hrs.	2797	0	0
Richard K. Lewis 119 Private Drive 266, Proctorville, OH 45669	Financial Secretary 12 Hrs.	11008	0	2834
William R. Wilcox 3049 Wallace Circle, Huntington, WV 25705	Treasurer 4 Hours	3615	0	27
Kevin A. Goodall 2880 Ousley Gap Rd., Barboursville, WV 25504	Trustee 2 Hours	13820	0	0
Bryan E. Thompson PO Box 392, Lavalette, WV 25702	Trustee 2 Hours	1220	0	93
William B. Howard 121 4th St., Altizer, Huntington, WV 25705	Trustee 2 Hours	1529	0	0
Jack L. Johnson 8925 Eastview Ct., Catlettsburg, KY 41129	Guard 2 Hours	16213	0	0
David A. Woodall 412 Rotary Road, Huntington, WV 25705	Guard 2 Hours	521	0	42
Gary D. Wilson 424 TWP Rd. 368, Proctorville, OH 45669	Guide 2 Hours	662	0	63

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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	<input type="checkbox"/>	<input type="checkbox"/>
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 ▶	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>N/A</u>		
42a The organization's books are in care of ▶ <u>Richard K. Lewis</u> Telephone no. ▶ <u>304-525-3611</u> Located at ▶ <u>712 Buffington Street, Huntington, WV</u> ZIP + 4 ▶ <u>25702-2111</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<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

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 ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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

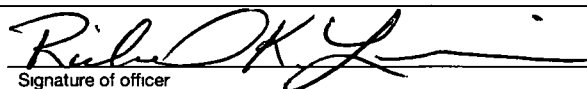
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		<u>3-7-11</u>
	Signature of officer	Date
	Richard K. Lewis, Financial Secretary	
	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

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local No. 00040

Employer identification number

55-0371183

Line 8 Other revenue: Rent, reimbursements, refunds, 50/50 drawings, voided checks and Local 40 Sales.

Line 10 Grants and similar amounts paid: Funeral Flowers, contribution to National Labor Committee, donations to Public Library,

Huntington City Mission, Salvation Army and USW Strike & Defense Fund and retirees 1st year SOAR dues.

Line 16 Other expenses: Education and conference fees, B&O taxes, city service fee, cell phone services, union liability insurance, union
dues and items for Local 40 Sales.

Line 20 Other Changes in net assets or fund balances: There is a difference of \$956 between 2009 and 2010 unpaid payroll taxes, union
dues and city fees, line 26. These are payroll taxes, union dues and city fees withheld in the 4th quarter of 2010 and paid in January, 2011.

Line 24 Other assets: Office furniture and equipment.

Line 26 Total liabilities: Unpaid payroll taxes, union dues and city fees.