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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008 09**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning Jan 1, 2009 , 2008, and ending Dec. 31, 2010 , 20							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization United Steelworkers of America, Local 01280</td> <td>D Employer identification number 55 : 0707054</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 281</td> <td>E Telephone number (304) 723-4198</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Follansbee, WV 26037-0281</td> <td>F Group Exemption Number 0260</td> </tr> </table>	C Name of organization United Steelworkers of America, Local 01280	D Employer identification number 55 : 0707054	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 281	E Telephone number (304) 723-4198	City or town, state or country, and ZIP + 4 Follansbee, WV 26037-0281	F Group Exemption Number 0260
C Name of organization United Steelworkers of America, Local 01280	D Employer identification number 55 : 0707054						
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City or town, state or country, and ZIP + 4 Follansbee, WV 26037-0281	F Group Exemption Number 0260						

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — ☒ 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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 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.)

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	48064
	4 Investment income	4	2266
	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) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	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 ▶)	8	3599	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	53929	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4000
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	34012
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	1933
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe ▶ taxes, officers dues, education, reimbursed expenses)	16	17131
17 Total expenses. Add lines 10 through 16. ▶	17	57076	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	(3147)
	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	139940
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	136793

Part II Balance Sheet If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	138435	135788
23 Land and buildings	0	0
24 Other assets (describe ▶ computer, office furniture)	1005	1005
25 Total assets	139440	136793
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139440	136793

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat. No 108421

Form **990-EZ** (2008)

SCANNED FEB 23 2010

P 21

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

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, or other relevant information for each program title.

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

28 Local union enforced collective bargaining agreement to improve working conditions and provide representation to its membership.(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 (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐ **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.)

(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
George Adams Weirton, WV 26062	trustee, financial secretary, 6	3612.00	0	0
John Amuso Wellsburg, WV 26070	unit chairman, 2	270.00	0	0
Patsy Aria Colliers, WV 26035	unit secretary, 2	160.00	0	0
Lawrence Carroll Wellsburg, WV 26070	recording secretary, 5	1684.00	0	0
William Clough Wheeling, WV 26003	recording secretary, 5	1074.00	0	0
Leanne Coen Beech Bottom, WV 26030	election teller, 1	79.00	0	0
Anissa Davis Follansbee, WV 26037	unit chairman, 2	236.00	0	0
Gary Delong Wellsburg, WV 26070	grievance, 4	1597.00	0	0
Ricki Henry Wellsburg, WV 26070	election teller, 1	60.00	0	0
Randy Johnson Weirton, WV 26062	vice president, 5	1911.00	0	0
Robert Lennox Wheeling, WV 26003	trustee, 1	50.00	0	0
David Michael Follansbee, WV	grievance, 4	3306.00	0	0
James Moffo Follansbee, WV 26037	trustee, 4	150.00	0	0
Debra Roxby Windsor Heights, WV 26075	unit secretary, 2	1463.00	0	0
Neil Nixon Wellsburg, WV 26070	election teller, 1	406.00	0	0
April Walker Windsor Heights, WV 26075	unit grievance, 2	944.00	0	0
Russell Wylie Weirton, WV 26062	election teller, 1	432.00	0	0
Larry Adkins East Liverpool, OH 43920	election teller, 1	350.00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
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?		✓
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 unpaid at the start of the period covered by this return?		✓
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		
b Gross receipts, included on line 9, for public use of club facilities		
39a		
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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d 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 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)?		✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | | | |
|------------|--|------------|------------|-------------------------------------|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | 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 operating 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(s) a section 527 organization? | 49b | | <input checked="" type="checkbox"/> |
| 50 | Complete this table for the 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

Total number of other employees paid over \$100,000 ►				

- 51** Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000 . . ▶		





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 Date

George M. Adams 1/24/10

GEORGE M. Adams, USWA #1280 Financial Secretary

Type or print name and title.

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 		Phone no 

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

2009

-1-
EIN # 55-0740038

WHEELING NISSHIN EMPLOYEES' SCHOLARSHIP FUND

<u>Scholarship Recipient</u>	<u>Address</u>	<u>Relationship</u>	<u>Amt.</u>
1. Samantha Forney	56 Oak Circle Dr. Wheeling, WV 26003	Daughter	\$250
2. Chris Pehanich	1678 Township Rd. 378 Steubenville, OH 43952	Son	\$250
3. Andrew Sabatino	63222 Jeff Lane Bellaire, OH 43906	Son	\$250
4. Corey Carroll	120 Carol Crt. Dr. Wellsburg, WV 26070	Son	\$250
5. Emily Hukill	RR 3 Box 48 Wellsburg, WV 26070	Daughter	\$250
6. Chad Ollom	53448 York Drive Powhatan Pt., OH 43942	Son	\$250
7. Warren Hammel	RD #4 Box 346 Cameron, WV 26033	Son	\$250
8. Erica Johnson	127 Parkview Drive Wintersville, OH 43953	Daughter	\$250
9. Justin Michael	168 Locust Lane Follansbee, WV 26037	Son	\$250
10. Laura Michael	168 Locust Lane Follansbee, WV 26037	Daughter	\$250
11. Alexa Hunter	RR #1 Box 101B Wellsburg, WV 26070	Daughter	\$250
12. Michael Newton	490 Washington, Pike Wellsburg, WV 26070	Son	\$250
13. Joe Calvert	290 Marylou Lane Wellsburg, WV 26070	Son	\$250

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14. Aaron Moffo	1700 Blosser Lane Follamsbee, WV 26037	Son	\$250
15. Corey Klug	RR 2 Box 258B Valley Grove, WV 29060	Son	\$250
16. Katelyn Perry	97 Nevada Drive Steubenville, OH 43952	Daughter	\$250

16 Scholarships @ \$250 each = \$4000.00

United Steelworkers of America District 8 Local 1280 EIN# 55-0707054

Address PO Box 281 Period Ending Dec., 31 2009
Follansbee, WV 26037

FORM 990 EZ

Attached Listing - Part IV List of officers, Directors, Trustees, & Key Employees
 Important - List all persons who held office during the period, even if not compensated.

(A) Name and Address	(B) title & aver. hrs. per week devoted to pos.	(C) Compensation	(D) contributions to employee benefit plans	(E) expense acc. and other allowances
<u>Richard Allen</u> <u>Richmond, OH 43944</u>	Unit chairman, 2	\$600.00	- 0 -	- 0 -
<u>Joseph Amato</u> <u>Brookside, OH 43912</u>	trustee, 1	\$150.00	- 0 -	- 0 -
<u>Chris Dicola</u> <u>Wintersville, OH 43953</u>	Unit chairman, 2	\$180.00	- 0 -	- 0 -
<u>Andrea Duska</u> <u>Mingo Jct., OH 43938</u>	grievance, 4	\$1,148.00	- 0 -	- 0 -
<u>Anthony Gregor</u> <u>Belmont, OH 43718</u>	grievance, 4	\$520.00	- 0 -	- 0 -
<u>Eric Johnson</u> <u>Wintersville, OH 43953</u>	Election teller	\$432.00	- 0 -	- 0 -
<u>Steven Mick</u> <u>Bloomington, OH 43910</u>	Unit secretary	\$150.00	- 0 -	- 0 -
<u>Russell McDevitt</u> <u>Dennison, OH 44621</u>	financial secretary, 5	\$1,420.00	- 0 -	- 0 -
<u>FRANK Kovach</u> <u>Smithfield, OH 43948</u>	election teller, 1	\$364.00	- 0 -	- 0 -

