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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 1-1-2010, 2010, and ending 12-31, 2010

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

C Name of organization
USW INTERNATIONAL UNION 15320
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1590 NE BROOKA ST
 City or town, state or country, and ZIP + 4
GREEN RIVER WY 82935-5953

D Employer identification number
83-6009153

E Telephone number
307 875 6102

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)(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. ▶ \$ 137852

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	0	18	32724
2	Program service revenue including government fees and contracts	2	0	19	104495
3	Membership dues and assessments	3	136837	20	0
4	Investment income	4	1015	21	136942
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	0		
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c	0		
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	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	137852		
10	Grants and similar amounts paid (list in Schedule O)	10	4894		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	75818		
13	Professional fees and other payments to independent contractors	13	5666		
14	Occupancy, rent, utilities, and maintenance	14	6668		
15	Printing, publications, postage, and shipping	15	628		
16	Other expenses (describe in Schedule O)	16	11454		
17	Total expenses. Add lines 10 through 16	17	105128		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32724		
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	104495		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	136942		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

SCANNED JUN 27 2011

1

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	72678	22 105393
23 Land and buildings	32514	23 32514
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	105192	25 137907
26 Total liabilities (describe in Schedule O)	697	26 965
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104495	27 136942

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? 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.

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

28	<u>LOCAL UNION ENFORCE COLLECTIVE BARGAINING AGREEMENT TO BETTER WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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
<u>BEACH GREG</u>	<u>PRESIDENT</u>			
<u>PO Box 897 Mountain View WY 82939</u>	<u>8 HR WEEK</u>	<u>4193</u>	<u>0</u>	<u>1113</u>
<u>MALDONADO LASTER</u>	<u>VICE PRESIDENT</u>			
<u>112 BROOK CIRCLE DR EVANSTON WY 82930</u>	<u>5 HR WEEK</u>	<u>5894</u>	<u>0</u>	<u>1825</u>
<u>MATTHEW STEVE</u>	<u>RECORDING SEC</u>			
<u>PO Box 774 Lyman WY 82937</u>	<u>2 HR WEEK</u>	<u>3409</u>	<u>0</u>	<u>939</u>
<u>ROBERTS STEPHEN</u>	<u>TREASURER</u>			
<u>630 EVERS GREEN RIVER WY 82935</u>	<u>2 HR WEEK</u>	<u>10105</u>	<u>0</u>	<u>1159</u>
<u>EVANS KEN</u>	<u>FINANCIAL SEC</u>			
<u>1590 NEBRASKA GREEN RIVER WY 82935</u>	<u>3 HR WEEK</u>	<u>7010</u>	<u>0</u>	<u>2992</u>
<u>BALL KEN</u>	<u>TRUSTEE</u>			
<u>490 NOLAN GREEN RIVER WY 82935</u>	<u>1 HR WEEK</u>	<u>3059</u>	<u>0</u>	<u>1111</u>
<u>DEITCH MULLER BRUCE</u>	<u>TRUSTEE</u>			
<u>450 CONNECTICUT PLACE GREEN RIVER WY 82935</u>	<u>1 HR WEEK</u>	<u>267</u>	<u>0</u>	<u>0</u>
<u>SAMSEL WILLIAM</u>	<u>TRUSTEE</u>			
<u>904 MADISON PRIV ROCK SPRINGS 82940</u>	<u>1 HR WEEK</u>	<u>418</u>	<u>0</u>	<u>0</u>
<u>DORR TEEFREN</u>	<u>CHIEF STORED</u>			
<u>500 HOSKIN LANE ROCK SPRINGS WY 82901</u>	<u>1 HR WEEK</u>	<u>1541</u>	<u>0</u>	<u>0</u>
<u>NELSON TERRY</u>	<u>STEWAR</u>			
<u>156 W RAILROAD GREEN RIVER WY 82935</u>	<u>1 HR WEEK</u>	<u>150</u>	<u>0</u>	<u>0</u>
<u>GRIFFITHS TY</u>	<u>STEWAR</u>			
<u>215 W RAILROAD GREEN RIVER WY 82935</u>	<u>1/2 HR WEEK</u>	<u>1913</u>	<u>0</u>	<u>0</u>
<u>CRUSSER JO SHUA</u>	<u>STEWAR</u>			
<u>225 CARR VIEW GREEN RIVER WY 82935</u>	<u>1/2 HR WEEK</u>	<u>1907</u>	<u>0</u>	<u>0</u>
<u>BUSKHE IRL</u>	<u>NEWS LETTER</u>			
<u>20 PINE ST LYMAN WY 82937</u>	<u>1/2 HR WEEK</u>	<u>1539</u>	<u>0</u>	<u>0</u>

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 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 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 checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		<input checked="" 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 checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>0</u>		
b Did the organization file Form 1120-POL for this year?		<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 checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
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		
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.		
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.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NA</u>		
42a The organization's books are in care of ▶ <u>KEN EVANS</u> Telephone no. ▶ <u>307 875 6102</u> Located at ▶ <u>1590 NEBRASKA ST GREEN RIVER WY</u> ZIP + 4 ▶ <u>82935</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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
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: ▶		<input checked="" type="checkbox"/>
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 ▶ <u>43</u>		<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		<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 checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<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 checked="" type="checkbox"/>

	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"/>
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)	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	

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	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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	<i>Ken D. Evans</i>	5-12-2011
	Signature of officer	Date
	<i>KEN EVANS</i>	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