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

OMB No 1545-1150

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceUnder 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 2011 calendar year, or tax year beginning

, 2011, 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 ExemptionNumber ► **0260****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 or a section 527 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► \$ **166240****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	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	163370
	4	Investment income	4	407
	5a	Gross amount from sale of assets other than inventory	5a	0
	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)	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 12) (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	
Expenses	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	2463
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	166240
	10	Grants and similar amounts paid (list in Schedule O)	10	2031
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	113967
Net Assets	13	Professional fees and other payments to independent contractors	13	760
	14	Occupancy, rent, utilities, and maintenance	14	24177
	15	Printing, publications, postage, and shipping	15	212
	16	Other expenses (describe in Schedule O)	16	21121
	17	<b>Total expenses.</b> Add lines 10 through 16	17	162268
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3972
	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	199523
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2030
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	205525	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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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
<b>22</b> Cash, savings, and investments	<b>88994</b>	<b>22 92966</b>
<b>23</b> Land and buildings	<b>66970</b>	<b>23 66970</b>
<b>24</b> Other assets (describe in Schedule O)	<b>47362</b>	<b>24 48310</b>
<b>25</b> <b>Total assets</b>	<b>203326</b>	<b>25 208246</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	<b>3803</b>	<b>26 2721</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>199523</b>	<b>27 205525</b>

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> Local union enforced collective bargaining agreement to better the working conditions of the local union and provide representation to the memebbers.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>N/A</b>
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>N/A</b>
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>N/A</b>
<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>	<b>N/A</b>
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>N/A</b>

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gregory S. Kingery #6 Colonial Ct., Barboursville, WV 25504	President 12 Hours	10214	0	0
Chad S. Thompson 69 Scott Lane, Patriot, OH 45658	Vice President 6 Hours	4971	0	0
Thomas E. McCallister 399 County Rd 131, South Point, OH 45680	Recording Secretary 6 Hours	2867	0	0
Richard K. Lewis 119 Private Drive 266, Proctorville, OH 45669	Financial Secretary 12 Hours	14728	0	0
William R. Wilcox 3049 Wallace Circle, Huntington, WV 25705	Treasurer 4 Hours	3699	0	0
Gary D. Wilson 424 TWP Rd. 368, Proctorville, OH 45669	Guide 2 Hours	835	0	0
David A. Woodall 412 Rotary Road, Huntington, WV 25705	Guard 2 Hours	924	0	0
Jack L. Johnson 8925 Eastview Ct., Catlettsburg, KY 41129	Guard 2 Hours	15093	0	0
Kevin A. Goodall 2880 Ousley Gap Rd., Barboursville, WV 25504	Trustee 2 Hours	14096	0	0
Bryan E. Thompson PO Box 392, Lavalette, WV 25535	Trustee 2 Hours	370	0	0
William B. Howard 121 4th St., Altizer, Huntington, WV 25705	Trustee 2 Hours	484	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant 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>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</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> 0		
<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 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<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 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<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. ▶ <u>N/A</u>		
<b>42a</b> 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>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)? 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>42b</b>	✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	✓
<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>		
<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>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</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>45b</b>	✓

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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**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."

[illegible]

**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>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <span style="flex-grow: 1;">Signature of officer</span> <span style="width: 20%; text-align: right;">Date</span> </div>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <span style="flex-grow: 1;">3-19-12</span> </div>
	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <span style="flex-grow: 1;">Type or print name and title</span> </div>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <span style="flex-grow: 1;">Richard K. Lewis, Financial Secretary</span> </div>

<b>Paid Preparer Use Only</b>	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

**2011**

**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, donations to Cabell County Public Library, Huntington City Mission, Salvation  
Army, other USW locals' Strike & Defense Funds and Steelworkers Charitable & Education Fund.

Line 16 Other expenses: Education and conference fees, B&O taxes, city service fee, 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 \$1082 between 2010 and 2011 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 2011 and paid in January, 2012.

There also was an increase of \$948 in other assets, Line 24. This increase was due the purchases of a lawn mower and computer.

Line 24 Other assets: Office furniture and equipment.

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