

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

**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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 1/1, 2009, and ending 12/31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization USW, LU 7686-11		D Employer identification number 43-0969558
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box AC/600 South Lewis Hwy 61	E Telephone number 573-643-2780	
		City or town, state or country, and ZIP + 4 Marston, MO 63866		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: ▶ <http://www.myspace.com/usw7686>

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

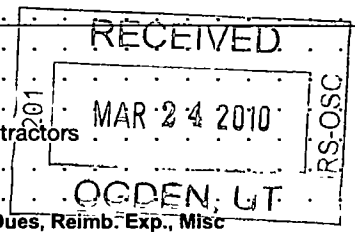
J Tax-exempt status (check only one) — 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 218699

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															0											
	2	Program service revenue including government fees and contracts															0											
	3	Membership dues and assessments															205951											
	4	Investment income															4868											
	5a	Gross amount from sale of assets other than inventory															0											
	5b	Less: cost or other basis and sales expenses															0											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															0											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)															0											
	6b	Less: direct expenses other than fundraising expenses															0											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															0												
7a	Gross sales of inventory, less returns and allowances															0												
7b	Less: cost of goods sold															0												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															0												
8	Other revenue (describe ▶ Noranda Vending, reimbursements, supplies sold at Union Hall)															7880												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															218699												
Expenses	10	Grants and similar amounts paid (attach schedule)															13118											
	11	Benefits paid to or for members															3953											
	12	Salaries, other compensation, and employee benefits															129207											
	13	Professional fees and other payments to independent contractors															3002											
	14	Occupancy, rent, utilities, and maintenance															13679											
	15	Printing, publications, postage, and shipping															524											
	16	Other expenses (describe ▶ Ed & Rec, Taxes, Supplies, Dues, Reimb. Exp., Misc)															89347											
17	Total expenses. Add lines 10 through 16															252830												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-34131											
	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)															475331											
	20	Other changes in net assets or fund balances (attach explanation)															-											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															441200											



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	258479	224348
23	Land and buildings	219631	219631
24	Other assets (describe ▶ _____)	0	0
25	Total assets	478110	443979
26	Total liabilities (describe ▶ Unremitted Taxes & Dues)	2779	2779
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	475331	441200

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose? Collective Bargining
 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	Local enforced collective bargaining agreement to better the working condition of the local Union and provide representation to its members.		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	0

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
Terry Aters Sr 140 St Catherine, New Madrid, MO 63869	Past Vice-President	3272		
Dallas Snider 5815 State Hwy D, Catron, MO 63833	Chief Steward	7786		
Steven Ash 783 St Christopher, New Madrid, MO 63869	Past Chief Steward	3853		
Terry Aters Jr. 824 St Anna Ln, New Madrid, MO 63869	Treasurer	10313		
Thomas Chism Sr 211 Church St, New Madrid, MO 63869	Financial Secretary	13584		
Sam Barnett 209 Church St, New Madrid, MO 63869	Trustee	2350		
Dean Harper 712 East 7th, Portageville, MO 63873	Past Unit Secretary	1692		
Gary Harper 961 South 413 Rd, Charleston, MO 63834	Recording Secretary	9300		
Cory Hoxworth 101 Five-O Drive, Portageville, MO 63873	Unit President	3384		
David Johnson P.O. Box 365, New Madrid, MO 63869	Past Inside Guard	2460		
Ronny Marks 811 Miller Ave, East Prairie, MO 63845	Past Presdient	4176		
Micheal Pipkin 708 East 6th, Portageville, MO 63873	Unit Griever	3797		
Chris Scherer 205 Clover Lane, Portageville, MO 63873	Trustee	4369		
Robert Foster P.O. Box 24, Kewanee, MO 63860	Trustee	3861		
Rick Earnheart 610 Stokelan Drive, Malden, MO 63863	Vice President	3922		
Brantley Atchley 170 St. Monica, New Madrid, MO 63869	Past Inside Guard	596		
Cameron Redd 408 Brown Drive, Portageville, MO 63873	Guide	2926		
Please see attachment for the rest				

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

		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	33	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<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	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u> 0 </u>		
b	Did the organization file Form 1120-POL for this year?	37b	<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 period covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u> 0 </u>	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a <u> 0 </u>	
b	Gross receipts, included on line 9, for public use of club facilities	39b <u> 0 </u>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u> 0 </u> ; section 4912 ▶ <u> 0 </u> ; section 4955 ▶ <u> 0 </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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" 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	<u> 0 </u>	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<u> 0 </u>	
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	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>Missouri</u>		
42a	The organization's books are in care of ▶ <u>Thomas Chism Sr.</u> Telephone no. ▶ <u>573-643-2780</u> Located at ▶ <u>P.O. Box AC/600 South Lewis Hwy 61, Marston, MO</u> ZIP + 4 ▶ <u>63866</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)?	42b	<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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u> </u>		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	45	<input checked="" type="checkbox"/>

Attachment to Part IV:

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-.)	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Johnny Jones 12652 Hwy 61 New Madrid, MO 63869	778			
Robert White 18397 County Rd 102 Campbell, MO 63933	948			
Stan Ivie 405 Ashley Sikeston, MO 63801	6239			
Terry Peeler P.O. Box 196 Wardell, MO 63879	1039			
Jimmy Shepard 36937 State Hwy WW Campbell, MO 63933	2265			