See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

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 $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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 1 , 2009, and ending DECEMBER 31 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: United Steelworkers

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 10211 Rd 563

City or town, state or country, and ZIP + 4: Philadelphia, MS 39350-5833

D Employer identification number: 23 : 708 4272

E Telephone number: (601) 656 - 2194

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) ▶

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

I **Website:** ▶

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 ▶ $ 31026

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	22264
	4	Investment income		4	30
	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) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	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 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 ▶)		8	8732
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	31026
Expenses	10	Grants and similar amounts paid (attach schedule)		10	4295
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	21001
	13	Professional fees and other payments to independent contractors		13	315
	14	Occupancy, rent, utilities, and maintenance		14	8922
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶)		16	1584
	17	**Total expenses.** Add lines 10 through 16 ▶		17	36117
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(5091)
	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	85273
	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	80182

Part II **Balance Sheets.** 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	29694	22	24603
23	Land and buildings	55579	23	55579
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	85273	25	80182
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	85273	27	80182

Part III Statement of Program Service Accomplishments (See the instructions for 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, or other relevant information for each program title.

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

28 LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS

(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
See ATTACHED				

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	33		✓
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	34		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b / N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; 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	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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 ▶ James Houston Telephone no. ▶ (601) 616-2194 Located at ▶ 10211 Rd 563, Philadelphia, MS. 39350 ZIP + 4 ▶ 39350-5833			
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: ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
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: ▶ N/A	42c		✓
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	44		✓
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		✓

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.

		Yes	No
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		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating 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(s) a section 527 organization?		✓

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
N/A				
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
N/A		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

▶ James Houston — Signature of officer — Date 1/15/10

▶ James Houston Financial Secretary — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	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

United Steelworkers Of America 9-07772 (District & Local Union Number) EIN # 23-7084272

Address: JAMES HOUSTON
10211 Rd 563
Philadelphia, MS. 39350-5833

Period Ending 12/31/09

FORM 990-EZ

Attached Listing -- Part IV List Of Officers, Directors, Trustees, and Key Employees

(Important: List all persons who held office during the period even if not compensated)

(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
Eugene Crosby 136 Baremore St, Louisville, MS. 39339	Pres. N. Part Time	2120	368	2488
STEVE HANCOCK 39350-6725 11761 Hwy 21 N, Philadelphia, MS	Vice Pres. N. Part Time	946	0	946
James Houston 39350-5833 10211 Rd 563, Philadelphia, MS.	Fin. Sec. C. Part Time	2730	11	2741
Paul Haynesworth 39339 165 Milleton Rd, Louisville, MS.	Treasurer C. Part Time	589	0	589
PAUL EAVES 39339 1365 High Point Rd, Louisville, MS	Rec. Sec. N. Part Time	2295	0	2295
Chris Jones 39341 101 Cedar Lane, Macon, MS	Inside N. Guard Part Time	0	0	0
Rodney Haynes 39051 97 Pablic Rd, Carthage, MS.	Outside N. Guard Part Time	0	0	0
Billy Ray Shields 39339 847 Enon Rd, Louisville, MS.	Trustee C. Part Time	567	10	577
Charles Gill 39339 110 Dawkins Rd, Louisville, MS.	Trustee C. Part Time	569	0	569
David Walker 39339 758 Harper Rd, Louisville, MS.	Trustee N. Part Time	0	0	0

United Steelworkers of America 9-07772 (District & Local Union) EIN# 23-7084272

Address JAMES HOUSTON
10811 Rd 563
Philadelphia, MS. 39350-5833

Period Ending 12/31/09

FORM 990-EZ

Attached Listing – Part IV List of Officers, Directors, Trustees and Key Employees

Important - list all persons, who held office during the period, even if not compensated.

(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
Curtis WALKER 39350 10121 Rd. 1355, Philadelphia, MS	Guide C Part Time	0	0	0
Leo TRIPLETT 39339-9802 9145 Hwy 25S, Louisville, MS	Pres. P. Part Time	1273	0	1273
Lawrence Holborne 39339 201 Reed Ave. Louisville, MS.	Rec. Sec. P. Part Time	159	19	178
Johnny W. Hickman 39339 1145 Blair Rd., Louisville, MS.	Trustee P. Part Time	323	0	323
DAN WHITFIELD 39339 105 Armstrong ST., Louisville, MS.	V. Pres. P. Part Time	832	0	832
Willie Glenn Sr. 39339 1003 Mt. Olive Rd., Louisville, MS	Ins. Sec. Guard P. Part Time	0	0	0
Larry G. Baker 39339-9218 111 Anderson St., Louisville, MS	out-Side P. Guard Part Time	0	0	0

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 9-30-2011

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐ (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: ☐ (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐
	068-049	MO DAY YEAR From 01 01 2009 Through 12 31 2009	

4. AFFILIATION OR ORGANIZATION NAME
STEELWORKERS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)
LOCAL UNION

6. DESIGNATION NUMBER
07772-09

7. UNIT NAME (If any)

9. Are your organization's records kept at its mailing address? Yes ☒ No ☐
(If "No," provide address in Item 56.)

8. MAILING ADDRESS (Type or print in capital letters)

First Name: JAMES

Last Name: HOUSTON

P.O. Box Building and Room Number (if any): 10211

Number and Street: RD 563

City: PHILADELPHIA

State: MS

ZIP Code + 4: 39350-5833

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: Eugene Coon — PRESIDENT (If other title, see instructions.)
Date: 2 1 9 1 10 — Telephone Number: (662) 773-2756

58. SIGNED: Paul Hornsleger — TREASURER (If other title, see instructions.)
Date: 2 1 9-1-10 — Telephone Number: (662) 803-0568

James Houston Financial Sec
2/9/10 601-616-2194

FILE NUMBER: 068-049

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	☐	☑
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	☐	☑
12. Have a political action committee (PAC) fund?	☐	☑
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	☐	☑
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	☐	☑
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*	☐	☑
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	☐	☑
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?	☐	☑
18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?	☐	☑

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the Instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 115

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 10000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☑
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO 04 YEAR 2012

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees	$ 1.45 per Mo + 2¢/hr. *(Month, Year, etc.)*
(b) Initiation Fees	$ 10.00 / Person
(c) Transfer Fees	$
(d) Work Permits	$ per *(Month, Year, etc.)*

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only—Do Not Enter Cents FILE NUMBER: 068-049

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: CROSBY; First Name: EUGENE Title: PRESIDENT	N	2120	368	2488
2. Last Name: HANCOCK; First Name: STEVE Title: VICE PRESIDENT	N	946	0	946
3. Last Name: HOUSTON; First Name: JAMES Title: FINANCIAL SECRETARY	C	2730	11	2741
4. Last Name: HORNESBUGER; First Name: PAUL Title: TREASURER	C	589	0	589
5. Last Name: EAVES; First Name: PAUL Title: RECORDING SECRETARY	N	2295	0	2295
6. Last Name: JONES; First Name: CHRIS Title: INSIDE GUARD	N	0	0	0
7. Last Name: HAYNES; First Name: RODNEY Title: OUTSIDE GUARD	N	0	0	0
8. Totals from additional pages (if any)		3723	29	3752
9. Totals of Lines 1 through 8		12403	408	12811
			10. Less Deductions	2752
Enter the Total from Line 11 in ..... Item 45 ➔			11. Net Disbursements	10059

* Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

ORGANIZATION NAME: USW

ENDING DATE OF PERIOD COVERED: 12/31/09

FILE NUMBER: 068-049

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name: SHIELDS First Name: RAY BILLY Title: TRUSTEE	C	567	10	577
Last Name: GILL First Name: CHARLES Title: TRUSTEE	C	569	0	569
Last Name: WALKER First Name: DAVID Title: TRUSTEE	N	0	0	0
Last Name: WALKER First Name: CURTIS Title: GUIDE	C	0	0	0
Last Name: TRIPLETT First Name: LEO Title: PRESIDENT	P	1273	0	1273
Last Name: HATHORNE First Name: LAWRENCE Title: RECORDING SECRETARY	P	159	19	178
Last Name: HICKMAN First Name: JOHNNY Title: TRUSTEE	P	323	0	323
Last Name: WHITFIELD First Name: DAN Title: VICE PRESIDENT	P	832	0	832
	Totals	3723	29	3752

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name: GLENN JR; First Name: WILLIE Title: INSIDE GUARD	P	0	0	0
Last Name: BAKER; First Name: LARRY Title: OUTSIDE GUARD	P	0	0	0
Last Name: ; First Name: Title:				
Last Name: ; First Name: Title:				
Last Name: ; First Name: Title:				
Last Name: ; First Name: Title:				
Last Name: ; First Name: Title:				
Last Name: ; First Name: Title:				
Totals		0	0	0

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 068-049

STATEMENT A ASSETS AND LIABILITIES

Item	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
25.	Cash	29694	24603	32.	Accounts Payable	0	0
26.	Loans Receivable	0	0	33.	Loans Payable	0	0
27.	U.S. Treasury Securities	0	0	34.	Mortgages Payable	0	0
28.	Investments	0	0	35.	Other Liabilities	0	0
29.	Fixed Assets	55579	55579	36.	TOTAL LIABILITIES	0	0
30.	Other Assets	0	0				
31.	TOTAL ASSETS	85273	80182	37.	NET ASSETS *(Item 31 less Item 36)*	85273	80182

STATEMENT B RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS	AMOUNT	Item	CASH DISBURSEMENTS	AMOUNT
38.	Dues	22264	45.	To Officers *(from Item 24)*	10059
39.	Per Capita Tax	0	46.	To Employees *(less deductions)*	1283
40.	Fees, Fines, Assessments & Work Permits	0	47.	Per Capita Tax	1324
41.	Interest & Dividends	30	48.	Office & Administrative Expense	8922
42.	Sale of Investments & Fixed Assets	0	49.	Professional Fees	315
43.	Other Receipts	8732	50.	Benefits	0
44.	TOTAL RECEIPTS	31026	51.	Contributions, Gifts & Grants	4295
			52.	Purchase of Investments & Fixed Assets	0
			53.	Loans Made	0
			54.	Other Disbursements	9919
			55.	TOTAL DISBURSEMENTS	36117

If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.