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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 \$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

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:

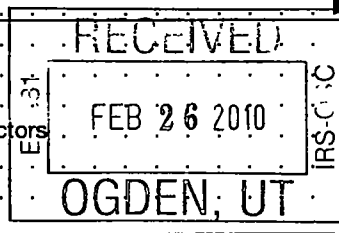
- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization

**LOCAL 1133 56-1644191**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**807 B Cleveland Ave KM. NC. 28086**  
 City or town, state or country, and ZIP + 4  
**Kings MTL NC 28086**

**D** Employer identification number**56-1654419D****E** Telephone number**704-734-1160****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:** ▶**J Tax-exempt status** (check only one) — ☒ 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).**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 ▶ **\$ 33,881****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	<b>33,555</b>
	<b>4</b>	Investment income	<b>4</b>	<b>326</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	<b>0</b>
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>0</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less: cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>0</b>	
<b>8</b>	Other revenue (describe ▶)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>33,555</b>	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>0</b>
	<b>11</b>	Benefits paid to or for members	<b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>15,201</b>
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>0</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>9460</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>0</b>
	<b>16</b>	Other expenses (describe ▶)	<b>16</b>	<b>6201</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>30,862</b>
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>3019</b>
	<b>19</b>	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)	<b>19</b>	<b>14,972</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>19,991</b>

**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
<b>22</b> Cash, savings, and investments	<b>10,317</b>	<b>13,336</b>
<b>23</b> Land and buildings	<b>0</b>	<b>0</b>
<b>24</b> Other assets (describe ▶)	<b>6655</b>	<b>6655</b>
<b>25</b> <b>Total assets</b>	<b>16,972</b>	<b>19,991</b>
<b>26</b> <b>Total liabilities</b> (describe ▶)	<b>0</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>16,972</b>	<b>19,991</b>

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

Cat No 106421

Form **990-EZ** (2009)

MAR 25 2010

SCANNED MAR 30 2010

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

## Expenses

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.

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

28 Local Union enforced collective bargaining agreement to better 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.)

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b> 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.		<input checked="" type="checkbox"/>
<b>a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		<input checked="" type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<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 period covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		<input checked="" type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<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 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 . . . . . <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>		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <u>X Paul B. Reynolds</u> Telephone no. ▶ <u>X 704-813-6783</u> Located at ▶ <u>X 206 Victoria Circle Km NC 28086</u> ZIP + 4 ▶		
<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)? . . . . . <b>42b</b>		<input checked="" type="checkbox"/>
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>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . <b>42c</b>		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>		<input checked="" type="checkbox"/>
<b>45</b> 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 . . . . . <b>45</b>		<input checked="" type="checkbox"/>

**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 46–49b and complete the tables for lines 50 and 51.

- |  | Yes        | No |
|--|------------|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |    |
- 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."

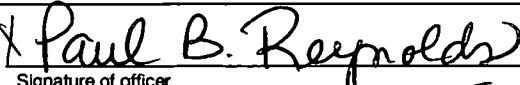
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 . . . . . ▶

<b>Sign Here</b>	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.			
	 Signature of officer		2-17-10 Date	
	PAUL B. Reynolds Financial Secretary 2-17-10 Type or print name and title			
<b>Paid Preparer's Use Only</b>	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

Copy 2/23/10

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

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.

For Official Use Only		READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>	
519-463	From MO 01 DAY 01 YEAR 2009 Through MO 12 DAY 31 YEAR 2009		
4. AFFILIATION OR ORGANIZATION NAME United Steelworkers AFL		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) Local		First Name BRAD	
6. DESIGNATION NUMBER 04-11351		Last Name REYNOLDS	
7. UNIT NAME (if any)		P.O. Box Building and Room Number (if any)	
		Number and Street 206 VICTORIA CIRCLE	
		City KINGS MOUNTAIN	
		State NC ZIP Code + 4 28786	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in item 58.)			
58. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
14 Audited by USW INT'L Auditor.			
57. SIGNED: Brian D. Lee		58. SIGNED: Brad Reynolds	
1120110 1904685-0788		1120110 1704734-7448	
Date Telephone Number		Date Telephone 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: Brian D. Lee PRESIDENT 58. SIGNED: Brad Reynolds TREASURER  
(If other title, see instructions.) (If other title, see instructions.)

1120110 1904685-0788 1120110 1704734-7448

Date Telephone Number

Date Telephone Number

FILE NUMBER: 519-463

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

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

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		(C) Status	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name	First Name	Status			
WELCH	TOMMY	N	334	0	334
Title	Status				
GUIDE	N				
Last Name	First Name	Status			
STONE	JASON	N	546	0	546
Title	Status				
TRUSTEE	N				
Last Name	First Name	Status			
ATWELL	PAUL	N	522	0	522
Title	Status				
TRUSTEE	N				
Last Name	First Name	Status			
MCCRAW	RICHARD	N	494	0	494
Title	Status				
GUARD	N				
Last Name	First Name	Status			
PHILBECK	MIKE		2045	44	2089
Title	Status				
FINANCIAL SECRETARY	P				
Last Name	First Name	Status			
JORDAN	ARNOLD	P	133	0	133
Title	Status				
TRUSTEE	P				
Last Name	First Name	Status			
RAINEY	CARLTON	P	139	0	139
Title	Status				
TRUSTEE	P				
Last Name	First Name	Status			
ROCKNER	LARRY	N	298	0	298
Title	Status				
GUIDE	N				
Totals			4511	44	4555

# Enter Amounts in Dollars Only -- Do Not Enter Cents

FILE NUMBER: 519-463

STATEMENT A ASSETS AND LIABILITIES		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
Item	ASSETS					
25. Cash .....		110317	113336	32. Accounts Payable .....		
26. Loans Receivable .....				33. Loans Payable .....		
27. U.S. Treasury Securities .....				34. Mortgages Payable .....		
28. Investments .....				35. Other Liabilities .....		
29. Fixed Assets .....				36. TOTAL LIABILITIES .....		
30. Other Assets .....		6655	6655			
31. TOTAL ASSETS .....		16972	19991	37. NET ASSETS (Item 31 less Item 36) .....	16972	19991

STATEMENT B RECEIPTS AND DISBURSEMENTS		CASH RECEIPTS		CASH DISBURSEMENTS		AMOUNT
Item			AMOUNT	Item		AMOUNT
38. Dues .....			33555	45. To Officers (from Item 24) .....		14920
39. Per Capita Tax .....				46. To Employees (less deductions) .....		281
40. Fees, Fines, Assessments & Work Permits .....				47. Per Capita Tax .....		179
41. Interest & Dividends .....				48. Office & Administrative Expense .....		9460
42. Sale of Investments & Fixed Assets .....				49. Professional Fees .....		
43. Other Receipts .....			326	50. Benefits .....		
44. TOTAL RECEIPTS .....			33881	51. Contributions, Gifts & Grants .....		
<p>If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.</p>				52. Purchase of Investments & Fixed Assets .....		
				53. Loans Made .....		
				54. Other Disbursements .....		6022
				55. TOTAL DISBURSEMENTS .....		30862