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Form **990-EZ**

67
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

0912

A For the 2009 calendar year, or tax year beginning		January 1	, 2009, and ending	December 31	, 2009
<input type="checkbox"/> 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		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 Clovern Ave KM. NC 28086 City or town, state or country, and ZIP + 4 Kings MTN NC 28086		D Employer identification number 56-16544191 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) ►

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) (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 ► \$ 33,881

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 33,555
	4 Investment income	4 326
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5a)	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	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
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ►)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 33,555	9
Expenses	10 Grants and similar amounts paid (attach schedule)	10 0
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 15,201
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 9410
	15 Printing, publications, postage, and shipping	15 0
	16 Other expenses (describe ►)	16 6201
	17 Total expenses. Add lines 10 through 16 ► 30,862	17 30,862
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3019
	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 16,972
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 19,991	21 19,991

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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	10,317	22 13,334
23	Land and buildings	0	23 0
24	Other assets (describe ►)	6655	24 6655
25	Total assets.	16,972	25 19,991
26	Total liabilities (describe ►)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,972	27 19,991

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

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?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

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?

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 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

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.

41 List the states with which a copy of this return is filed. ► _____

42a The organization's books are in care of ► **X** *Paul B. Reynolds* Telephone no. ► **X** *704-813-6783*
Located at ► **X** *206 Victoria Circle Km. 28086* ZIP + 4 ► _____

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 **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: ► _____

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

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

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37a	0	
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

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.

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	Yes	No
46			
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 ►		

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			
	► <i>Paul B. Reynolds</i> Signature of officer	1 2-17-10 Date		
	► <i>Paul B. Reynolds Financial Secretary</i> Type or print name and title	2-17-10		
Paid Preparer's Use Only	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 ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

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. 88-257, 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		YEAR		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>	
		5/19-463		From	01	2009		(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"/>	
				Through	12	2009		(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"/>	
8. MAILING ADDRESS (Type or Print in capital letters)									
First Name		BRAO		P.O. Box		Building and Room Number (if any)			
Last Name		REYNOLDS							
Number and Street									
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.)/OCA/		6. DESIGNATION NUMBER		7. UNIT NAME (if any)		8. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
United Steelworkers AFL		82-133-		KENGSI MOUNTAIN				ZIP Code ^{±4} 28186- <input type="checkbox"/>	
5. DESIGNATION (Local, Lodge, etc.)/OCA/									
7. UNIT NAME (if any)									
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 5b.)							
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)									
Item Number		Audited by USW INT'L Aud: TJR.							
14									

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 stamped by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See Section V of Particulars in the Instructions.)

67. SIGNED: Brad Reynolds PRESIDENT Brad Reynolds TREASURER
(If other title, see instructions) 1120110 1120110 (704) 234-7448
Telephone Number 1120110 1120110 (704) 234-7448
Date 11/20/2010 11/20/2010 Telephone Number
Telephone Number

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.)		Gross Salary (before taxes and other deductions) (D)		Allowances and Other Disbursements (E)		Total (F)
Last Name Title	First Name Title					
WEICH	TOMMY	334		0		334
GUIDE						
STONIE	JASON	546		0		546
TRUSTEE						
ATWELL	PAUL	522		0		522
TRUSTEE						
MCRAW	RICHARD	494		0		494
GUARD						
PHELBECK	MIKE	2045		44		2089
FINANCIAL SECRETARY						
JORDAN	ARMOLD	133		0		133
TRUSTEE						
RAINCY	CARLTON	139		0		139
TRUSTEE						
CRICKER	LARRY	298		0		298
GUIDE						
						Totals
						4555
						44

ASSETS AND LIABILITIES STATEMENT A

ASSETS AND LIABILITIES STATEMENT A		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
Item	ASSETS			Item		
25. Cash	10317	13336	0	32. Accounts Payable	0	0
26. Loans Receivable	0	0	0	33. Loans Payable	0	0
27. U.S. Treasury Securities	0	0	0	34. Mortgages Payable	0	0
28. Investments	0	0	0	35. Other Liabilities	0	0
29. Fixed Assets	0	0	0	36. TOTAL LIABILITIES	0	0
30. Other Assets	6655	6655	0			
31. TOTAL ASSETS	16972	19991				
				37. NET ASSETS	16972	19991
				(Item 31 less Item 36)		

STATEMENT B
RECEIPTS AND DISBURSEMENTS

STATEMENT B		RECEIPTS AND DISBURSEMENTS	
Item	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS
38. Dues	3 3 5	5 5 5	45. To Officers (from Item 24)
39. Per Capita Tax	0	0	46. To Employees (less deductions)
40. Fees, Fines, Assessments & Work Permits	0	0	47. Per Capita Tax
41. Interest & Dividends	0	0	48. Office & Administrative Expense
42. Sale of Investments & Fixed Assets	0	0	49. Professional Fees
43. Other Receipts	3 2 6	50. Benefits	
44. TOTAL RECEIPTS	3 3 8	51. Contributions, Gifts & Grants	
	8 8 1	52. Purchase of Investments & Fixed Assets	
		53. Loans Made	
		54. Other Disbursements	
		55. TOTAL DISBURSEMENTS	

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

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