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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****, 2009, and ending****, 20****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 Instructions

C Name of organization**UNITED STEEL WORKERS 1369**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 188

Room/suite

City or town, state or country, and ZIP + 4

MONTICELLO MS 39654**D Employer identification number****64-0471372****E Telephone number****601 587 4115****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:** ▶**N/A****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** ▶ \$**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	74563.24
	4	Investment income	4	2762.78
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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	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 ▶ SEE ATTACHMENT)	8	810.41	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	78136.43	
Expenses	10	Grants and similar amounts paid (attach schedule) SEE ATTACHMENT	10	2100.00
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	12441.13
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	1430.78
	15	Printing, publications, postage, and shipping	15	193.21
	16	Other expenses (describe ▶ SEE ATTACHMENT)	16	29436.64
	17	Total expenses. Add lines 10 through 16	17	45601.76
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32534.67
	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	205327.52
	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	237862.19

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	162777.52	195312.19
23 Land and buildings	42550.00	42550.00
24 Other assets (describe ▶)	0	0
25 Total assets	205327.52	237862.19
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205327.52	237862.19

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

Cat No 106421

Form **990-EZ** (2009) 16

SCANNED JUL 27 2010

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose?

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			
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a	NONE
29			
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	29a	NONE
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	30a	NONE
31	Other program services (attach schedule) ▶ <input type="checkbox"/>		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	NONE
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)

[illegible]

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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.		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
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		X
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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 ▶ Mississippi		
42a The organization's books are in care of ▶ Tony Vinard Telephone no ▶ 601 587 4115 Located at ▶ 1420 Mark Ln Monticello MS ZIP + 4 ▶ 39654		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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.? . . .		X
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 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
		X
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		X

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
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.			
	Signature of officer <i>Thomas D. Walker</i>		Date <i>5/30/10</i>	
Paid Preparer's Use Only	Type or print name and title <i>Thomas D. Walker Vice-President</i>		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) EIN ▶ Phone no ▶
	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only—Do Not Enter Cents

FILE NUMBER

066-439

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer such as PRESIDENT or TREASURER.)</i>	Status (C)*			
1. Last Name: GRAMM First Name: MITTON Title: PRESIDENT Status: C		3247	1819	5066
2. Last Name: WALKER First Name: THOMAS Title: VICE PRESIDENT Status: C		2647	2268	4915
3. Last Name: MCNEASE First Name: JIMMY Title: RECORDING SECRETARY Status: P		990		990
4. Last Name: LAMBERT First Name: KELVIN Title: RECORDING SECRETARY Status: C		3247	1546	4793
5. Last Name: VINIARD First Name: ANTHONY Title: FIN SECRETARY TREAS Status: C		917	969	1886
6. Last Name: NEWSOM First Name: ANTHONY Title: CHIEF SHOP STEWARD Status: C		1657	1008	2665
7. Last Name: BULLOCK First Name: ROBERT Title: CHIEF SHOP STEWARD Status: C		667	556	1223
8. Totals from additional pages (if any)		1017	1219	2236
9. Totals of Lines 1 through 8		14389	9385	23774
Enter the Total from Line 11 in		10. Less Deductions		
		21342		
Enter the Total from Line 11 in		11. Net Disbursements		
		21342		

*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 LOCAL 1369
ENDING DATE OF PERIOD COVERED: 12-31-09

FILE NUMBER: 066-439

PAGE 1 OF 1 ADDITIONAL PAGES

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.)		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer such as PRESIDENT or TREASURER.)					
Last Name: <u>L A M B E R T</u>	First Name: <u>T R A V I S</u>	Status: <input checked="" type="checkbox"/>	<u>667</u>	<u>0</u>	<u>667</u>
Title: <u>C H I E F S H O P S T E W A R D</u>		Status: <input checked="" type="checkbox"/>			
Last Name: <u>R U S S E L</u>	First Name: <u>B E N</u>	Status: <input type="checkbox"/>	<u>100</u>	<u>0</u>	<u>100</u>
Title: <u>T R U S T E E</u>		Status: <input checked="" type="checkbox"/>			
Last Name: <u>B E R R Y</u>	First Name: <u>R U S S</u>	Status: <input type="checkbox"/>	<u>250</u>	<u>1219</u>	<u>1469</u>
Title: <u>T R U S T E E</u>		Status: <input checked="" type="checkbox"/>			
Last Name: <u>H A V N E S</u>	First Name: <u>R O B E R T</u>	Status: <input type="checkbox"/>	<u>0</u>	<u>0</u>	<u>0</u>
Title: <u>T R U S T E E</u>		Status: <input checked="" type="checkbox"/>			
Last Name: <u>H A L L</u>	First Name: <u>R O B E R T</u>	Status: <input type="checkbox"/>	<u>0</u>	<u>0</u>	<u>0</u>
Title: <u>G A R D</u>		Status: <input checked="" type="checkbox"/>			
Last Name: <u>B R I D G E S</u>	First Name: <u>B F L Y</u>	Status: <input type="checkbox"/>	<u>0</u>	<u>0</u>	<u>0</u>
Title: <u></u>		Status: <input type="checkbox"/>			
Last Name: <u></u>	First Name: <u></u>	Status: <input type="checkbox"/>	<u></u>	<u></u>	<u></u>
Title: <u></u>		Status: <input type="checkbox"/>			
Last Name: <u></u>	First Name: <u></u>	Status: <input type="checkbox"/>	<u></u>	<u></u>	<u></u>
Title: <u></u>		Status: <input type="checkbox"/>			
Totals			1017	1219	2236

USW LOCAL 1369

ID# 64-0471372

Attachment to Form 990-EZ

Taxable Year 2009

Page 1 of 1

PAGE 1 PART 1 LINE 8

U.S. Treasury Returns

OTHER REVENUES

Billy Abrams

359.69

54.00

Bobby Stafford

59.40

USW Local 371

337.32

TOTAL 810.41

PAGE 1 PART 1 LINE 10

MS. AFL-CIO

PER CAPITA TAX

TOTAL 2636.25

PAGE 1 PART 1 LINE 16

Reimbursed Expenses

9323.10

Education Recreation

875.00

Office & Admin. Expenses

193.21

Donation & Flowers

2100.00

Payroll Taxes

3336.20

Dues Refunded

288.88

Lost Time Wages Reimbursed to Georgia Pacific

12273.67

Safe Deposit Box

30.00

TOTAL 28426.06

PAGE 1 PART 2 LINE 23

Land & Building Based on

County Tax Assessors

LAND & BUILDING

True Assessed Value

TOTAL 42550.00