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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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 | | , 2009, and ending | |
| B Check if applicable | | C Name of organization | |
| <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 UNITED STEEL WORKERS 1369 Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 188 City or town, state or country, and ZIP + 4 MONTICELLO MS 39654 | |
| | | D Employer identification number 64-0471372 E Telephone number 601587 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).

| | |
|--|---|
| I Website: ► <u>N/A</u> | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| K Check ► <input type="checkbox"/> 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 ► \$

| | | |
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| 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 |
| | 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) | 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 \$1,250,000) of contributions reported on line 1) <u>JUN 07 2010</u> | 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 ► <u>See ATTACHMENT</u>) | 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) <u>SEE ATTACHMENT</u> | 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 ► <u>SEE ATTACHMENT</u>) | 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 | 22 162777.52 | 22 195312.19 | |
| 23 Land and buildings | 23 42550.00 | 23 42550.00 | |
| 24 Other assets (describe ► <u>See ATTACHMENT</u>) | 24 0 | 24 0 | |
| 25 Total assets. | 25 205327.52 | 25 237862.19 | |
| 26 Total liabilities (describe ► <u>See ATTACHMENT</u>) | 26 0 | 26 0 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 205327.52 | 27 237862.19 | |

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

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.

28

(Grants \$

) If this amount includes foreign grants, check here

10

29

(Grants \$

) If this amount includes foreign grants, check here

10

30

(Grants \$)

) If this amount includes foreign grants, check here

10

31 Other program services (attach schedule)

(Grants \$

If this amount includes foreign grants, check here

1

32 Total program service expenses (add lines 28a through 31a) .

1

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 | | | | |
| LM3 report | | | | |
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | Yes | No |
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| 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. | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | <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 | | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a <input type="text"/> | | <input type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | | <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? | | <input checked="" type="checkbox"/> |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | <input type="checkbox"/> |
| 39 Section 501(c)(7) organizations Enter: | | <input type="checkbox"/> |
| a Initiation fees and capital contributions included on line 9 | 39a | <input type="checkbox"/> |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | <input type="checkbox"/> |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► <input type="text"/> ; section 4912 ► <input type="text"/> , section 4955 ► <input type="text"/> | | <input type="checkbox"/> |
| 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 | | <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 ► <input type="text"/> | | <input type="checkbox"/> |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► <input type="text"/> | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 40e | | <input type="checkbox"/> |
| 41 List the states with which a copy of this return is filed ► Mississippi | | |
| 42a The organization's books are in care of ► Tony Viniard 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)? | 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.? If "Yes," enter the name of the foreign country: ► | 42c | <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> N/A | | |
| 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"/> |

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

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 "

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 | | 5/30/10 Date | |
| Paid Preparer's Use Only |  Preparer's signature | Date | Check if self-employed <input type="checkbox"/>  Firm's name (or yours if self-employed), | Preparer's identifying number (See instructions)  EIN |

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only—Do Not Enter Cents

| (A) Name (B) Title | | Enter Amounts in Dollars Only—Do Not Enter Cents | | FILE NUMBER | | |
|---|-------------------------------|--|--|-------------|----------|-------|
| | | Gross Salary (before taxes and other deductions) | Allowances and Other Disbursements | Total | | |
| Last Name | Title | (D) | (E) | (F) | | |
| 1. <u>GRAHAM</u> | <u>PRESIDENT</u> | 3247 | 1819 | 5066 | | |
| <u>WALKER</u> | <u>VICE PRESIDENT</u> | 2647 | 2268 | 4915 | | |
| <u>MCNEASE</u> | <u>RECORDKEEPER SECRETARY</u> | 990 | 0 | 990 | | |
| <u>LAMBERT</u> | <u>RECORDKEEPER SECRETARY</u> | 3247 | 1546 | 4793 | | |
| <u>VINTARD</u> | <u>ANTHONY</u> | 917 | 969 | 1886 | | |
| <u>NEWSOM</u> | <u>ANTHONY TREAS</u> | 1657 | 1008 | 2665 | | |
| <u>BULLOCK</u> | <u>ROBERT</u> | 667 | 556 | 1223 | | |
| 8. Totals from additional pages (if any) | | | | 2236 | | |
| 9. Totals of Lines 1 through 8 | | 14389 | 9385 | 23774 | | |
| Enter the Total from Line 11 in Item 45 → | | | | 1017 | 1219 | 2236 |
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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) |
| (C) Status | (Enter status such as ACTIVE or INACTIVE. Use all capital letters.) |

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| First Name | | | | | | | | | |
| Last Name | | | | | | | | | |

| Title | C | H | T | E | F | S | H | D | P | S | T | E | W | A | R | D | Status |
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| TRUSTEE | | | | | | | | | | Last Name | | First Name | |
| Title | | | | | | | | | | Status | | | |

BEER V. RYSS

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Subject | Title | Author | Genre | Status |
|-----------------|---------------------------------|-----------------|-----------------|-----------|
| History | The War of the Worlds | H.G. Wells | Science Fiction | Completed |
| Science Fiction | The Martian | Andy Weir | Science Fiction | Completed |
| Fantasy | The Hobbit | J.R.R. Tolkien | Fantasy | Completed |
| Mystery | The Girl with the Dragon Tattoo | Stieg Larsson | Mystery | Completed |
| Romance | The Notebook | Natalie Babbitt | Romance | Completed |
| Horror | The Shining | Stephen King | Horror | Completed |
| Thriller | The Da Vinci Code | Dan Brown | Thriller | Completed |
| Science Fiction | The Martian | Andy Weir | Science Fiction | Completed |
| Fantasy | The Hobbit | J.R.R. Tolkien | Fantasy | Completed |
| Mystery | The Girl with the Dragon Tattoo | Stieg Larsson | Mystery | Completed |
| Romance | The Notebook | Natalie Babbitt | Romance | Completed |
| Horror | The Shining | Stephen King | Horror | Completed |
| Thriller | The Da Vinci Code | Dan Brown | Thriller | Completed |

First Name _____
Last Name _____

Form LM-3 (Revised 2004)

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 |
| | 359.69 |
| Billy Abrams | 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 |