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A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011		
B Check if applicable	C Name of organization UNITED STEELWORKERS 00400 LOCAL	D Employer identification number 58-1322577
☐ Address change	Number and street (or P O box, if mail is not delivered to street address) Room/suite 131 GLYNDALE CIRCLE	E Telephone number (912) 267-6311
☐ Name change		F Group Exemption Number 0260
☐ Initial return	City or town, state or country, and ZIP + 4 BRUNSWICK, GA 315201245	
☐ Terminated		
☐ Amended return		
☐ Application pending		

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: ☐ N/A _____

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 90,956**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this 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	90,275
	4	Investment income			4	417
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events			6d	264
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	264		
	b	Gross income from fundraising events (not including \$ __of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
	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 in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	90,956	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	68,370
	13	Professional fees and other payments to independent contractors			13	9,635
	14	Occupancy, rent, utilities, and maintenance			14	1,200
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	20,331
	17	Total expenses. Add lines 10 through 16			17	99,536
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-8,580
	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	88,070
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	79,490

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	85,504	22	77,200
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,537	24	5,537
25	Total assets	91,041	25	82,737
26	Total liabilities (describe in Schedule O)	2,971	26	3,247
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,070	27	79,490

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO PROVIDE COLLECTIVE BARGAINING FOR OUR MEMBERS		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	COLLECTIVE BARGAINING (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	GRIEVANCE PROCEDURE (Grants \$ 0) If this amount includes foreign grants, check here	29a	0
30	TRAINING (Grants \$ 0) If this amount includes foreign grants, check here	30a	0
31	Other program services (describe in Schedule O) (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)

Check if the organization used Schedule O to respond to any question in this 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 Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
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?	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 outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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	40e	No
41	List the states with which a copy of this return is filed ☐ GA		
42a	The organization's books are in care of ☐ MOORE STEPHENS TILLER LLC Telephone no ☐ (912) 265-1750 1612 NEWCASTLE STREET SUITE 200 Located at ☐ BRUNSWICK, GA ZIP + 4 ☐ 315206782		
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 .	42b	No
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	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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.

Sign Here	***** Signature of officer	2012-03-23 Date		
	LEE BLEDSOE TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	M CHARLES MARTIN	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	MOORE STEPHENS TILLER LLC 1612 NEWCASTLE STREET SUITE 200 BRUNSWICK, GA 31520		Preparer's taxpayer identification number (See instructions) P00359382
			EIN	58-0673524 Phone no (912) 265-1750

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

Yes No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNITED STEELWORKERS 00400 LOCAL	Employer identification number 58-1322577
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 417
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AND SUPPLIES AMOUNT 863 DESCRIPTION DUES AMOUNT 1,460 DESCRIPTION MEETINGS AND TRAVEL AMOUNT 16,285 DESCRIPTION POSTAGE AND DELIVERY AMOUNT 92 DESCRIPTION CONTRIBUTIONS AMOUNT 500 DESCRIPTION PENALTIES AND FINES AMOUNT 159 DESCRIPTION BANK CHARGES AMOUNT 100 DESCRIPTION MISCELLANEOUS AMOUNT 872 TOTAL TO FORM 990-EZ, LINE 16 20,331
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 5,537 END OF YEAR AMOUNT 5,537
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 2,971 END OF YEAR AMOUNT 3,247

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: UNITED STEELWORKERS 00400 LOCAL

EIN: 58-1322577

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 58-1322577
Name: UNITED STEELWORKERS 00400 LOCAL

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
PHILLIP L BLEDSOE 131 GLYNDALE CIRCLE BRUNSWICK,GA 31520	TREASURER 2 00	2,951	0	0
ROBERT M KENNEDY 274 SMITH ROAD BRUNSWICK,GA 31525	PRESIDENT 10 00	16,816	0	0
ROBERT JOHNSON 566 PARKER ROAD BRUNSWICK,GA 31525	1ST VICE PRESIDENT 7 00	11,544	0	0
CLEVE HARDEN 121 HARDEN ROAD JESUP,GA 31546	2ND VICE PRESIDENT 7 00	7,667	0	0
JAMES R OVERSTREET 613 BACKWOODS TRAIL BRUNSWICK,GA 31523	SECRETARY 2 00	9,606	0	0
DON WATERS 127 ASHLEY MARSH ROAD BRUNSWICK,GA 31523	FINANCIAL SECRETARY 2 00	10,645	0	0
WAYNE KNOX PO BOX 2731 BRUNSWICK,GA 31521	OUTSIDE GUARD 0 50	0	0	0
JULIUS JOHNSON 107 KENTSHIRE AVENUE BRUNSWICK,GA 31520	INSIDE GUARD 0 50	0	0	0
JEROME DRAWDY 160 DAVIS ROAD BRUNSWICK,GA 31523	TRUSTEE 0 50	256	0	0
CLINT JOHNSON 130 PARKER DRIVE BRUNSWICK,GA 31525	TRUSTEE 0 50	479	0	0
DONNIE O'QUINN 475 GEORGETOWN DRIVE BRUNSWICK,GA 31523	TRUSTEE 0 50	866	0	0
DAVID SMITH 124 STEWARD STREET ST SIMONS ISLAND,GA 31522	CHIEF SHOP STEWARD 1 00	491	0	0