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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		JANUARY 01	, 2011, and ending	DECEMBER 31	, 2011
B Check if applicable.		C Name of organization UNITED STEEL WORKERS		D Employer identification number 64-0471372	
<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		Number and street (or P O box, if mail is not delivered to street address) P.O.BOX 188		Room/suite	E Telephone number 601-455-3259
		City or town, state or country, and ZIP + 4 MONTICELLO MISSISSIPPI 39654		F Group Exemption Number ► 0260	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (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 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 ► \$					
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. <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	0	1	0
	2 Program service revenue including government fees and contracts	5b	0	2	0
	3 Membership dues and assessments	5c	0	3	84033.85
	4 Investment income	6a	0	4	1659.48
	5a Gross amount from sale of assets other than inventory	6b	0		
	b Less: cost or other basis and sales expenses	6c	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d	0		
	6 Gaming and fundraising events	7a	0		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	7b	0		
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7c	0		
c Less: direct expenses from gaming and fundraising events	7d	0			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8	800.00			
7a Gross sales of inventory, less returns and allowances	8	800.00			
b Less: cost of goods sold	9	86493.33			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►					
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0		
	11 Benefits paid to or for members	11	0		
	12 Salaries, other compensation, and employee benefits	12	15200.57		
	13 Professional fees and other payments to independent contractors	13	0		
	14 Occupancy, rent, utilities, and maintenance	14	1296.79		
	15 Printing, publications, postage, and shipping	15	0		
	16 Other expenses (describe in Schedule O)	16	42333.72		
17 Total expenses. Add lines 10 through 16 ►	17	58831.08			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27662.25		
	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	258200.97		
	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	285863.22		

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	215650.97	243313.22
23	Land and buildings	42550.00	42550.00
24	Other assets (describe in Schedule O)	0	24
25	Total assets	258200.97	285863.22
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	258200.97	285863.22

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

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

What is the organization's primary exempt purpose?

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.

Expenses

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

28 _____

6. If this amount includes forced events, check here 

29 -----

(Grants \$) If this amount includes foreign grants, check here

30 _____

(Grants \$) If this amount includes foreign grants, check here

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

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the

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

(b) Title and average **(c) Reportable compensation** **(d) Health benefits, contributions to employee** **(e) Estimated amount of**

(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED LM-3 REPORT				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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 ✓

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 ✓

35a 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 ✓

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 ✓

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 ✓

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

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 tax year covered by this return? 38a ✓

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 40b ✓

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

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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 VINIARD** Telephone no. ► **601-455-3259**
Located at ► **1420 MARK LN.** 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)?

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 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 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

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 ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

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 ✓

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 ✓

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.

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, and complete the tables for lines 50 and 51.

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	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."		

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	Date			
	► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►				Phone no

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

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)		Allowances and Other Disbursements (E)		Total (F)
Last Name	Title	First Name	Status	(C)*	(D)	
1. GRAHAM	PRESIDENT	MELTON	C		11748	1999
WALKER	VICE PRESIDENT	THOMAS	C		7521	2687
3. LAMBERT	RECORDS SECRETARY	KELVIN	C		5917	3177
4. VINIARD	FIN SECRETARY	ANTHONY	C		4748	0
5. NEWSOM	CHIEF SHOP STEWARD	ANTHONY	C		3045	999
6. BULLOCK	CHIEF SHOP STEWARD	ROBERT	C		1276	0
7. LAMBERT	CHIEF SHOP STEWARD	TRAVES	C		0	0
8. Totals from additional pages <i>(if any)</i>						5442
9. Totals of Lines 1 through 8						3136
Enter the total from Line 11 in Item 45						37561
10. Less Deductions						10998
11. Net Disbursements						48559
						4039
						44520

*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.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

LOCAL 1369

ID #64-0471372

ATTACHMENT TO FORM 990-EZ

TAXABLE YEAR 2011

PAGE 1 OF 1

PAGE 1 PART 1 LINE 8

STATE OF MS. – LAWRENCE COUNTY	400.00
TOTAL	400.00

PAGE 1 PART 1 LINE 16

REIMBURSED INDIVIDUAL EXPENSES	12433.04
EDUCATION AND CONFERENCE FEES	1300.00
DONATION AND FLOWERS	2500.00
PAY ROLL AND CITY/COUNTY TAXES	4757.13
SAFE DEPOSIT BOX	30.00
CHECKS AND DEPOSIT SLIPS	115.91
UNION DUES REFUNDED	1112.00
LOST TIME REIMBURSED TO GEORGIA PACIFIC	20085.64
TOTAL	42333.72

PAGE 2 PART 2 LINE 3

LAND AND BUILDING BASED ON TAX

ASSESSOR	42550.00
TOTAL	42550.00