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Form 990-EZ

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , and ending

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

United Steelworkers Local 1369

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

Room/suite

PO Box 188

City or town

State

ZIP code

Monticello

MS

39654

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

64-0471372

E Telephone number

(601) 748-3723

F Group Exemption

Number 0260

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527K Form of organization. ☐ Corporation ☐ Trust ☐ Association ☒ Other Labor Union

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

55,519

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 ☒

1 Contributions, gifts, grants, and similar amounts received .

2

3 Program service revenue including government fees and contracts

4

5a Membership dues and assessments

b

c Investment income

6

5a

5b

Gross amount from sale of assets other than inventory

Less cost or other basis and sales expenses

om line 5a)

Gain or (loss) from sale of assets other than inventory (Subtract line 5b

f

Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than

b \$15,000)

6a

Gross income from fundraising events (not including of contributions

1

2

3

4

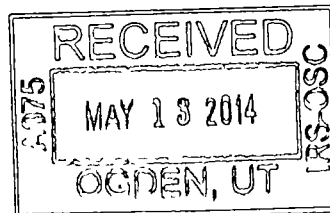
5c

53,075

2,444

0

X



11 12

SCANNED JUN 04 2014

Revenue

	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	Less direct expenses from gaming and fundraising events.	6c		
	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
a	line 6c)	7a	6d	0
c	Gross sales of inventory, less returns and allowances			
d	Less. cost of goods sold	7b		
	Gross profit or (loss) from sales of inventory (Subtract line 7b from line		7c	0
7a			8	
b	Other revenue (describe in Schedule O)			
c			9	55,519
8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
9				
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	1,000
			11	
	11 Benefits paid to or for members.			
			12	4,940
	12 Salaries, other compensation, and employee benefits			
			13	
	13 Professional fees and other payments to independent contractors			
			14	22,851
14 Occupancy, rent, utilities, and maintenance				
		15		
15 Printing, publications, postage, and shipping				
		16	39,289	
16 Other expenses (describe in Schedule O)				
		17	68,080	
17 Total expenses. Add lines 10 through 16				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-12,561
	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	337,064
			20	
	20 Other changes in net assets or fund balances (explain in Schedule O)			
		21	324,503	
21 Net assets or fund balances at end of year Combine lines 18 through 20				

For Paperwork Reduction Act Notice, see the separate instructions.

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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	294,514	281,953
23 buildings	42,550	42,550
24 in Schedule O		
25 Total assets	337,064	324,503
26 liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	337,064	324,503

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 ☐

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

What is the organization's primary exempt purpose? Collective Bargaining

Describe the organization's program service accomplishments for each of its three largest program services, 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	Local Union enforced Collective Bargaining Agreement to better the working conditions of the Local Union and provide representation to its members	
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a

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

30a

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 0

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert Haynes President	Hr/WK 4 00	1,290		
Timothy McGee Secretary Treasurer	Hr/WK 4 00	1,505		
Alfred Motley Recording Secretary	Hr/WK 2 00	1,155		
Jimmy Rushing Vice President	Hr/WK 1 00	990		
Terry Bryant Trustee	Hr/WK 1 00	0		
Jesse Larry Trustee	Hr/WK 1 00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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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 .☐

		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	X
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	X
35	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	X
	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	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.	36	X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
	b Did the organization file Form 1120-POL for this year?	37b	X
38	a 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	X
	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	
40 a	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		
	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.		

copy of this return is filed.

Located at PO Box 188 City Monticello ST MS ZIP + 4 39654 b At any time

Yes	No
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If "Yes," enter the name of the foreign country:

42b		X
42c		X

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts ☐ File 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

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

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

organization receive any payments for indoor tanning services during the year?

44c. has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45 b 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)

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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 only**

All section 501(c)(3) organizations 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

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

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization make any transfers to an exempt non-charitable related organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	Hr/WK .00			

Name Title				
Name Title				
	Hr/WK	00		
Name Title				
	Hr/WK	00		
Name Title				
	Hr/WK	00		
Name Title				
	Hr/WK	00		

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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		
Name City Str ST ZIP		

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	
	Timothy McGee		Secretary-Treasurer	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Firm's name		Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address		Phone no.	PTIN

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

Name of the organization

Employer identification number

Form 990-EZ, Part I, Line 16, Other Expenses Travel 13,937

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 8,860

Form 990-EZ, Part I, Line 16, Other Expenses Reimbursed Company Lost Time 15,138

Form 990-EZ, Part I, Line 16, Other Expenses Direct Taxes 1,354

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)

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Name of the organization

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