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## Short Form

## 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)

Department of the Treasury  
Internal Revenue Service

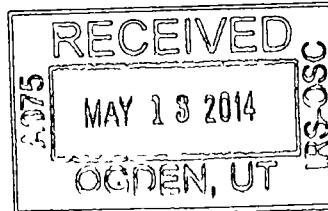
- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning _____, and ending _____		
<b>B</b> Check if applicable	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	United Steelworkers Local 1369	64-0471372
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return	PO Box 188	
<input type="checkbox"/> Terminated	City or town	ZIP code
<input type="checkbox"/> Amended return	Monticello	MS 39654
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county
		Foreign postal code
<b>G</b> Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____
<b>I</b> Website: ► N/A	<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <input type="checkbox"/> Labor Union		
<b>L</b> 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.	1
2	2
3 Program service revenue including government fees and contracts	3 53,075
4	4 2,444
5a Membership dues and assessments	5a
b	5b
c Investment income	5c 0
6 Gross amount from sale of assets other than inventory	
Less cost or other basis and sales expenses	
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
f Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than	
b \$15,000)	6a of contributions
Gross income from fundraising events (not including _____)	



11 12

from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)

Less direct expenses from gaming and fundraising events..

Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract

a

line 6c)

6b

6c

7a

6d

0

c Gross sales of inventory, less returns and allowances

d Less. cost of goods sold

Gross profit or (loss) from sales of inventory (Subtract line 7b from line

7b

7c

0

7a

b Other revenue (describe in Schedule O)

c

8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

9

8

9

55,519

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	4,940
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	22,851
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	39,289
	17 Total expenses. Add lines 10 through 16	17	68,080
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 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	324,503

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	22	281,953	23 Land and
buildings	42,550	23	42,550	24 Other assets (describe
in Schedule O)	24			
25 Total assets	337,064	25	324,503	26 Total
liabilities (describe in Schedule O)	26			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	337,064	27	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

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		4947(a)(1) trusts, optional for others as

28 Local Union-enforced Collective Bargaining Agreement to better the working conditions of the Local Union and provide representation to its members

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

28a

29

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

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			

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		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 organizations Enter	38b 39	Section 501(c)(7)
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 ► _____, 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.

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40e X 41 List the states with which a

copy of this return is filed.

42 a The organization's books are in care of ----- Timothy McGee Telephone no ----- (601) 748-3723

Located at P.O. Box 188 City Monticello ST 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)?

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

Yes	No
42b	X
42c	X

and enter the amount of tax-exempt interest received or accrued during the tax year

43

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

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

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) 45b X

Yes	No
44b X	c Did the
44c X	d If "Yes" to line
44d	
45a	X
45b	X

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Yes	No
46	X

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

Yes	No
47	
48	
49a	
49b	

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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a

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

49 c 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 None			
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	Str			
City	ST			
	ZIP			
Name	Str			
City	ST			
	ZIP			
Name	Str			
City	ST			
	ZIP			
Name	Str			
City	ST			
	ZIP			
Name	Str			
City	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.

<b>Sign Here</b>	Signature of officer	Date			
	Timothy McGee	Secretary-Treasurer			
Type or print name and title					
<b>Paid Preparer Use Only</b>	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

Form 990-EZ (2013)

OMB No 1545-0047

**2013**

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Inspection

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

United Steelworkers Local 1369

64-0471372

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

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

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

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

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Name of the organization

United Steelworkers Local 1369

Employer identification number

64-0471372

