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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

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

2016

- 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.

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Inspection

A For the 2016 calendar year, or tax year beginning JANAUARY 1 , 2016, and ending DECEMBER 31 , 2016							
B Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 15%;"><input type="checkbox"/> Name change</td> <td style="width: 15%;"><input type="checkbox"/> Initial return</td> <td style="width: 15%;"><input type="checkbox"/> Final return/terminated</td> <td style="width: 15%;"><input type="checkbox"/> Amended return</td> <td style="width: 15%;"><input type="checkbox"/> Application pending</td> </tr> </table>		<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending		
C Name of organization United Steelworkers Local 9-00771 Number and street (or P.O. box, if mail is not delivered to street address) 5628 Eastpoint Drive City or town, state or province, country, and ZIP or foreign postal code Southhaven, MS 38672							
D Employer identification number 62-0917330							
E Telephone number 662-890-6740							
F Group Exemption Number ► 0260							
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►							
I Website: ►							
J 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							
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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 ► \$ 104426							
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 checked="" type="checkbox"/>							
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 52692					
	4 Investment income	4					
	5a Gross amount from sale of assets other than inventory	5a					
	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)	5c					
	6 Gaming and fundraising events						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
	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)	6d					
	7a Gross sales of inventory, less returns and allowances	7a					
	b Less: cost of goods sold	7b					
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8 Other revenue (describe in Schedule O)	8 51734					
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 104426					
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10					
	11 Benefits paid to or for members	11 40629					
	12 Salaries, other compensation, and employee benefits	12 32726					
	13 Professional fees and other payments to independent contractors	13 2920					
	14 Occupancy, rent, utilities, and maintenance	14 2827					
	15 Printing, publications, postage, and shipping	15 60					
	16 Other expenses (describe in Schedule O)	16 15741					
17 Total expenses. Add lines 10 through 16 ►	17 94843						
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9583					
	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 12860					
	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 22443					

10

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	12860	22 22443
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	12860	25 22443
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12860	27 22443

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? **COLLECTIVE BARGAINING**

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 THE LOCAL ENFORCED THE 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	► <input type="checkbox"/>	28a
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29			
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(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
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30			
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(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)			
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(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32
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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 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
Ciff Foster				
President	10	6462		
Dewayne Henderson				
Vice President	4	2221		
Doy McNeil				
Financial Secretary	10	9790		
Richard Callonas				
Treasurer	5	3610		
Larry Cariota				
Recording Secretary	2	1250		
Michael Flowers				
Trustee	2	2288		
Dwight Holcomb				
Trustee	2	1660		
Aaron Bedford				
Trustee	2	1608		
Avery washington				
Inside Guard	2	1000		
Leon Woods				
Outside Guard	2	1000		
Roderic McKinney				
Chief Steward	10	1835		

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
- 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)
- 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)?
- 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
- 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
- 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
- 37a 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?
- 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?
- 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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
- 41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► **Doy McNeil** Telephone no. ► **662-890-6740**
Located at ► **5628 Eastpoint Drive Southhaven, MS** ZIP + 4 ► **38672**

- 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- c At any time during the calendar year, did the organization maintain an office outside the United States? 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**

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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
- c Did the organization receive any payments for indoor tanning services during the year?
- 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
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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)

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37a		
37b	✓	
38a	✓	
38b		
40b		
40e		✓

	Yes	No
42b	✓	
42c		✓

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b		✓

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

United Steelworkers Local 9-00771

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

62-0917330

990 EZ Part 1 Line 8 Reimbursed premiums from company 50074, Rents Received 1660

990 EZ part 1 line 16- Travel 5660, Per Capita 761, Office Expense 503, Fees and dues remitted 786, Direct Taxes 8031