

2020

Open to Public Inspection

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning 2020, and ending 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization UNITED STEELWORKERS, LOCAL UNION 9-00771  
 Number and street (or P.O. box if mail is not delivered to street address) 5628 EASTPOINT DR  
 City or town, state or province, country, and ZIP or foreign postal code SOUTHAVEN, MS 38672

**D** Employer identification number 62-0917330

**E** Telephone number (662) 890 6740

**F** Group Exemption Number 0260

**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** Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other LABOR ORGANIZATION

**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 (L)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 117,866

**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 ☒

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	56,451
4	Investment income	
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b	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
6c	Less: direct expenses from gaming and fundraising events	6c
6d	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
7b	Less: cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8 61,435
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 117,886
10	Grants and similar amounts paid (list in Schedule O)	10 320
11	Benefits paid to or for members	11 69,719
12	Salaries, other compensation, and employee benefits	12 26,510
13	Professional fees and other payments to independent contractors	13 355
14	Occupancy, rent, utilities, and maintenance	14 3,102
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe in Schedule O)	16 6,403
17	<b>Total expenses.</b> Add lines 10 through 16	17 106,409
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 11,477
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 27,214
20	Other changes in net assets or fund balances (explain in Schedule O)	20
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21 38,691

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2020)

SCANNED JAN 25 2022

P

## 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 . . . . .	27,214	22	38,691
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	
25	<b>Total assets</b> . . . . .	27,214	25	38,691
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	27,214	27	38,691

**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

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations optional for  
others )

**28 THE LOCAL UNION ENFORCED THE COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATIONS TO ITS MEM**

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

**28a**

29

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

**29a**

30

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

30a

31

(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 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
CLIFF FOSTER PRESIDENT	5	6,240		
EUGENE WOODARD VICE PRESIDENT	2	3,114		
DOY MCNEIL FIN SEC	5	9,479		
DAVID BOWMAN REC SEC	1	1,250		
AARON BEDFORD TRUSTEE	1	1,736		
MICHAEL FLOWERS TRUSTEE	1	1,870		
LEON WOODS TRUSTEE	1	1,200		
RODERICK MCKINNEY CHIEF STEWARD	1	1,622		

**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
<b>33</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35b</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	<input type="checkbox"/>	<input type="checkbox"/>
<b>35c</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>36</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>37b</b> Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>38a</b> 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>38b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</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		
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42a</b> The organization's books are in care of <b>DOY MCNEIL</b> Telephone no. <b>(901) 488-1800</b> Located at <b>5628 EASTPOINT DR SOUTHHAVER, MS</b> ZIP + 4 <b>38672</b>		
<b>b</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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 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 . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**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 . . . . . ☐

- 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 . . . . .

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

- b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
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."

(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

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

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 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

JOY MCNEIL FIN SEC

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED STEELWORKERS, LOCAL UNION 9-00771

Employer identification number

62-0917330

PART I, LINE 8 OTHER REVENUE, REIMB FROM COMPANY FOR INSURANCE PREMIUMS \$61,435

PART I, LINE 10, NO ONE RECEIVED MORE THAN \$5,000

PART I, LINE 16 OTHER EXPENSES

TRAVEL \$1,357, CON FEES \$450, PER CAPITA FEES \$264, OFFICE SUPPLIES \$2,438, TAXES \$1,894, TOTAL \$6,403

Employer identification number

[illegible]