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Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," attach 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	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
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	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►	40c	
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	40d	
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	40e	✓
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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► JAMES, Houston Telephone no ► (601) 616-2194 Located at ► 10211 Rd. 563 Ph. b. del. ph. 101, MS. ZIP + 4 ► 39350-5833	42b	✓
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)?	42c	✓
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 of 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 ► <input type="checkbox"/> 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	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	

QNA

Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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 must be completed instead of Form 990-EZ

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
45		✓
45a		✓
46		✓

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation ¹	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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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."

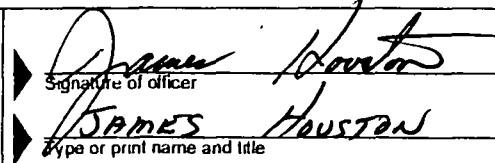
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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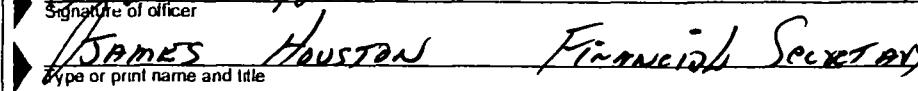
d Total number of other independent contractors each receiving over \$100,000 ►

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
► *James Houston*
Date *1/24/11*


Type or print name and title
► *James Houston Financial Secretary*

Paid
Preparer's
Use Only

Print/Type preparer's name	Date	Check if self-employed ► <input type="checkbox"/>	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

United Steelworkers Of America 9-07772
 (District & Local Union Number)

EIN # 23-7084272

Address James Houston
10211 Rd 563
Philadelphia, ms. 39350-5833

Period Ending 12/31/10

FORM 990-EZ

Attached Listing -- Part IV List Of Officers, Directors, Trustees, and Key Employees

(Important: List all persons who held office during the period even if not compensated)

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Karenne Crosby 136 Beauchene St, Louisville, ms 39339	Pres C Part Time	2791	550	3341
Steve Hancock 39350-6725 11701 Hwy 21N, Philadelphia, ms.	Vice Pres C Part Time	-1237	0	1237
James Houston 39350-5833 10211 Rd 563, Philadelphia, ms.	Fin. Sec. C Part Time	3083	518	3601
Paula Hornsburger 39339 165 Middleton Rd, Louisville, ms.	Treasurer C Part Time	484	0	484
Paul Eraves 39339 116 Ackerman St, Louisville, ms.	Rec. Sec. C Part Time	1463	0	1463
Chris Jones 101 Cedarbear, Mccain, ms. 39341	Inside C Guard Part Time	0	0	0
Rodney Haynes 97 Dixie Rd, Corinth, ms. 39051	Outside C Guard Part Time	0	0	0
Billy Ray Shields 39339 847 Main Rd, Louisville, ms.	Trustee C Part Time	478	0	478
Charles Gill 39339 110 Dorkins Rd, Louisville, ms.	Trustee C Part Time	478	0	478
Eric Davis 39339 784 Main Rd, Louisville, ms	Trustee C Part Time	237	0	237

United Steelworkers Of America 9-07772
(District & Local Union Number)

EIN # 23-7084272

Address JAMES Houston
10211 Rd 563
Philadelphia, ms. 39350-583

Period Ending 12/31/10

FORM 990-EZ

Attached Listing -- Part IV List Of Officers, Directors, Trustees, and Key Employees

(Important: List all persons who held office during the period even if not compensated)

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Curtis Walker..... 39350 10121 Rd 1355, Philadelphia, ms	Guide C Part time	0	0	0
David Walker..... 39339 758 Harper Rd, Louisville, ms	Trustee P Part time	0	0	0
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BREAKDOWNS FOR 990/990EZs

*** To be written onto Schedule "O"

Part 1, Line 8 - Other Revenue Total \$
Breakdown:
Part 1, Line 10 - Grants, (DONATIONS) \$
Part 1, Line 16 - Other Expenses Total \$
Breakdown:
Conference & Education \$ _____; **Taxes** \$ _____; **Fees & Dues Remitted** \$ _____
\$ _____; \$ _____; \$ _____
\$ _____; \$ _____; \$ _____
Part II, Balance Sheet Line 24 A \$ _____ & B \$ _____
Part II, Balance Sheet Line 26 A \$ _____ & B \$ _____

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Steel workers AFB - CIO Local 0772 23-7084272
Line 8 Rent union Hall 4660
Checking Account Interest 19

Employer identification number

Line 16 Column 26 Taxes Paid 6932
Column 30 Audit expense 200
AFB - CIO Fee 125