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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 1/1/10, 2010, and ending 12/31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
UNITED STEEL WORKERS
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
10211 Rd 563
City or town, state or county, and ZIP + 4
PHILADELPHIA, MS. 39350-5933

D Employer identification number
23 708 4272

E Telephone number
601-616-2194

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: _____

J Tax-exempt status (check only one): ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 30,152**

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 ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	<u>24,379</u>	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	<u>19</u>	21	Net assets or fund balances at end of year (Combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>		
5b	Less: cost or other basis and sales expenses	5b	<u>0</u>		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>0</u>		
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	<u>0</u>		
6c	Less: direct expenses other than fundraising events	6c	<u>0</u>		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>0</u>		
7a	Gross sales of inventory, less returns and allowances	7a	<u>0</u>		
7b	Less: cost of goods sold	7b	<u>0</u>		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>		
8	Other revenue (describe in Schedule O)	8	<u>5754</u>		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>30,152</u>		
10	Grants and similar amounts paid (list in Schedule O)	10	<u>1668</u>		
11	Benefits paid to or for members	11	<u>0</u>		
12	Salaries, other compensation, and employee benefits	12	<u>15559</u>		
13	Professional fees and other payments to independent contractors	13	<u>300</u>		
14	Occupancy, rent, utilities, and maintenance	14	<u>9965</u>		
15	Printing, publications, postage, and shipping	15	<u>0</u>		
16	Other expenses (describe in Schedule O)	16	<u>5834</u>		
17	Total expenses. Add lines 10 through 16	17	<u>33326</u>		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(3174)</u>		
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	<u>80,182</u>		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>0</u>		
21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	<u>77,008</u>		

4

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		
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?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
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) 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	40e	<input checked="" type="checkbox"/>
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 Philadelphia, Pa, 19134 ZIP + 4 ▶ 39350-5833		
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)?	42b	<input checked="" type="checkbox"/>
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.?	42c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	

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

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

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 990EZ

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 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

	Yes	No
47		
48		
49a		
49b		

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

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

b 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 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

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

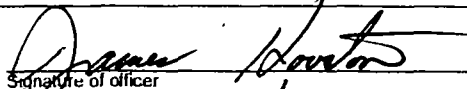
d Total number of other independent contractors each receiving over \$100,000

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



Date 1/24/11

JAMES HOUSTON
Type or print name and title

Financial Secretary

Paid Preparer's Use Only

Print preparer's name

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

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
Eugene Crosby 136 Remore ST, Louisville, MS 39339	Pres C Part Time	2791	550	3341
Steve Hancock 11761 Hwy 21N, Philadelphia, MS. 39350-6725	Vice Pres. C Part Time	1237	0	1237
James Houston 10211 Rd 563, Philadelphia, MS. 39350-5833	Fin. Sec. C Part Time	3083	518	3601
Paula Hunsburger 165 Middleton Rd., Louisville, MS. 39339	Treasurer C Part Time	484	0	484
Paul Eaves 116 Ackerman ST, Louisville, MS. 39339	Rec. Sec. C Part Time	1463	0	1463
Chris Jones 101 Cosby Lane, Macon, MS. 39341	Inside Guard C Part Time	0	0	0
Rodney Haynes 97 Julie Rd, Coahoma, MS. 39051	Outside Guard C Part Time	0	0	0
Billy Ray Shields 847 Union Rd, Louisville, MS. 39339	Trustee C Part Time	478	0	478
Charles Gill 110 Darwins Rd, Louisville, MS. 39339	Trustee C Part Time	478	0	478
Eric Davis 784 Simi Rd, Louisville, MS. 39339	Trustee C Part Time	237	0	237

9-07772
(District & Local Union Number)

Period Ending 12/31/10

10211 Rd 563

Philadelphia, ms. 39350-5833

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

[illegible]

BREAKDOWNS FOR 990/990EZs

990EZ	To Be Itemized on 990EZ, Schedule O		AMOUNT
Line	DESCRIPTION		
8	Other Income: AR251 Column 2 & 3 (Rent) Describe all income \$250 or more Ex. Rental Income, Tax refunds, Reimbursement for Arbitrations, Arbitration Awards, Sales of Goods, e.g. Shirts, Caps, Jackets, etc.	\$	4660
	<i>checking Account interest</i>	\$	19
		\$	
		\$	
		\$	
	Total Other Income	\$	4679
14	Occupancy, Rent, Utilities, Maintenance Use AR251 Column 24	\$	
15	Printing, Publications, Postage and Shipping Use AR 251 Column 23	\$	
16	Other Expenses:		
	List Column 21 - Conference and Education	\$	
	List Column 26 - Taxes Paid	\$	6932 ⁰
	List Column 30 - Fees & Dues Remitted	\$	323
	Itemize Column 28 - Sundry Expenses at \$250 or more anything else group together in one lump sum. <i>Audit expense & MFL-CEO Fee</i>	\$	325
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	Total Column 28	\$	325

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 07772

Employer identification number

23-7084272

Line 8 Rent union Hall 4660

checking Accounts INTEREST 19

Line 16 Column 26 Taxes Paid 6932

Column 30 Audit expense 20

AFB-CIO Fee 125