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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under 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.

A For the 2012 calendar year, or tax year beginning		January 1	, 2012, and ending	December 31, 2012
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>UNITED STEELWORKERS</b> <b>Number and street (or P.O. box, if mail is not delivered to street address)</b> <b>500 WARNER AVE.</b> <b>Room/suite</b> <b>City or town, state or country, and ZIP + 4</b> <b>LOUISVILLE, KY 39339</b> <b>D Employer identification number</b> <b>23 708 4272</b> <b>E Telephone number</b> <b>(502) 803-4402</b> <b>F Group Exemption Number</b> ► <b>0260</b>		
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ►		<b>H Check ► <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>		
<b>I Website:</b> ►				
<b>J Tax-exempt status (check only one)</b> — <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 Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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 (a-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.</b>				
<b>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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ► \$ <b>62991</b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)</b> <b>Check if the organization used Schedule O to respond to any question in this Part I</b> <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory . . . . . 5b Less: cost or other basis and sales expenses . . . . . 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 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) . . . . . c Less: direct expenses from gaming and fundraising events . . . . . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 7a Gross sales of inventory, less returns and allowances . . . . . 7b Less: cost of goods sold . . . . . 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe in Schedule O) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		1 C 2 0 3 51161 4 3 5c 0	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe in Schedule O) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 ►		10 2732 11 0 12 33044 13 345 14 9743 15 0 16 16764 17 62630	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 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) . . . . . 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		18 361 19 79079 20 243 21 79733	

**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 . . . . .	22 521	22 882
23	Land and buildings . . . . .	56558	56851
24	Other assets (describe in Schedule O) . . . . .	0	0
25	<b>Total assets</b> . . . . .	79 079	79 733
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	79 079	79 733

**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 and section  
4947(a)(1) trusts; optional  
for others.)

**28 Local 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**

288

29

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

290

30

**(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

**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 Q 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
See Attached Schedule 9				

**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 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  ✓

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)? 35a  ✓

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

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  N/A

b Did the organization file Form 1120-POL for this year? 37b  ✓

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  ✓

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 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A  40b  ✓

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 N/A

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 ► N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A

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  ✓

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►

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. 42b  ✓

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: ► 42c  ✓

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 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  ✓

45b 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  ✓

		Yes	No
48	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	48	✓

**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	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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 paid more than \$100,000	(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
No NE				

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
No NG		

d	Total number of other independent contractors each receiving over \$100,000	►	NC NC
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	►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	► <i>Jimmy Jackson</i> Signature of officer	Date
	► <i>Jimmy Jackson</i> Financial Sect. Type or print name and title	1-18-13

Paid Preparer Use Only	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

Address Jimmy Jackson  
500 Warner Ave.  
LOUISVILLE, MS 39331

Period Ending 12/31/12

## 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
David Patterson <sup>Mc Pool</sup> 2490 Hazel Park Rd <sup>MS 39108</sup>	Pres N Part Time	1647	0	1647
Eugene Crosby <sup>39339</sup> 136 Warner St. Louisville, MS	Pres. P. Part Time	3972	817	4789
Eric Davis 784 S. 1st Rd Louisville, MS <sup>39339</sup>	Vice Pres N Part Time	1226	0	1226
Steve Hancock <sup>39350</sup> 1761 Hwy 21 N. Philadelphia, MS	Vice Pres P Part Time	2476	87	2563
Jimmy Jackson <sup>39339</sup> 500 Warner Ave, Louisville, MS	Fin. Sec N Part Time	822	0	822
James Houston <sup>39350</sup> 1021 Rd 563, P.O. Philadelphia, MS	Fin. Sec P Part Time	4266	423	4689
Paul Hanesbarger <sup>39339</sup> 165 Middleton Rd. Louisville, MS	Treasurer C Part Time	726	0	726
Paul Evans <sup>39339</sup> 116 Ackerman St. Louisville, MS	Fin. Sec. C Part Time	4410	64	4474
Chris Jones <sup>39341</sup> 101 Cedar Lane Melvin, MS	Ins. & Hand C Part Time	297	0	297
Reginald Cherry <sup>39339</sup> 701 John P. Stevens Dr. Louisville MS.	Assist. Pres N Part Time	0	0	0

United Steelworkers Of America

9-07772  
(District & Local Union Number)

EIN # 23-7084272

Address JIMMY JACKSON  
500 WARNER AVE.  
LOUISVILLE, MS. 39334

Period Ending 12/31/12

## 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
Michael Anderson 39334 3513 Highland Rd. Louisville, MS	Guide P Part Time	191	0	191
Divorcee Gardin 39346 1090 Golden Rd. Memphis, TN	Guide N Part Time	0	0	0
Billy Rex Shieles 39339 847 Evans Rd. Louisville, MS	Trustee C Part Time	724	0	724
Charles C. 39339 112 Gaines Rd. Louisville, MS	Trustee C Part Time	674	0	674
Johnny Hickman 39339 1145 Palmer Rd. Louisville, MS	Trustee N Part Time	380	0	380

## **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 2b A \$ \_\_\_\_\_ & B \$ \_\_\_\_\_

## Supplemental Information to Form 990 or 990-EZ

2012

Open to Public  
Inspection

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.

Name of the organization

Employer identification number

Steelworkers	AFL-CIO	Local 0772	23 708 4272
Line 8	Rent Union Hall		850.2
	Checking Account Interest		3
	Per Capita Fees		33.25

Line 16	Column 26 Taxes Paid	18,385
	Column 28 Stop payment on ok	35
	Bought Bulletin Boards for Plant	588
	Mileage for Union Business	150
	Column 30 Union Dues	336
	Cameras	293