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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2012****Open to Public  
Inspection**Department 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

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

**C** Name of organization: **UNITED STEELWORKERS**  
 Number and street (or P.O. box, if mail is not delivered to street address): **500 WARNER AVE.**  
 City or town, state or country, and ZIP + 4: **LOUISVILLE, MS 39339**

**D** Employer identification number: **23 708 4272**

**E** Telephone number: **(602) 803-4402**

**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 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 (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, 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. **\$ 62991**

**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	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	51161
	4	Investment income	4	3
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	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	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	11827
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62991
	10	Grants and similar amounts paid (list in Schedule O)	10	2732
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	33040
13		Professional fees and other payments to independent contractors	13	345
14		Occupancy, rent, utilities, and maintenance	14	9743
15		Printing, publications, postage, and shipping	15	0
16		Other expenses (describe in Schedule O)	16	16764
17		<b>Total expenses.</b> Add lines 10 through 16	17	62630
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	361	
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	79079	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	293	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	79733	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)

**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 . . . . .	22521	22882
23	Land and buildings . . . . .	56558	56851
24	Other assets (describe in Schedule O) . . . . .	0	0
25	<b>Total assets</b> . . . . .	79079	79733
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) . . . . .	79079	79733

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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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 . . . . ▶ <input type="checkbox"/>	28a	
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	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 . . . . . ☐

[illegible]

**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 . . . . .		✓
<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) . . . . .		✓
<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)? . . . . .		✓
<b>b</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 . . . . .		✓
<b>c</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 . . . . .		
<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 . . . . .		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <u>N/A</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<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? . . . . .		✓
<b>b</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 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>b</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 . . . . .		✓
<b>c</b> 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 . . . . . ▶ <u>N/A</u>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
<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 . . . . .		✓
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
<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: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	Yes	No
<b>42b</b>		✓
<b>c</b> 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: ▶ _____	Yes	No
<b>42c</b>		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="checkbox"/>		
<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 . . . . .		✓
<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 . . . . .		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<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 . . . . .		
<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>45b</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) . . . . .		✓

- 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
<b>46</b>		<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
<b>47</b>		

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

	Yes	No
<b>48</b>		

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

	Yes	No
<b>49a</b>		

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

	Yes	No
<b>49b</b>		

- 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
NONE				

- 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
NONE		

- d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ NONE

- 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 Jimmy Jackson Date 1-18-13  
 ▶ Type or print name and title Jimmy JACKSON Financial Sect.

**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

United Steelworkers Of America

9-07772

(District &amp; Local Union Number)

EIN #

23-7084272

Address

Jimmy Jackson

Period Ending

12/31/12

500 WARNER AVE.

LOUISVILLE, MS. 39331

## 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 Peterson Mc Pool MS. 39108 2490 Hazenburg Rd	Pres N Part Time	1647	0	1647
Eugene Brady 39339 136 Foreman St Louisville, MS.	Pres. P Part Time	3972	817	4789
Eric Davis 784 Sway Rd Louisville, MS. 39339	Vice Pres N Part Time	1226	0	1226
Steve Hancock 39350 11761 Hwy 21 N. Philadelphia, MS	Vice Pres D Part Time	2476	87	2563
Jimmy Jackson 39339 500 Warner Ave, Louisville, MS.	Fin. Sec N Part Time	822	0	822
James Houston 39350 10211 Rd 563, Philadelphia, MS.	Fin. Sec P Part Time	4266	423	4689
Paul Hornsburger 39339 165 Middleton Rd. Louisville, MS	Treasurer C Part Time	726	0	726
Paul Rives 39339 116 Packerman St. Louisville, MS	Asst. Sec. C Part Time	4410	64	4474
Chris Jones 39341 101 Cedar Lane Macon, MS.	Ins & hand C Part Time	297	0	297
Reginald Leroy 39339 701 John C. Stennis Dr. Louisville MS.	Asst. hand N Part Time	0	0	0

9- 07772  
(District & Local Union Number)

23-7084272

JIMMY JACKSON  
500 WARNER AVE.  
LOUISVILLE, MS. 39339

12/31/12

**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.	\$ 8502
	<i>checking Account Interest</i>	\$ 3
		\$
		\$
		\$
		\$
	Total Other Income	\$ 8505
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	\$ 0
	List Column 26 - Taxes Paid	\$ 18385
	List Column 30 - Fees & Dues Remitted	\$ 336
	Itemize Column 28 - Sundry Expenses at \$250 or more anything else group together in one lump sum.	\$
	<i>stop payment on lost ck (Bank)</i>	\$ 35
	<i>Bought Bulletin Boards for Plant</i>	\$ 588
	<i>Travel (Airfare) for Union Business</i>	\$ 150
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Column 28	\$ 773

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## 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

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Steelworkers AFL-CIO Local 07772 23 708 4272

Line 8 Rent Union Hall 8502

checking account interest 3

Per Photo Fees 33.25

Line 16 Column 26 Taxes Paid 1838.5

Column 28 stop payments on CC 35

Bought Bulletin Boards for Plant 588

Mileage for Union Business 150

Column 30 Union Dues 336

Camera 293