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Short Form
Return of Organization Exempt From Income Tax

2013

Open to Public
Inspection

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning		, and ending	
B Check if applicable		C Name of organization	
<input type="checkbox"/> Address change		UNITED STEELWORKERS LOCAL 13-00162	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Terminated		P O BOX 18	
<input type="checkbox"/> Amended return		City or town	State
<input type="checkbox"/> Application pending		VALLIANT	OK
		ZIP code	74764
		Foreign country name	Foreign province/state/county
		Foreign postal code	
D Employer identification number		23-7153491	
E Telephone number		580-317-7973	
F Group Exemption Number ►		0260	

G Accounting Method Cash Accrual **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 LOCAL UNION

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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 190,226

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	67,907
	4 Investment income	4	1,344
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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	
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	
	c Less: direct expenses from gaming and fundraising events	6c	
	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	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	120,975
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	190,226
	10 Grants and similar amounts paid (list in Schedule O)	10	20,350
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	28,719
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	4,361
	15 Printing, publications, postage, and shipping	15	188
	16 Other expenses (describe in Schedule O)	16	129,347
	17 Total expenses. Add lines 10 through 16	17	182,965
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,261
	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	173,049
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	180,310

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

2013
APR 1 2014

5

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	142,537	22
23	Land and buildings	30,512	23
24	Other assets (describe in Schedule O)		24
25	Total assets	173,049	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,049	27
			180,310

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

28	LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PRODIVE REPRESENTATION TO ITS MEMBERS		
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(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
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29			
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(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
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30			
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(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
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31	Other program services (describe in Schedule O)		
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(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
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32	Total program service expenses. (add lines 28a through 31a)	► <input type="checkbox"/>	32	0
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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
JAMES MCKNIGHT				
VICE PRESIDENT	Hr/WK 5.00	2,626		
RANDY WILSON				
TREASURER-PAST	Hr/WK 5.00	280		
RANDY CANTRELL				
STEWARD	Hr/WK 1.00	145		
ANTHONY BEENE				
PRESIDENT	Hr/WK 10.00	7,533		
HERON HENRY				
STEWARD	Hr/WK 1.00	193		
MONTY GRAVES				
PRESIDENT - PAST	Hr/WK .00	2,897		
CLIFTON SNAPP				
RECORDING SECY	Hr/WK 1.00	3,344		
ARTURO MORAGA				
TRUSTEE	Hr/WK 1.00	1,134		
ROY JONES				
TREASURER-PAST	Hr/WK .00	3,879		
JARED BELL				
FINANCIAL SECY	Hr/WK 10.00	6,641		
THOMAS MOONEY				
TRUSTEE	Hr/WK 1.00	47		
	Hr/WK			

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. <input type="checkbox"/>		
	Yes	No
33	33	X
34	34	X
35 a	35a	X
b	35b	
c	35c	X
36	36	X
37 a	37a	
b	37b	X
38 a	38a	X
b	38b	
39	39a	
a	39b	
40 a	40b	
b	40c	
c	40d	
d	40e	X
41	List the states with which a copy of this return is filed ► _____	
42 a	The organization's books are in care of ► JARED BELL Telephone no. ► 580-317-7973	
b	Located at ► PO BOX 18 City VALLIANT ST OK ZIP + 4 ► 74764	
c	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.		
d	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: ► _____	
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	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
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
46		X

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	
49 a 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	(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			

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."

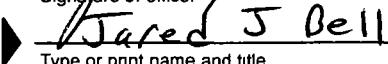
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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 X 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
	Signature of officer		
			3-6-14
	Type or print name and title		

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

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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Name of the organization

UNITED STEELWORKERS LOCAL 13-00162

Employer identification number

23-7153491

Form 990-EZ, Part I, Line 8, Other Revenue SALE OF T-SHIRTS 84

Form 990-EZ, Part I, Line 8, Other Revenue: DEATH BENEFIT COLLECTIONS: 20,300

Form 990-EZ, Part I, Line 8, Other Revenue: LONG TERM/SHORT TERM DISABILITY INSURANCE PREMIUMS

COLLECTED FROM MEMBERS: 100,591

Form 990-EZ, Part I, Line 10, Grants Paid: Activity DEATH BENEFIT, Grantee HARDY WATSON PO

BOX 838 VALLIANT OK 74764, Cash Grant 10,300, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity DEATH BENEFIT, Grantee JOHN TYSON PO BOX

956 IDABEL OK 74745, Cash Grant 10,050, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings: 647

Form 990-EZ, Part I, Line 16, Other Expenses PURCHASE OF T-SHIRTS 3,624

Form 990-EZ, Part I, Line 16, Other Expenses DIRECT TAXES: 15,486

Form 990-EZ, Part I, Line 16, Other Expenses LONG TERM/SHORT TERM PREMIUM PAYMENTS 109,590

Name of the organization

UNITED STEELWORKERS LOCAL 13-00162

Employer identification number

23-7153491