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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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 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](http://www.irs.gov/form990).A For the 2016 calendar year, or tax year beginning **January 1**, 2016, and ending **December 31**, 2016

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

**United Steelworkers Local 13-00162**

Number and street (or P O box, if mail is not delivered to street address)

**P.O. Box 18**

D Employer identification number

**23-7153491**

E Telephone number

**580-317-7973**

F Group Exemption

Number ► **0260**G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other **Labor 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

► \$ **159612**

## 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  | <b>65435</b>  |
|            | 4 Investment income . . . . .                                                                                                                                                                         | 4  | <b>1034</b>   |
|            | 5a Gross amount from sale of assets other than inventory . . . . .                                                                                                                                    | 5a | 0             |
|            | b Less: cost or other basis and sales expenses . . . . .                                                                                                                                              | 5b | 0             |
|            | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                   | 5c | 0             |
|            | 6 Gaming and fundraising events . . . . .                                                                                                                                                             | 6d | 0             |
|            | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                     | 6a | 0             |
|            | b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b | 0             |
| Expenses   | 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             |
|            | b Less: cost of goods sold . . . . .                                                                                                                                                                  | 7b | 0             |
|            | 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  | <b>93143</b>  |
|            | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | 9  | <b>159612</b> |
|            | 10 Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                     | 10 | 400           |
|            | 11 Benefits paid to or for members . . . . .                                                                                                                                                          | 11 | 0             |
|            | 12 Salaries, other compensation, and employee benefits . . . . .                                                                                                                                      | 12 | <b>32861</b>  |
| Net Assets | 13 Professional fees and other payments to independent contractors . . . . .                                                                                                                          | 13 | <b>2067</b>   |
|            | 14 Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                              | 14 | <b>1625</b>   |
|            | 15 Printing, publications, postage, and shipping . . . . .                                                                                                                                            | 15 | <b>1817</b>   |
|            | 16 Other expenses (describe in Schedule O) . . . . .                                                                                                                                                  | 16 | <b>124398</b> |
|            | 17 Total expenses. Add lines 10 through 16 . . . . .                                                                                                                                                  | 17 | <b>163168</b> |
|            | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                          | 18 | (3557)        |
|            | 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 | <b>225877</b> |
|            | 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                     | 20 | 0             |
|            | 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                   | 21 | <b>222321</b> |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2016)

**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                                                     | 195365                | 22 191809       |
| 23 | Land and buildings                                                                 | 30512                 | 23 30512        |
| 24 | Other assets (describe in Schedule O)                                              | 0                     | 24 0            |
| 25 | <b>Total assets</b>                                                                | 225877                | 25 222321       |
| 26 | Total liabilities (describe in Schedule O)                                         | 0                     | 26 0            |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 225877                | 27 222321       |

**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, optional for others.)

|    |                                                                                                                                                      |  |                            |     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-----|
| 28 | The Local Enforced the 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 | <b>Total program service expenses</b> (add lines 28a through 31a)                                                                                    |  | ► <input type="checkbox"/> | 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 

| (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 |
|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Anthony Beene, President<br>P.O. Box 182 Valliant OK 74764             | 10                                             | 7716                                                                       |                                                                                         |                                            |
| James McKnight, Vice President<br>P.O. Box 334 Sawyer OK 74756         | 10                                             | 10163                                                                      |                                                                                         |                                            |
| Jared Bell, Financial Sec\Treasurer<br>P.O. Box 164 Soper OK 74759     | 10                                             | 6049                                                                       |                                                                                         |                                            |
| Clifton Snapp, Recording Secretary<br>153 Kamrin Ln. Valliant OK 74764 | 10                                             | 4137                                                                       |                                                                                         |                                            |
| Thomas Mooney, Trustee<br>242 Tiger Moth Trail, Broken Bow OK 74728    | 1                                              | 580                                                                        |                                                                                         |                                            |
| Veronica Haley, Member<br>243 Barn Owl Rd, Valliant OK 74764           | 1                                              | 1193                                                                       |                                                                                         |                                            |
| Colesha Wilson<br>53 E. South St., Valliant OK 74764                   | 1                                              | 1271                                                                       |                                                                                         |                                            |
| Randy Wilson<br>1797 Ironstob Rd, Garvin OK 74736                      | 1                                              | 1030                                                                       |                                                                                         |                                            |
| Monty Graves<br>2699 E. 2090 Rd, Hugo OK 74743                         | 1                                              | 722                                                                        |                                                                                         |                                            |
|                                                                        |                                                |                                                                            |                                                                                         |                                            |
|                                                                        |                                                |                                                                            |                                                                                         |                                            |
|                                                                        |                                                |                                                                            |                                                                                         |                                            |
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**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

|    | Yes | No |
|----|-----|----|
| 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)?

|     |   |
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| 35a | ✓ |
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| 35b |  |
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| 35c | ✓ |
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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

|    |   |
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| 36 | ✓ |
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

|     |   |
|-----|---|
| 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?

|     |   |
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| 38a | ✓ |
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| 38b |  |
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| 39a |  |
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| 39b |  |
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

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| 40b |  |
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| 40c |  |
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| 40d |  |
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| 40e | ✓ |
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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 ►

| Yes | No |
|-----|----|
| 42b | ✓  |

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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** □

| Yes | No |
|-----|----|
| 44a | ✓  |

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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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| 44a | ✓ |
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44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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| 44b | ✓ |
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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. 46 ✓

**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." |     |    |

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."

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 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.

|                      |                                                                                                                                                                                                                                                                           |                 |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Sign<br/>Here</b> | <br>Signature of officer                                                                                                                                                               | 2-28-17<br>Date |
|                      |  <b>Jared J. Bell</b><br>Jared J. Bell \ Financial Sec.\ Treasurer<br> Type or print name and title |                 |

|                                       |                            |                      |      |                                                 |      |
|---------------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | 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

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Form 990-EZ (2016)

**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.

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

► 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](http://www.irs.gov/form990).

Name of the organization

United Steelworkers Local 13-00162

Employer identification number

23-7153491

|                                                     |         |
|-----------------------------------------------------|---------|
| Line 8 LTD and STD payroll deductions               | \$93143 |
| Line 10 Donation to summer league baseball programs | \$400   |
| Line 16 Dues remitted to International              | \$298   |
| Line 16 LTD and STD premium payments                | \$93878 |
| Line 16 Death benefit paid by members               | \$12450 |
| Line 16 Conference and education fees               | \$525   |
| Line 16 direct taxes                                | \$1329  |
| Line 16 reimbursed individual expenses              | \$15918 |