Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Department 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

4 Investment income 4 69	A	For th	For the 2017 calendar year, or tax year beginning , and ending								
Number change Number and street (or P O box, of mail is not delivered to street address) Room/suite 23.7129398	В	Check	ck if applicable C Name of organization D E) Employer identification number					
Soo South 28th Streer Soo		Addres	dress change United Steelworkers Local 7893								
Post instuntemental Profession Profess		Name o	change	Number and street (or P O box,	if mail is not delivered t	o street address)		Room/suite	7	23	3-7129396
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Application pending Foreign country name Foreign province/statelecounty Foreign postal code		Final retu	.m/terminated	City or town		State	ZIP co	de	7		
Accounting Method		Amend	ed return	Fort Smith		AR	7290	1	L	(47)	9) 646-6143
Accounting Method		Applica	ition pending	Foreign country name	Foreign province		Foreig	n postal code	F	Group Exe	mption
Accounting Method				i				75	1	Number >	0260
Website: ► N/A Tax-exempt status (check only one) — \$51 (cl)(3) \$\sqrt{501(cl)}\$ \$\sqrt{501(cl)}\$	G	Accou	nting Method	X Cash Accrual	Other (specify)	<u> </u>			нс	heck > X	
Tax-exempt status (check only one)			•	[X] Gush [] Xooruu	Calci (opcolly)						_
Form of organization										•	
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 It, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II 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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 69 4 69 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c 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 (not inc	_				_=	(insert no)					
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b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 1,064 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent spansing 03 15 2018 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 08 OGDEN 15 700 16 Other expenses (describe in Schedule O) 5 ERVICE CENTER 16 20,717 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 17 91,779 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 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) 19 115,649 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 21 100,208		72	,	of inventory less returns :	and allowances		1 72 1			- OU	
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 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 epitractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 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) 10 Other changes in net assets or fund balances (explain in Schedule O) 10 Other changes in net assets or fund balances (explain in Schedule O) 10 Other changes in net assets or fund balances (explain in Schedule O) 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	}	_		-	and anowances						
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Grants and similar amounts paid (list in Sched #60STMARK RECEIVED 10 1,064 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 62,593 13 Professional fees and other payments to independefit entitled 13 13 14 Occupancy, rent, utilities, and maintenance 14 6,705 15 Printing, publications, postage, and shipping 08 OGDEN 15 700 16 Other expenses (describe in Schedule O) SERVICE CENTER 17 91,779 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 17 91,779 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 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) 19 115,649 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 21 100,208		_		•	•				_		
Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independefit epiticators Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 11 12 62,593 13 14 66,705 15 700 16 20,717 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20	\neg	10	Grants and	similar amounts paid (list ii	n Sched	MARK	F	CECEIV	EL		
Professional fees and other payments to independent epitracions 03 1 5 2018 14 Occupancy, rent, utilities, and maintenance 14 6,705 15 Printing, publications, postage, and shipping 08 OGDEN 15 700 16 Other expenses (describe in Schedule O) 5ERVICE CENTER 16 20,717 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 17 91,779 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 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) 19 115,649 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 21 100,208	1	11			. 0.0					11	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 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 16 20,717 17 17 18 20,717 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 19 15,649 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 100,208	8	12	Salaries, oth	ner compensation, and emi	ployee benefits		_			12	62,593
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 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 16 20,717 17 17 18 20,717 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 19 15,649 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 100,208	ž.	13	Professiona	al fees and other payments to independent contractors 0 3 1 5 2018						13	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 SERVICE CENTER 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 16 20,717 17 17 18 20,717 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,441 19 15,649 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 100,208	9	14	Occupancy,							14	6,705
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 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 16 20,717 17 91,779 18 -15,441 19 115,649 20 20 21 100,208	Ē	15	Printing, pul						15		
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 21 100,208		16	Other expenses (describe in Schedule O)						16	20,717	
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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 115,649 20 21 100,208			Total exper	expenses. Add lines 10 through 16 SERVICE CENTER						▶ 17	91,779
21 Net assets of fund barances at end of year Combine lines to through 20	29									-15,441	
21 Net assets of fund barances at end of year Combine lines to through 20	88	19									
21 Net assets of fund barances at end of year Combine lines to through 20	Net As	_ =		_ · · · · · · · · · · · · · · · · · · ·	•						115,649
21 Net assets of fund barances at end of year Combine lines to through 20											
										P 21	

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Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to re	,	y question in t	his Part II				X
			-	(A) Beginning	of year		(B) End of year
22	Cash, savings, and investments					71,899	22	56,458
23	Land and buildings					38,750	23	38,750
24	Other assets (describe in Schedule O)					5,000	24	5,000
25	Total assets				1	15,649	25	100,208
26	Total liabilities (describe in Schedule O)						26	
27	Net assets or fund balances (line 27 of column (B) must agre	e with line 21)		1	15,649	27	100,208
Pa	rt III Statement of Program Service Accomplish Check if the organization used Schedule O to	,		,				Expenses
\//ha		Collective Ba					(Red	quired for section
	cribe the organization's primary exempt purpose?							(c)(3) and 501(c)(4)
	neasured by expenses. In a clear and concise manne							anizations, optional others)
	ons benefited, and other relevant information for each			ovided, the number of	וכ			•
28	The Local enforced the collective bargaining agreem	n program u	the working				-	
20	conditions of the Local Union and provide representa	etion to ite m	ombor					
	conditions of the Local Official and provide representa	מנוטוו נט ונא וו	ienibers				l	
	(Crosto C						l	
	(Grants \$) If this amount						28a	
29								
	(Grants \$) If this amount		-		<u> </u>		29a	
30	***************************************							
	(Grants \$) If this amount	includes for	reign grants, cl	neck here	•		30a	
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount	includes for	reign grants, cl	neck here	•		31a	
32	Total program service expenses. (add lines 28a thi	rough 31a)					32	0
Pa	rt IV List of Officers, Directors, Trustees, and Ko	ey Employe	es (list each on	e even if not compens	ated-see	the inst	ruction	ns for Part IV)
	Check if the organization used Schedule O to	respond to	any question i	n this Part IV				
		(6)	A.,,,,,,,,	(c) Reportable	(d) Hea	alth benefit	s.	
	(a) Name and title (b) Average compensation contributions to hours per week (Forms W-2/1099-MISC) employee benefit by							(e) Estimated amount of other compensation
	(a) Haino and title	devoted	to position	(if not paid, enter -0-)	and deferre			otrier compensation
Scot	t Graham			<u> </u>				
	sident	Hr/WK	10 00	21,834	ı.l			
	ard Konnody	7.117413	1000	21,00				
	-President	Hr/WK	8 00	1,001				
	n Miller	HI/VVK	0 00		 		-+	
	President		8 00	585				
_	nnon Foster	Hr/WK	- 8 00		-		-	· · · · · · · · · · · · · · · · · · ·
	+	ł	0.00	0.400				
	ording Secretary	Hr/WK	6 00	3,128	' 		\rightarrow	
	a Moran	ł					- 1	
	ncial Secretary	Hr/WK	8 00	5,532	!			
	icia Belt							
	surer	Hr/WK	8 00	4,418				
	es Hudson	ļ						
Trus	tee	Hr/WK	1 00	2,160				
Jam	es Scott]			l			
Trus	tee `	Hr/WK	1 00	1,272	:[- 1	
Billy	Hunt							
Trus		Hr/WK	1 00	756	:[
	old Brown	1						
Gua		Hr/WK	2 00	473				
	g Morris		2 30	413	 		$\overline{}$	
Gua		Hr/WK	2 00	797				
_	es Bone	(11/ 4V I)	2 00	191	 			-
	Doi:10	1			1		- 1	
Guic		Hr/WK	2 00	1,792			Į.	

Page 3

Part			+ \/	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t	inis Pai	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	110
	detailed description of each activity in Schedule O	33		X
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	1		
2F -	change on Schedule O (see instructions)	34		<u> </u>
35 a	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	. 1	Х
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,	1-9-11		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_ X
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	ا هري	X
37 a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		.عددسسد
	Did the organization like Form 1120-FOL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/0	4 Y	X
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	E. in alter	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		ls -	3.00
39	Section 501(c)(7) organizations Enter		2	
_	Initiation fees and capital contributions included on line 9	-		~ £
b 40 o	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	-[:: 1	. 1	ĵ.
40 a	section 4911 ► , section 4912 ► , section 4955 ►		3 ° , ;	4
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	40.5	, E	rä
	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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1",		ar h
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		į. Į	A
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		. * * * * * * * * * * * * * * * * * * *	
	40c reimbursed by the organization	71	****.	K, m
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	'A' '2.3"	. ". 	
	transaction? If "Yes," complete Form 8886-T	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 ▶ Patricia Belt Telephone no ▶		46-614	13
	Located at ► 5000 South 28th Street City Fort Smith ST AR ZIP + 4 ► 729	901		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	
	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	42b		Χ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			2/1
	Financial Accounts (FBAR)			,
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		_X_
	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			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44 a	completed instead of Form 990-EZ	44a	لتشفد	X_
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1, 1, 10	. 98. 3	
-	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ثكثثث	
4F -	explanation in Schedule O	44d		
45 a 45 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
70 U	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	3	<u>.</u>	6 1
	Form 990-EZ (see instructions)	45b	·	X
		Form 9	90-EZ	

Form 990-EZ (2017) United Steelworkers Local 7893 23-7129396							Page 4					
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	Yes	No X			
Part	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		id the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II										
48 49 a b 50	Did the If "Yes, Comple	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E the organization make any transfers to an exempt non-charitable related organization? Yes," was the related organization a section 527 organization? Inplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, bloyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No										
		a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) He contribut	ealth benefits, ons to employee ans, and deferred npensation	(e) Estimat other cor					
Name	None		1									
Trtle			Hr/WK 00	<u> </u>	_							
Name Title			Hr/WK 00	,[
Name Trtle			Hr/WK 00									
Name								_				
Title Name			Hr/WK00	 	- 							
Title			Hr/WK00	<u> </u>								
f 51		umber of other employees paid over \$100 rite this table for the organization's five hig		endent contractors	who each re	ceived more t	than					
		00 of compensation from the organization										
	(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation					
Name	None	Str ST	ZIP					_				
Name		Str				<u> </u>						
Crty		<u></u>	ZIP	 		 	_					
Name		Str										
Crty Name		Str	ZIP	 		+						
City			ZIP	-								
Name		Str										
Crty		STST	ZIP	<u> </u>								
52												
Under p	enalties o	f perjury, I declare that I have examined this return, in complete Declaration of preparer (other than officer)	ncluding accompanying schedules is based on all information of white	and statements, and to	the best of my k	nowledge and be	lief, it is					
		Hatricia X. Belt							2/28/2018			
Sign Here		Signature of officer Patricia Belt		Date								
	Type or print name and title							_				
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-employed	PTIN					
•	Only	Firm's name ► Firm's EIN ►										
	Only	Firm's address				Phone no						
May t	he IRS o	liscuss this return with the preparer show	n above? See instructions	3			▶ 🔲 Yes	; 🗵	No			

SCHEDULE O (Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 (0)Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-7129396 United Steelworkers Local 7893 Form 990-EZ, Part I, Line 8, Other Revenue Voided checks 520 Form 990-EZ, Part I, Line 8, Other Revenue Reimbursement for A/C thief 290 Form 990-EZ, Part I, Line 8, Other Revenue Rental Income 100 Form 990-EZ, Part I, Line 8, Other Revenue Advertising Income 360 Form 990-EZ, Part I, Line 8, Other Revenue WOS fund raiser 185 Form 990-EZ, Part I, Line 8, Other Revenue Disaster fund raiser 264 Form 990-EZ, Part I, Line 16, Other Expenses Travel 6,080 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 6,541 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 2,301 Form 990-EZ, Part I, Line 16, Other Expenses Direct taxes 4,630 Form 990-EZ, Part I, Line 16, Other Expenses Union dues remitted 215 Form 990-EZ, Part I, Line 16, Other Expenses Bounties 950 Form 990-EZ, Part II, Line 24, Other Assets Office equipment Beginning of year 5,000, End of year 5,000

Schedule O (Form 990 or 990-EZ) (2017)	Page Z
Name of the organization	Employer identification number
United Steelworkers Local 7893	23-7129396
	
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