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**∝໌990-E**Z

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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

A	For th	or the 2017 calendar year, or tax year beginning				, and ending						
В		c if applicable C Name of organization							D Employer identification number			
	Addres	s change	United Steelworkers									
	Name change Number and street (or P O box, if mail is not delivered			o street address)		Room/suite		2	3-7414834			
	Initial return PO Box 84							ΕT	elephone n	umber		
	Final return/terminated City or town				State	ZIP code						
	Amend	ed return	Chalmette		LA	7004	4		50	4-235-2869		
	Applica	ation pending	Foreign country name	Foreign provinc	e/state/county	Foreign	postal code	T F G	Group Exe	emption		
								N	lumber ►	0260		
G	Accou						H Chec	ık ► X	if the organization is			
ī		ite: ► n/a	M Gran M Yourgan	Carer (Speeny)					not required to attach Schedule B			
.1		mpt status (che	ck only one) — 501(c)(3)	X 501(c) ( 5	)◀ (insert no )	4947(a)(1)	or 527		(Form 990, 990-EZ, or 990-PF)			
					<del></del>							
K	Form o	f organization	Corporation	Trust	Association	X o	ther <u>Labo</u>	r Unioi	n			
L	Add lin	es 5b, 6c, and	7b to line 9 to determine gros	ss receipts If gross	receipts are \$200	,000 or mor	e, or if total a	ssets				
			elow) are \$500,000 or more, 1						▶ \$	97,589		
Ŀ	art I		e, Expenses, and Cha						tions fo			
<u></u>		Check if	the organization used \$	Schedule O to re	espond to any	question	in this Par	i I		X		
₽ 	1	Contribution	ns, gifts, grants, and simila	r amounts received	d				1			
÷	2	Program se	rvice revenue including go	vernment fees and	d contracts				2			
• •	3	Membership	o dues and assessments						3	95,188		
5	4	Investment				1 1			4	97		
<b>A</b> 04	5a		unt from sale of assets other	•		5a	<del></del>					
	b		s cost or other basis and sales expenses 5b							_		
ב	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c			
Ž	6	-	nd fundraising events									
SCAININED Revenue	а	\$15,000)	me from gaming (attach Schedule G if greater than									
- E	ь		ne from fundraising events	(not including	\$		ntributions		-			
ັກ چે	_		ising events reported on lir	_	dule G if the	0, 55,			1 1			
-			gross income and contrib			6b						
	C											
	d							71				
		line 6c)							6d			
	7a	Gross sales	of inventory, less returns	and allowances		7a			_			
	b		of goods sold			7b						
	C		or (loss) from sales of inve	•	ne 7b from line 7	a)			7c	0.00		
	8		iue (describe in Schedule (	•				_	8	2,304		
_	10		ue. Add lines 1, 2, 3, 4, 5c						10	97,589		
	11		similar amounts paid (list i	ii Scriedule O)					11			
v	1		id to or for members her compensation, and employee benefits al fees and other payments to independent contractors  RECEIVED						12	31,760		
Expenses	13								713	01,700		
Se.	14		, rent, utilities, and mainten	•	1		CEIVE	U	14	12,226		
X	15		blications, postage, and sh			6	•		S 15	100		
_	16		nses (describe in Schedule		<b>f</b> .	7U JU	L 1 2 20	10	Ø 16	18,192		
	17		nses. Add lines 10 through	•	Į i	M	- # 8 CO	10	S 17	62,278		
g	18		deficit) for the year (Subtra		9)	An		185	18	35,311		
Net Assets	19		or fund balances at beginn			A)),(mllstle	gree With (	J)   [				
AS			figure reported on prior ye		_				19	93,929		
<u>e</u>	20	-	ges in net assets or fund ba						20			
2	21	Net assets	or fund balances at end of	year Combine line	es 18 through 20	)		<u> </u>	21	129,240		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

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Form	990-EZ	(2017)	

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lln	ited	SI	20	l\a/	$\sim$ r	k۵	no

23-7414834

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	Balance Sheets. (see the instructions for Check if the organization used Schedule O to re		nv auestion in t	his Part II				
	Ones. In the organization deed consecutive		,, , , , , , , , , , , , , , , , , , , ,		Beginning o	f vear	1	(B) End of year
22	Cash, savings, and investments			<u> </u>		3,929	22	129,240
23	Land and buildings						23	
24	Other assets (describe in Schedule O)						24	
25	Total assets				9	3,929	25	129,240
26	Total liabilities (describe in Schedule O)			·		0.000	26	100.010
27				f D-+ (II)	9	3,929	27	129,240
Pa	Irt III Statement of Program Service Accomplish Check if the organization used Schedule O to							Expenses
100-		<u> </u>		III tilis i ait iii			(Red	quired for section
	at is the organization's primary exempt purpose? (cribe the organization's program service accomplishments)	Collective E		argest program conv				(c)(3) and 501(c)(4) inizations, optional
	neasured by expenses In a clear and concise manne							thers)
	sons benefited, and other relevant information for each				•			
	The Local Enforced The Collective Bargaining Agree			ng				
	Conditions of the Local Union and Provide Represen							,
	(Grants \$ ) If this amount	includes fo	oreign grants, cl	neck here	<u> </u>		28a	
29								
	(Counts ©					- <del></del>		
30	(Grants \$ ) If this amount	includes to	oreign grants, ci	neck nere	<b>&gt;</b>		29a	<del> </del>
30	***************************************							
	(Grants \$ ) If this amount	includes fo	reian arants, cl	neck here	▶		30a	
31	Other program services (describe in Schedule O)		<u> </u>					·
	(Grants \$ ) If this amount	includes fo	oreign grants, cl	neck here	<b>&gt;</b>		31a	
32	Total program service expenses. (add lines 28a thi	rough 31a)					32	0
Dο		oug,, o , u,					34	
, Le	rt IV List of Officers, Directors, Trustees, and Ko		ees (list each on	e even if not compens	ated—see t	ne instr		_ <del></del>
		y Employ	•		ated—see t	ne instr		_ <del></del>
	rt IV List of Officers, Directors, Trustees, and Ko	ey Employ respond to	any question i	n this Part IV	(d) Heal	th benefits	ruction	ns for Part IV)
	rt IV List of Officers, Directors, Trustees, and Ko	respond to	Average s per week	n this Part IV	(d) Heal contrib employee I	th benefits utions to penefit pla	ruction s, ins,	_ <del></del>
	Check if the organization used Schedule O to  (a) Name and title	respond to	any question i	(c) Reportable compensation	(d) Heal	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way	Check if the organization used Schedule O to  (a) Name and title	respond to  (b) hour devote	Average s per week ed to position	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pre:	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore  sident	respond to	Average s per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore  sident  in Kennedy	respond to  (b) hour devote	Average s per week ed to position	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy cording Secretary	respond to  (b) hour devote	Average s per week ed to position	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev Rec Dan	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy ording Secretary ord Levy	respond to  (b) hour devote  Hr/WK	Average s per week ad to position 5 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
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Way Pres Kev Rec Daiv Vice Reg	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy cording Secretary ord Levy e President ininald Young	respond to  (b) hour devote  Hr/WK  Hr/WK	Average s per week ed to position 5 00 1 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
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Way Pres Kev Rec Daiv Vice Rec Fina Way	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy cording Secretary ord Levy e President ininald Young	respond to  (b) hour devote  Hr/WK  Hr/WK	Average s per week ed to position 5 00 1 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev Rec Dain Vice Reg Fina Way	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy cording Secretary (d Levy e President linald Young ancial Secretary (ne Oubre	respond to  (b) hour devote  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position 1 00 3 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev Rec Dain Vice Reg Fina Way	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy ording Secretary ord Levy e President linald Young ancial Secretay one Oubre assurer Rabalais	respond to  (b) hour devote  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position 1 00 3 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev Dan Vice Reg Fina Way Trea Guy	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy ording Secretary ord Levy e President linald Young ancial Secretay one Oubre assurer Rabalais	respond to  (b) hour devote  Hr/WK  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position 1 00 3 00 3 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390  3,170	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
Way Pres Kev Dan Vice Reg Fina Way Trea Guy	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy cording Secretary (d Levy e President linald Young ancial Secretay (ne Oubre assurer Rabalais d //e Kitto	respond to  (b) hour devote  Hr/WK  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position 1 00 3 00 3 00 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390  3,170	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
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Way Pres Kev Rec Dain Vice Reg Fina Way Tres Guy Gar Stev Trus Bria Trus	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy ording Secretary ord Levy e President innald Young ancial Secretay one Oubre asurer Rabalais d ore Kitto stee ob Baltz	ey Employ respond to (b) hour devote  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position    5 00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390  3,170  1,904  820  240	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
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Way Pres Kev Rec Dain Vice Reg Fina Way Tres Guy Gar Stev Trus Bria Trus	Check if the organization used Schedule O to  (a) Name and title  (ne Gilmore sident in Kennedy ording Secretary ord Levy e President innald Young ancial Secretay one Oubre asurer Rabalais d ore Kitto stee ob Baltz	ey Employ respond to  (b) hour devote  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	Average s per week ed to position    5 00	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  8,810  8,401  390  3,170  1,904  820  240	(d) Heal contrib employee I and deferred	th benefits utions to penefit pla	ruction s, ins,	es for Part IV)  (e) Estimated amount of
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O Х 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 Х change on Schedule O (see instructions) 34 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 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 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 Х 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 Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Χ b Did the organization file Form 1120-POL for this year? 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Х 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 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ \_\_\_\_\_, section 4912 ▶ \_\_\_\_\_, section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 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 Х 40e 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of ► Jacob Baltz Telephone no ▶ 504-628-2313 Located at ► 8912 Bocage Place City River Ridge ST LA ZIP + 4 ▶ 70123 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and 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 **►** 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 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 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? Х 44c 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 45a 45 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) 45b X

Form 9	90-EZ (201	7) United Steelworkers					;	23-74148	334	Page <b>4</b>
	<del></del>		<del></del>			<del>.</del>			Yes	No
46		organization engage, directly or indirectl dates for public office? If "Yes," complet			ivities on behalf of	or in oppos	ition	46		×
-Part		section 501(c)(3) organizations or		aiti				1 40	L	
		all section 501(c)(3) organizations m		estions 4	7–49b and 52, a	and comple	ete the tables	s for line	es	
		0 and 51				D - 43/4				_
		check if the organization used Sche	dule O to respo	ond to an	y question in thi	s Part VI	·			<u>_</u>
									Yes	No
47		organization engage in lobbying activitie	s or have a secti	on 501(h)	election in effect d	uring the ta	×			
	-	"Yes," complete Schedule C, Part II						47		
48		s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49 a	Did the organization make any transfers to an exempt non-charitable related organization?							49a		<b> </b>
		was the related organization a section s	-					49b		<u> </u>
50		te this table for the organization's five high								
	employe	ees) who each received more than \$100	UUU of compens	ation from	the organization			<u>ie</u>	<del></del>	
	(а	i) Name and title of each employee	(b) Averag hours per w devoted to po	eek	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estim other c	ated amo	
Name	None									
Title			Hr/WK	00						
Name										
Title			Hr/WK	00						
Name					ı	Ì				
Title			Hr/WK	00						
Name							ľ			
Title			Hr/WK	00	-					
Name		· · · ·								
Title	T-1-1		Hr/WK	00						
f 51		imber of other employees paid over \$100		lad indana	ndont contractors	who cook r	age und mare t	han		
<b>3</b> 1		te this table for the organization's five hig 00 of compensation from the organizatio	- :			willo each it	sceived mole (	liai i		
	Ψ100,00	of compensation from the organization	ir triefe is none	e, enter it	ione		T			
		(a) Name and business address of each independent	ent contractor		(b) Type of s	service	(c)	Compensa	ation	
Name	None	Str								
Crty		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str	ZIP							
City	Total pu	ST Imber of other independent contractors e		er \$100 0	00	<b>•</b>				
52 52		organization complete Schedule A? <b>Not</b> i	_			ach a				
<b>-</b>		ed Schedule A	e. All section so	i (c)(o) oig	anizations must at	acira		►   Y	es X	No
Linder r	- Include of	perjury, I declare that I have examined this return, in	schiding accompaniin	o schedules	and statements, and to	the hest of my	knowledge and hel	uef it is		
		complete Declaration oppreparer (other than officer)					Kilowiedge and ber	ici, it is		
		Jahr & Ball	3		<u> </u>		<del></del>	<del></del>		
Sign		eignature of office	· <u> </u>				Date			
Here	-	John J Balt	Z				7-3-2	018		
_		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's s	ignature		Date	Check	PTIN		
		self-employed				·				
Prep						Fırm's EIN ▶	<u> </u>			
Use		y Firm's address ▶ Phone no					Phone no			
May th	ne IRS di	scuss this return with the preparer show	n above? See in	structions			•	- 🔲 Y	es 🔲	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.

OMB No 1545-0047

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Department of the Treasury
Internal Revenue Service

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

Employer identification number Name of the organization United Steelworkers 23-7414834 Form 990-EZ, Part I, Line 8, Other Revenue Rebate from Best Buy 439 Form 990-EZ, Part I, Line 8, Other Revenue Refund from MGM Grand for Hotel rooms 1,190 Form 990-EZ, Part I, Line 8, Other Revenue Misc Income 675 Form 990-EZ, Part I, Line 16, Other Expenses Travel 7,070 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 6,703 Form 990-EZ, Part I, Line 16, Other Expenses Office Expenses 4,419