

Click on the question-mark icons to display help windows
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

OMB No 1545-1150

Form **990-EZ**

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)

▶ 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.

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 1-1, 2017, and ending 12-31, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 21 United Steelworkers Number and street (or P.O. box, if mail is not delivered to street address) 21 Room/suite P.O. Box 631 City or town, state or province, country, and ZIP or foreign postal code Ashdown, Arkansas 71822 05	D Employer identification number 21 71-606686 4 E Telephone number 870-898-3322 F Group Exemption Number ▶ 21 0260
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G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is not required to attach Schedule B **21**
(Form 990, 990-EZ, or 990-PF).

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 **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. ▶ \$ 179452

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **21**

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	157967
	4 Investment income	4	3531
	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	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	
	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	
	8 Other revenue (describe in Schedule O)	8	17954
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	179452
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15142
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits 21	12	79259
	13 Professional fees and other payments to independent contractors 21	13	
	14 Occupancy, rent, utilities, and maintenance	14	6117
	15 Printing, publications, postage, and shipping	15	3036
	16 Other expenses (describe in Schedule O) 21	16	43859
	17 Total expenses. Add lines 10 through 16	17	147413
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32039
	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	439873
	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	471912

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2017)

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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	314846	22 346885
23 Land and buildings	125027	23 125027
24 Other assets (describe in Schedule O)		24
25 Total assets	439873	25 471912
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	439873	27 471912

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 enforces the collective bargaining agreement to better the working conditions of the Local Union and to representation of its members		
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a)	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 ☐

(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
Gary Hinerman President	25.00	13132		
Kevin Kesterson Vice President	25.00	8439		
Warren O'Neal Financial Secretary	20.00	6107		
Peter Schwartz Treasurer	20.00	8509		
Jennifer Beard Recording Secretary	20.00	6924		
Charles Stuart Grievance Chairman	20.00	5111		
David Hibbs Trustee	10.00	6873		
Charles Archer Trustee	10.00	6169		
Josh Turnage Trustee	10.00	5413		
Josh McNatt Guard	5.00	4141		
Marcia Ware PEP Chairman	5.0	4224		

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
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	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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)?	35a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
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	
40a 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ Arkansas		
42a The organization's books are in care of ▶ Peter Telephone no. ▶ 870-898-3322		
Located at ▶ 128 Hwy 71S Ashdown Arkansas ZIP + 4 ▶ 71822		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/>
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	
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	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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		<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
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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

f Total number of other employees paid over \$100,000 ▶

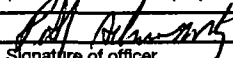
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

Sign Here	Signature of officer 	Date 3-8-2018
	Peter Schwartz Treasurer 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local 13-1327

Employer identification number

71-6066864

Form 990-EZ, Part I Line 8 Other Revenue : Refund from AT&T: 26

Form 990-EZ Part I Line 8 Other Revenue: Reimbursement Local 1329: 3628

Form 990-EZ Part I Line 8 Other Revenue: Reimbursement Dist. 13: 125

Form 990-EZ Part I Line 8 Other Revenue: Reimbursement travel:1920

Form 990-EZ Part I Line 8 Other Revenue: Reimbursement company: 11636

Form 990-EZ Part I Line 8 Other Revenue: Fish Fry: 160

Form 990-EZ Part I Line 8 Other Revenue: Reimbursement Candlewood Suites: 459

Form 990-EZ Part I Line 16 Other Expenses: Travel: 29960

Form 990-EZ Part I Line 16 Other Expenses: Conferences, Convention and Meeting: 2630

Form 990-EZ Part I Line 16 Other Expenses: Per Capita: 3292

Form 990-EZ Part I Line 16 Other Expenses: Bibles: 196

Form 990-EZ Part I Line 16 Other Expenses: Freezer for the Hall: 300

Form 990-EZ Part I Line 16 Other Expenses Unrelated business income Taxes. 7481

Form 990-EZ Part I Line 10 Grants and Similar Amounts paid Christmas Baskets 996

Form 990-EZ Part I Line 10 Grants and Similar Amounts paid Ashdown Community Foundation 200

Form 990-EZ Part I Line 10 Grants and Similar Amounts paid Circle of Friends 500

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid American Cancer Society 200

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid MDA 200

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid Opportunity Inc 200

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid Lewis Temple COGIC 150

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid Friends for a Cause 500

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid Buffalo Soldiers 250

Form 990-EZ Part I Line 10 Grant and Similar Amounts Paid Rosemary 190 250

Form 990-EZ Part I Line 10 Grant and Similar Amounts Paid Dist 13 Disaster Relief 1000

Form 990-EZ Part I Line 10 Grants and Similar Amounts Paid Shop with a Cop 750

Name of the organization

United Steelworkers Local13-1327

Employer identification number

71-606686

Form 990-EZ Part 1 Line 10 Grants and Similar Amounts Paid Organizing Expenses 8946

Form 990-EZ Part 1 Line 10 Grants and Similar Amounts Paid Christmas Basket 1000