## **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)

2018

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 the 2018 calendar year, or tax year beginning , 2018, and ending , 20						, 20		
B Check if applicable			C Name of organization	D Emp	loyer ic	lentification number		
	Address o	change	UNITED STEELWORKERS LOCAL 7972	1	51-0251526			
	Name che	ange	Number and street (or P O. box, if mail is not delivered to street address)  Room/suite	E Tele	E Telephone number			
$\equiv$	Initial retu		PO Box 369					
=	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption		
=		on pending	Malvern, AR 72104	Nur	nber	0260		
		ting Method:		H Check	▶ 🗸	if the organization is not		
	Vebsite	•				ach Schedule B		
JΤ	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3)	(Form 9	90, 99	0-EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☑ Other LABOR U	NION				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to					
			3500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	58,176		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t	he instru	ctions			
			the organization used Schedule O to respond to any question in this Pal					
	1		ons, gifts, grants, and similar amounts received		1			
	2		ervice revenue including government fees and contracts		2			
	3	-	ip dues and assessments		3	48,265		
	4	Investmen			4			
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses		1			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c			
	6		d fundraising events:					
	а	Gross inc	ome from gaming (attach Schedule G if greater than					
e n			6a					
Revenue	Ь	Gross inco	me from fundraising events (not including \$of contribut	ions	1			
ě		from fundraising events reported on line 1) (attach Schedule G if the						
	}		th gross income and contributions exceeds \$15,000)   6b					
	C	Less: direc	t expenses from gaming and fundraising events 6c			1		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	]	1		
		line 6c)			6d			
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold		]			
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other reve	nue (describe in Schedule O)		8	9,911		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . DOCTAGO:	▶	9	58,176		
	10	Grants and	I similar amounts paid (list in Schedule O)	· RE	10.	VED 2,408		
	11	Benefits pa	aid to or for members	1,5	<b>111</b>	VED		
es	12	Salaries, o	ther compensation, and employee benefits 0 3 1 5 2019 · · ·		12	24,023		
	13	Profession	arrees and other davoletis to independent contactors	0319	190	7,528		
þ	14	Occupanc	y, rent, utilities, and maintenance		12	5,605		
Expens	15	Printing, p	ublications, postage, and shipping $\ldots \ldots \ldots \ldots$	EN .	15	84		
	16	Other expe	enses (describe in Schedule O)	 -A/Ti-	16	2,931		
	17	Total expe	y, rent, utilities, and maintenance	IN IE	1717	42,579		
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	15,597		
	19		or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with				
		end-of-yea	r figure reported on prior year's return)		19	191,489		
	20	Other char	iges in net assets or fund balances (explain in Schedule O)		20			
Z	21		or fund balances at end of year. Combine lines 18 through 20		21	207,086		
Ec.	Donos		ion Act Notice, see the senarate instructions. Cat No. 10642			Form 990-EZ (2018		

	220 22 (20.0)					
Pa						_
	-Check if the organization used Schedule	O to respond to a	ny question in this		· · ·	
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			99,774		115,371
23	Land and buildings		· · · · · <u>·</u>	86,154		86,154
24	Other assets (describe in Schedule O)		· · · · · -	5,561		5,561
25	Total assets			191,489	26	207,086
26	Total liabilities (describe in Schedule O)			191,489		207.000
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom	nlichments (see th	e instructions for F	Part III)	21	207,086
rai	Check if the organization used Schedule					Expenses
Wha	is the organization's primary exempt purpose?					uired for section
				**************************************		c)(3) and 501(c)(4) nizations; optional for
as n	ribe the organization's program service accompli leasured by expenses. In a clear and concise m	snments for each on nanner, describe the	i its triree largest p e services provided	rogram services, I, the number of	othe	
pers	ons benefited, and other relevant information for ea	ach program title.	•			
28	THE LOCAL ENFORCED THE COLLECTIVE BARGAI	NING AGREEMENT T	O BETTER THE WOR	KING		
	CONDITIONS OF THE LOCAL UNION AND PROVIDE					
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	<u> ▶ 🔲</u>	28a	
29						
				·		
				·····		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	<u> </u>
30				•		
	/O				20-	
		includes foreign gra	ants, check here .		30a	
31	Other program services (describe in Schedule O)	includes foreign gra			31a	
32	(Grants \$ ) If this amount Total program service expenses (add lines 28a				32	<del></del>
Par						tions for Part IVI
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable	(d) Health benefits,	٦.,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	۱	·
Rand	y Phillips					
Presi	dent	5	3,061		4_	
Allen	Fullbright					
<u>V.P.</u>		2	4,203		4	
Jenn	fer McClard	-				
R.S.		5	5,747	<u> </u>	+	
	Hodges	-				
<u>F.S.</u>		8	5,168		+	<del></del>
	Clements		2.040	]		
Treas	urer	5	2,010			
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
			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		✓
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		1
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		<i></i>
ь	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		1	
ь	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	200	<b>*</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	23	<b>大学</b>	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		表記	No.
b	Gross receipts, included on line 9, for public use of club facilities		413	
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		72.7
С	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			
е	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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Reed Hodges Telephone no. ▶(	501) 8		1
_	Located at ► PO Box 369 Malvern, AR ZIP + 4 ►	72	104	
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country	7477	35 CS 725	<b>▼</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
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		<b>₩</b>
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	整整 44b	T.	_ <b>√</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
ď	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	ST.	700
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
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	L	✓

10 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 II.  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.  17										
1 Total number of other employees paid over \$100,000	Form 9	90-EZ (2018)						Pa	age 4	
to candidates for public office? If "Yes," complete Schedule C, Part I.  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  To bid 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  All is 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  All is the organization as one of the section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization of the organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  All is the organization organization organization in section 170(b)(1)(A)(h)? If "Yes," complete Schedule A (Pagenable Compensation In the reis none, enter "None," (g) Name and title of each employee organization in the organization o	40	Did the average directly as			h - h - lé - é		्रिस <b>क</b> ्ष		No	
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  To 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  Step Schedule C, Part II  If Yes I No year, If "Yes," complete Schedule C, Part II  Step Schedule E  All Schedule E  All Schedule Schedule C, Part II  Step Schedule E  All Schedule Schedule C, Part II  Step Schedule E  All Schedule Schedule C, Part II  Step Schedule E  All Schedule Schedule C, Part II  Step Schedule E  All Schedule Schedule C, Part II  Step Schedule Schedule C, Par	46						On AC	<b>C</b>	<i>53</i> 6	
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  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax and a section 501(h) el	Part			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del> -	40			
So and 51. Check if the organization used Schedule O to respond to any questron 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  48. Is the organization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E	r ar c			estions 47–49h and	52 and comi	olete the	tables fo	or line	·c	
Check if the organization used Schedule Q to respond to any question in this Part VI  147 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 501(h) election in effect during the tax and a section 5010(h) if "Yes," complete Schedule E			io illuot allower que		oz, and oom		(ubico i	J. III.	,,,	
Ves   No   Ves   No   Ves   No   Ves   No   Ves   No   Ves   Ves   No   Ves			hedule O to respond	t to any question in t	his Part VI					
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	Νo	
year? If "Yes," complete Schedule C, Part II  8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect dui	ing the t	ax			
48							1 1			
Did the organization make any transfers to an exempt non-charitable related organization?	48	Is the organization a school as described i					48			
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and ke 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   (a) Reportable   (b) Average   (c) Reportable   (c) Report	49a	_	,				49a			
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and ke 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  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Reportable compensation  (d) Reportable compensation  (e) Estimated amount of other compensation  (forms W-2/1098-MISC)  (forms W-2/1098-MISC)  (forms W-2/1098-MISC)  (g) Name and title of each employee paid over \$100,000  (e) 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."  (g) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (e) Compensation  (f) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contrac	b	<del>-</del>					49b			
(a) Name and trile of each employee	50						rs, trustee	s, and	í key	
(a) Name and title of each employee hours per week devoked to position    Complete the stable 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."    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		employees) who each received more than	1 \$100,000 of compe	nsation from the organ	nization. If ther	e is none	, enter "N	one."		
(a) Name and title of each employee			(b) Average	(c) Reportable						
f Total number of other employees paid over \$100,000		(a) Name and title of each employee	hours per week	compensation	bonefit plane, and deferred			-,		
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date			devoted to position	(Forms W-2/1099-MISC)			00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date									-	
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date	_			L						
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date										
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date		_								
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date						1				
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date			<u> </u>							
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date										
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date										
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date										
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  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Posterial independent contractors and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Table 5  Sign Here  Table 5  Lead 100,000  Date				<u> </u>	<u> </u>					
d Total number of other independent contractors each receiving over \$100,000  20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  21 Yes No  22 Noter 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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		Complete this table for the organization	's five highest compo		contractors w	ho each	received	more	thar	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	<u> </u>					(c) Compensation				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		· · · · · · · · · · · · · · · · · · ·								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-						
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Preparer's signature

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid Preparer

**Use Only** 

PTIN

Check if self-employed

Firm's EIN ▶

Date

## 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.

OMB No. 1545-0047

Open to Public Inspection

Employer :dentification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

**UNITED STEELWORKERS LOCAL UNION 7872** 51-0251526 Part 1 Line 8 Reynolds reimbursement - \$9911 Part 1 Line 16 - Travel \$1086, Office \$305, Direct tax \$1540 Part 2 Line 24 Office equipment and furniture \$5561