

Form **990-EZ**Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-1150

2018**Open to Public Inspection****A** For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018**B** Check if applicable

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

C Name of organization ☒**UNITED STEELWORKERS LOCAL 13-1965**Number and street (or P.O. box, if mail is not delivered to street address) ☒**P.O. BOX 401**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MORRILTON, AR 72110**05****D** Employer identification number ☒**710394695****E** Telephone number**501-514-0176****F** Group ExemptionNumber ▶ ☒ **0260****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☒ if the organization is not required to attach Schedule B (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 ORGANIZATION****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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **120817****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ☒Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
<input checked="" type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/>	10 Grants and similar amounts paid (list in Schedule O)	<input type="checkbox"/>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
<input checked="" type="checkbox"/>	2 Program service revenue including government fees and contracts	<input checked="" type="checkbox"/>	11 Benefits paid to or for members	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	3 Membership dues and assessments	<input checked="" type="checkbox"/>	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	<input type="checkbox"/>	20 Other changes in net assets or fund balances (explain in Schedule O)
<input checked="" type="checkbox"/>	4 Investment income	<input checked="" type="checkbox"/>	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	<input type="checkbox"/>	21 Net assets or fund balances at end of year. Combine lines 18 through 20
	5a Gross amount from sale of assets other than inventory		14 Occupancy, rent, utilities, and maintenance		
	b Less: cost or other basis and sales expenses		15 Printing, publications, postage, and shipping		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>		
	6 Gaming and fundraising events:		17 Total expenses. Add lines 10 through 16		
	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 reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	c Less: direct expenses from gaming and fundraising events				
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
	7a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	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				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2018)

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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	125970	22 103496
23 Land and buildings	49000	23 49000
24 Other assets (describe in Schedule O)		24
25 Total assets	174970	25 152496
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	174970	27 152496

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **COLLECTIVE BARGAINING**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)**28 THE LOCAL ENFORCED THE COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS.**(Grants \$) If this amount includes foreign grants, check here ☐ **28a** 0

29

(Grants \$) If this amount includes foreign grants, check here ☐ **29a** 0

30

(Grants \$) If this amount includes foreign grants, check here ☐ **30a** 0

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ **31a** 0**32 Total program service expenses** (add lines 28a through 31a) **32** 0**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
CORY MATTHEW SMALL- PRESIDENT 4623 GUNTER MT. RD. HECTOR, AR 72843	5	9407	0	0
COREY A. LINGLE- TREASURER 214 N ASH ST. PERRYVILLE, AR 72126	8	9150	0	0
DELTA E. BIRD- VICE PRESIDENT 923 HWY 225 E, GREENBRIER, AR 72058	5	7438	0	0
MICHAEL J. KING- CHIEF STEWARD 42 COUNTRYSIDE DR. HOUSTON, AR 72070	2	1668	0	0
BILL CAIN- RECORDING SECRETARY 598 THOMPSON RD. POTTSVILLE, AR 72858	2	2237	0	0
BART WILLIAMS- INSURANCE OFFICER 60 TOWER RD. HATTIEVILLE, AR 72063	3	1024	0	0
DERRICK J. BEAN- TRUSTEE P.O. BOX 101 PLUMMERVILLE, AR 72127	1	4141	0	0
CHARLES R. DAVIS- TRUSTEE 142 COUNTRY ACRES RD. ATKINS, AR 72823	1	1783	0	0
JAMES SCOTT SELF- TRUSTEE 110 SUNSET DR. RUSSELLVILLE, AR 72801	1	5098	0	0
JEFFEREY E. POWERS-CHIEF STEWARD 2895 HWY 9, MORRILTON, AR 72110	2	5151	0	0
JASON ALAN MCCALLISTER- INSURANCE OFFICER 1726 HWY 10 WEST, ADONA, AR 72001	3	2137	0	0
TODD L. GRUBBS- FINANCIAL SECRETARY 414 BRIARWOOD, PERRYVILLE, AR 72126	2	320	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

34		✓
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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		✓
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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		✓
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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		✓
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36		✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

37a		
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b Did the organization file **Form 1120-POL** for this year?

37b		✓
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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		
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b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

38b		
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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 **40a** ; section 4912 **40a** ; section 4955 **40a**

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		
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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		✓
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41 List the states with which a copy of this return is filed **41**

42a The organization's books are in care of **COREY ALLEN LINGLE**

Telephone no. **501-514-0176**

Located at **214 NASH ST. PERRYVILLE, AR**

ZIP + 4 **72126**

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)?

	Yes	No
42b		✓

If "Yes," enter the name of the foreign country **42b**

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		✓
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If "Yes," enter the name of the foreign country **42c**

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**

43		
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
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		✓
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c Did the organization receive any payments for indoor tanning services during the year?

44c		✓
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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		
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a		✓
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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		✓
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 Corey A. Lingle Date 2-14-19
☐ Type or print name and title Corey A. Lingle Treasurer

Paid Preparer Use Only

Pnnt/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

2018

**Open to Public
Inspection**

Name of the organization

UNITED STEELWORKERS LOCAL UNION 13-1965

Employer identification number

71-0394695

FORM 990EZ PART 1, LINE 8, SALE OF UNION MEMORABILIA \$ 121

FORM 990 EZ PART 1, LINE 8, NEW MEMBER INITIATION FEES \$170

FORM 990EZ PART 1, LINE 10, BENEVOLENCE BIBLES \$456

FORM 990EZ PART 1, LINE 10, LOCAL UNION SCHOLARSHIPS \$5000

FORM 990EZ PART 1, LINE 10, COMMUNITY SERVICE INC. GOLF TOURNAMENT \$400

FORM 990EZ PART 1, LINE 10, PERRYVILLE HIGH SCHOOL JR. BETA CLUB \$500

FORM 990EZ PART 1, LINE 10, PERRYVILLE FIRST BAPTIST CHURCH BEAST FEAST \$500

FORM 990EZ PART 1, LINE 10, PERRYVILLE HIGH SCHOOL BASEBALL PROJECT \$500

FORM 990EZ PART 1, LINE 10, PERRY COUNTY HISTORICAL MUSEUM \$500

FORM 990EZ PART 1, LINE 10, MORRILTON END ZONE CLUB \$400

FORM 990EZ PART 1, LINE 10, CONWAY COUNTY ANGEL TREE \$5000

FORM 990EZ PART 1, LINE 16, OFFICE EXPENSES AND SUPPLIES 34617

FORM 990EZ PART 1, LINE 16, TAXES PAID 6778

FORM 990EZ PART 1, LINE 16, FEES AND DUES REMITTANCE \$563

FORM 990EZ PART 1, LINE 16, EDUCATION, REC. AND CONFERENCE FEES \$800

FORM 990EZ PART 1, LINE 16, REIMBURSED EXPENSES \$14530

Employer identification number

[illegible]