

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2018

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning		, 2018, and ending		D Employer identification number		
				73-1455168		
B Check if applicable		C Name of organization		E Telephone number		
<input type="checkbox"/> Address change		UNITED STEELWORKERS LOCAL 239M				
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite		
<input type="checkbox"/> Initial return		PO BOX 2481				
<input type="checkbox"/> Final return/terminated		City or town, state or province country, and ZIP or foreign postal code				
<input type="checkbox"/> Amended return		Sapulpa, OK 74067		F Group Exemption Number 0260		
<input type="checkbox"/> Application pending						
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ►						
J Tax-exempt status (check only one) -		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other				
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 \$ 95,974						
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 <input checked="" type="checkbox"/>						
Revenue SEP 03 2019 SCANNED Expenses	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 93,303		
	4 Investment income			4 324		
	5a Gross amount from sale of assets other than inventory	5a			RECEIVED	
	b Less cost or other basis and sales expenses	5b			5c	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			1017 JUL 01 2019		
	6 Gaming and fundraising events			OGDEN, UT		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b Gross income from fundraising events (not including \$ 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			2,347	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			95,974	
10 Grants and similar amounts paid (list in Schedule O)	10					
11 Benefits paid to or for members	11			2,268		
12 Salaries, other compensation, and employee benefits	12			19,801		
13 Professional fees and other payments to independent contractors	13					
14 Occupancy, rent, utilities, and maintenance	14			350		
15 Printing, publications, postage, and shipping	15			9,642		
16 Other expenses (describe in Schedule O)	16			18,115		
17 Total expenses. Add lines 10 through 16	17			50,176		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18			45,798		
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			36,397		
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			82,195		



**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	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 change on Schedule O. See instructions	34	X
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	X
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, 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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	40b	
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	40c	
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	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of REBECCA HARVEY Telephone no 918-378-9600		
Located at PO BOX 2481, Sapulpa, OK ZIP + 4 74067		
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	42b	X
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? If "Yes," enter the name of the foreign country	42c	X
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	<input type="checkbox"/>
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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

- 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	<input type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>
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**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 . . . . .

47	<input type="checkbox"/>	Yes	No <input type="checkbox"/>
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- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48	<input type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	<input type="checkbox"/>
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- b If "Yes," was the related organization a section 527 organization? . . . . .

49b	<input type="checkbox"/>
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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"

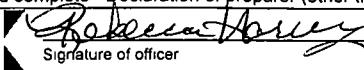
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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

<b>Sign Here</b>			6-25-19
	Signature of officer	REBECCA HARVEY, FIN SEC	Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	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

Name of the organization

**UNITED STEELWORKERS LOCAL 239M**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**73-1455168**

**01. Description of other revenue (Part I, line 8)**

Description	Amount
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STALE OUTSTANDING CHECKS	2,347
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**02. Description of other expenses (Part I, line 16)**

Description	Amount
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MEETING EXPENSE	15,737
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EDUCATION CONFERENCE	1,559
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REFUNDS	819
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**03. Description of other assets (Part II, line 24)**

Category	Beginning of Year	End of Year
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OFFICE EQUIPMENT	4,568	4,568
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