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OMB No 1545-0047

# Short Form

# Return of Organization Exempt From Income Tax

# 2019

## Open to Public Inspection

### Form 990-EZ

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.

Department of the Treasury  
Internal Revenue Service

ENVELOPE  
POSTMARK DATE  
MAR 16 2020

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</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	<b>C</b> Name of organization <b>United Steelworkers Local 13-09452</b>		<b>D</b> Employer identification number <b>71-0837466</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(479) 646-6766</b>
	<b>2107 Brazil Ave</b>		<b>F</b> Group Exemption Number <b>▶ 0260</b>
	City or town State ZIP code		
	<b>Fort Smith AR 72908</b>		
Foreign country name Foreign province/state/county Foreign postal code			

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: **▶ n/a**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀ (insert no )  4947(a)(1) or  527

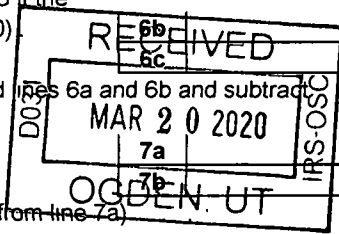
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Form of organization  Corporation  Trust  Association  Other **Labor Union**

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 **▶ \$ 90,697**

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	90,457
	<b>4</b> Investment income	<b>4</b>	240
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>		
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances			
<b>b</b> Less cost of goods sold	<b>7a</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	90,697	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	137,686
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	1,616
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	11,236
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	15,336
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	25,547
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	191,421	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	-100,724
	<b>19</b> 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)	<b>19</b>	355,219
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	254,495



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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	194,725	94,001
23 Land and buildings	160,494	160,494
24 Other assets (describe in Schedule O)		
25 Total assets	355,219	254,495
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	355,219	254,495

**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 <input type="checkbox"/>	28a
29  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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
Tracy Christian President	Hr/WK 5 00	18,945		
Brandon Croom Vice President	Hr/WK 5 00	23,980		
Steven Waid Treasurer	Hr/WK 3 00	1,091		
James McChristian Financial Secretary	Hr/WK 3 00	563		
Brian McCurry Recording Secretary	Hr/WK 2.00	4,618		
Josh Moon Trustee	Hr/WK 1 00	0		
David Merritt Trustee	Hr/WK 1 00	321		
Jared Vines Trustee	Hr/WK 1 00	0		
Chris Massey Outside Guard	Hr/WK 1 00	0		
Ron Wennberg Inside Guard	Hr/WK 1 00	0		
Ralph Meeker Guide	Hr/WK 1 00	0		
	Hr/WK			

**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
<b>33</b>	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.		X
<b>34</b>	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.		X
<b>35 a</b>	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)?		X
<b>b</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		X
<b>35 c</b>	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		X
<b>36</b>	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		X
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
<b>b</b>	Did the organization file Form 1120-POL for this year?		X
<b>38 a</b>	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?		X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
<b>40 a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
<b>b</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		
<b>40 b</b>			
<b>c</b>	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 <input type="text"/>		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
<b>e</b>	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		X
<b>40 e</b>			
<b>41</b>	List the states with which a copy of this return is filed. <input type="text"/>		
<b>42 a</b>	The organization's books are in care of <input type="text" value="Steven Waid"/> Telephone no <input type="text" value="(479) 646-6766"/> Located at <input type="text" value="2107 Brazil Ave"/> City <input type="text" value="Fort Smith"/> ST <input type="text" value="AR"/> ZIP + 4 <input type="text" value="72908"/>		
<b>b</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 <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
<b>42 b</b>			X
<b>c</b>	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 <input type="text"/>		X
<b>42 c</b>			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
<b>44 a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>44 a</b>			
<b>b</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		X
<b>44 b</b>			
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		X
<b>44 c</b>			
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>44 d</b>			
<b>45 a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45 a</b>			
<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		X
<b>45 b</b>			

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

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

Table with 5 columns: (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. All entries are 'None'.

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

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

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 Steven Waid, Date 2-17-2020, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check 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

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

United Steelworkers Local 13-09452

Employer identification number

71-0837466

Form 990-EZ, Part I, Line 16, Other Expenses Travel 7,104

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,765

Form 990-EZ, Part I, Line 16, Other Expenses Donations 350

Form 990-EZ, Part I, Line 16, Other Expenses Dues to Parent Body 2,451

Form 990-EZ, Part I, Line 16, Other Expenses Direct Taxes 12,877

Name of the organization

Employer identification number

United Steelworkers Local 13-09452

71-0837466

Area with horizontal dashed lines for supplemental information.