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990-EZ

HTA

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

2012

Open to Public Inspection

Department of the Treasury			The organization may have to use a copy of this return to satisfy state reporting requirements								Inspection		
			The organization may have to use a copy of this return to satisfy state reporting requirement and reporting					ients.	ents.				
₹A B		applicable	C Name of org		mg		, an	a enanig	D Em	plover i	dentification number		
· •••	Address												
~ 3	Name ci	hange			ty Officers of Am			T		35-2443823			
	Initial re	-	Number and street (or PO box, if mail is not delivered to street address) Room/suite					E Tel	E Telephone number				
	Termina		4108 F Doe	Creek Dr									
		Terminated 4108 E Doe Creek Dr City or town state or country ZIP + 4							F Group Exemption				
ا≕ُگ		ion pending	· ·							Number ►			
الماسي في الماسية			The Country of the Co										
N-	Accoun	iting Method	X Cash	X Cash Accrual Other (specify) ▶						_	if the organization is		
-4(P)	Websit	te: ► <u>N/A</u>						t required to attach Schedule B					
	Tax-exempt status (check only one) — 501(c)(3) X 501(c) (5) ◀ (insert no)) 4947(a)(1)	or527	(Form 990, 990-EZ, or 990-PF)				
K	Check									aross r	eceints are normally		
2005) . 2005)	not mor	re than \$50.0									e instructions) But		
							0000 14 (6-)	oostoard) may	DC ICQU	(30	e manachona, bar		
		f the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as											
_		Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ							▶ \$ 27,56				
P	art l				nges in Net As			s (see the	instruct				
					Schedule O to						. [
	1				amounts receive					1	1,7		
	2				vernment fees ar		RECEN			2	[
	3		ip dues and a		verninent ices ar	id Contracts	_			3	25,79		
	4	Investment	-	3363311161113		MAR 01 2016			4	25,73			
	5a			of assets other	er than inventory		5a			—			
	b			and sales ex	· ·		Tran 1	VICH		1			
					r than inventory (Subtract line	5b from line 5	ia)		 5c			
:	6		id fundraising		. triair irroritory	Captract III to		,,					
	_	_	ome from gaming (attach Schedule G if greater than							٠	ma vo		
2016 enue		\$15,000)	J		J		6a			٠.	MAAINII		
20 -	b	•	me from fund	raising events	(not including	\$	of co	ntributions		1			
Rev S			raising events reported on line 1) (attach Schedule G if the ich gross income and contributions exceeds \$15,000)							,	M221011		
8										,* y	<u>undi</u>		
<u> </u>	С	Less direc	t expenses fro	om gaming an	d fundraising eve	ents	6c			1 3 2			
MAR	d	Net income	e or (loss) fror	m gaming and	fundraising even	its (add lines	6a and 6b and	d subtract] ·			
		line 6c)								6d			
	7a				and allowances		7a						
	b		of goods sold				7b			」.゛			
4	C				entory (Subtract I	ine 7b from I	ine 7a)			7c			
SCANIA	8		•	in Schedule	' -				_	8			
v >	9				, 6d, 7c, and 8					9	27,50		
	10				n Schedule O)					10	7,6		
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits RECEIVED								11			
Expenses	12					nontroct		_6 V !_ LØ	10	12			
ë	13				to independent	Contractors	S		Sc	13	1		
d X	14			s, and mainter ostage, and sh			69-61 FFB 2	5 7016		14	20		
Ш	15 16	• .		ostage, and sr be in Schedule	•	i			图	15 16	2,10		
	17	•	•	es 10 through	•	ì				17	10,1		
	40					ne 9)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72,52,44,54 E		18	10,1		
ets	19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with								10	17,4		
SS	'`		ar figure reported on prior year's return)						19				
Net Assets	20	-			alances (explain	ın Schedule	O)			20	 		
Ž	21		-				•		•	21	17,4		
Fo	21 Net assets or fund balances at end of year Combine lines 18 through 20 or Paperwork Reduction Act Notice, see the separate instructions.									<u>,</u>	Form 990-EZ (20		

Hr/WK

Hr/WK

	instructions for Part V) Check if the organization used Schedule O to respond to any que	stion in this Pa	art 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	j		
	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	Ī	X
35 a	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
- 1	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) noti	ce,		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36				
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37b		X
38 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or well	**********		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	\$	- 🔆	,
	b Gross receipts, included on line 9, for public use of club facilities 39b		27.	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
40 (section 4911 ► , section 4912 ► , section 4955 ►		^^	į
	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefits		, s* - 34 _	, ,
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not beer	, 4 -n	- 34	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
,	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	152	3	
	organization managers or disqualified persons during the year under sections 4912,			- AK.
	4955, and 4958 ▶	* .,		- A
	d Section 501(c)(3) and 501(c)(4) 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		<u> </u>
41	List the states with which a copy of this return is filed ► MO			
42	a The organization's books are in care of ► Russel Langland Telephone no	> >		
	Located at ► 4108 E Doe Creek Dr City Columbia ST MO ZIP + 4 ►	65202		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority	v over	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial accou			X
	If "Yes," enter the name of the foreign country		٠,	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		_	,
1	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			ightharpoonup
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		
	- · ·		Yes	No
44	, , , , , , , , , , , , , , , , , , ,	an experi of		
	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
1	c Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	Х
	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	<u> </u>	<u> </u>
	5 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45	5 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	e		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45h		
	Form 990-EZ (see instructions)	45b	L 90-⊑7	X (2012)
		Form 🕽	JU-E2	- (∠∪12)

•	•												
Form 9	90-EZ (2012) United Gove	rnment Securi	ty Officers of	America Loc	cal No 11		35-24438		Page 4				
46	Did the ergenization engage direct	ly or indirectly	in nelitical co		utaa an babalf af a		<u> </u>	Yes	No				
	Did the organization engage, direct to candidates for public office? If "Y				vities on benait of or it	n opposition	46						
Part				arri			140	1	<u>_^</u>				
	All section 501(c)(3) orga	nizations mu	ist answer q	uestions 4	7–49b and 52, and	complete the table	es for line	es					
	50 and 51					- 4 3 41			_				
	Check if the organization	usea Schea	ule O to res	pond to an	y question in this P	art VI .	•						
47	Dod the consensation and the consensation							Yes	No				
47	Did the organization engage in lobby year? If "Yes," complete Schedule (or nave a sec	tion 501(h)	election in effect durin	ig the tax	4-						
48			on 170/b\/1\/	\\(u\2 f "Vac	: " complete Schedule	E	47	-	├─				
49 a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?												
b									<u> </u>				
50	Complete this table for the organiza	ation's five high	nest compens	ated employ	ees (other than office	rs, directors, trustees	and key						
	employees) who each received mo	re than \$100,0	00 of comper	sation from	the organization If th	ere is none, enter "N	one "						
	(a) Name and title of each employee		(b) Aver		(c) Reportable	(d) Health benefits, contributions to employee	(a) Fature						
	paid more than \$100,000		hours per week devoted to position		compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	(e) Estimated amount of other compensation						
	None					compensation							
Title	None		Hr/WK	00									
Name		-	117441				 						
Title			⊣r⁄WK	00									
Name)					-	 						
Title			Hr/WK	00									
Name	9												
Title			Hr/WK	00									
Name Title			1-000	00									
f	Total number of other employees p		Hr/WK 000		•				_				
51	Complete this table for the organiza			ated indepe	ndent contractors who	each received more	than						
	\$100,000 of compensation from th												
	(a) Name and address of each independe	nt contractor paid i	more than \$100.0	00	(b) Type of service	· ·	c) Compensa	ation					
	·				(-), (),								
	None	Str											
Crty Name		ST Str	ZIP										
City		ST	ZIP										
Name		Str		·									
City	/	ST	ZIP										
Name	•	Str											
City	/	ST	ZIP										
Name		Str											
City	Total number of other independent	contractors ea	ZIP och receiving (ver \$100.0	nn •	<u> </u>		-					
52	Did the organization complete Sche)(1)							
	nonexempt charitable trusts must a				a2a	·/(· /	► [Ye	es X	No				
Under	penalties of perjury, I declare that I have exami	ned this return, inc	luding accompany	ring schedules	and statements, and to the b	est of my knowledge and b	elief, it is						
	orrect, and complete Declaration of preparer (c												
	Webstr												
Sign	1 . 1.1.1.1.2.	Date /- /-											
Here													
	Type or print name and title Print/Type preparer's name		Prenharer's		Date	<u> </u>	PTIN						
Paic	Vicki Lierheimer		14710	M/X/	11/2/1004	Check X 20/2016 self-employe	ıf	85670					
	parer Firm's name Vicki Lier	Firm's name Vicki Lierheimer LLC											
Use		Firm's address ► 27729 Audrain Road 424, Benton City, MO 65232							Firm's EIN ▶ 20-2082296 Phone no 573-581-0434				
May 1	the IRS discuss this return with the p						► X Y		No				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number United Government Security Officers of America Local No 11 35-2443823 Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues payment to international, Grantee United Government Security Officers of America, International Union 8670 Wolff Ct Suite 210 Westminster CO 80031, Cash Grant 7,687, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,750 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 61 Form 990-EZ, Part I, Line 16, Other Expenses Office supplies 134 Form 990-EZ, Part I, Line 16, Other Expenses Memorial flowers 155

Reasonable Cause Explanation (990-EZ)

This return is filed past the due date as the union officers were unaware of a filing requirement. The officers and members of the union respectfully request that this return be accepted and no penalties be assessed and will take care to ensure that returns are filed timely in the future.