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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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).

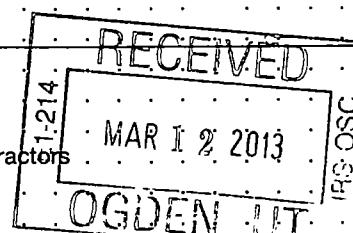
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning		January 1	, 2012, and ending	December 31, 2012
B Check if applicable		C Name of organization		
<input type="checkbox"/> Address change		United Steelworkers Local 313		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		Room/suite		
<input type="checkbox"/> Terminated		624 S Cottage		
<input type="checkbox"/> Amended return		City or town, state or county, and ZIP + 4		
<input type="checkbox"/> Application pending		Independence, MO 64050		
D Employer identification number		44-0429865		
E Telephone number		816-254-4322		
F Group Exemption Number ►		0260		
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: ► N/A		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 Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return		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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 190,315		
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 type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0	
	2 Program service revenue including government fees and contracts	2	0	
	3 Membership dues and assessments	3	186,719	
	4 Investment income	4	2,104	
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less: cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6 Gaming and fundraising events	6a	0	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	0	
	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)	6c	0	
	c Less: direct expenses from gaming and fundraising events	6d	0	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	0	
	7a Gross sales of inventory, less returns and allowances	7b	0	
	b Less: cost of goods sold	7c	0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,492	
	8 Other revenue (describe in Schedule O)	9	190,315	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	19,323	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11	0	
	11 Benefits paid to or for members	12	142,264	
	12 Salaries, other compensation, and employee benefits	13	450	
	13 Professional fees and other payments to independent contractors	14	8,499	
	14 Occupancy, rent, utilities, and maintenance	15	21,720	
	15 Printing, publications, postage, and shipping	16	59,980	
	16 Other expenses (describe in Schedule O)	17	252,236	
	17 Total expenses. Add lines 10 through 16	18	(61,921)	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	354,672	
	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)	20	(-333)	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	292,418	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	►		



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	271,015	22 209,094
23	Land and buildings	85,361	23 85,361
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	356,376	25 294,455
26	Total liabilities (describe in Schedule O)	1704	26 2037
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	354,672	27 292,418

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.

28 Local Union enforced collective bargaining agreement to better working conditions of the Local Union and provide representation to its members

(Grants \$) If this amount includes foreign grants, check here ► 28a

29

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

30

(Grants \$) If this amount includes foreign grants, check here ► 30a31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► 31a32 **Total program service expenses** (add lines 28a through 31a) ► 32**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
LORETTA ANDERSON				
UNIT PRESIDENT	2	250		
JOSE AROS				
UNIT PRESIDENT	2	641		
NICK DRUM				
UNIT PRESIDENT	2	4585		
JOHN CALDWELL				
TRUSTEE	1	1050		
LANCE IWYMAN				
VICE PRESIDENT	3	7779		
JANET KIRK				
PRESIDENT	7	8165		
BRIDGET WAGNER				
FINANCIAL SECRETARY	5	5914		
BENJAMIN GEVESHAUSEN				
TREASURER	5	5815		
TAYLIA JOHNSON				
GUIDE	0	125		
MICHAEL WILLIAMS				
GUARD	0	192		
LARRY KIRK				
TRUSTEE	1	1638		
WANDA JOHNSON				
TRUSTEE	1	3765		

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

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? _____

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.

28		
		
	(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	

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
RICHARD COLLINS.....				
UNIT PRESIDENT	2	405		
ROBERT KERNS, JR.....				
UNIT PRESIDENT	2	375		
TALINA MCCLURE.....				
RECORDING SECRETARY	5	4939		
PHILLIP McGEE.....				
UNIT PRESIDENT	2	450		
DONALD MILLER.....				
UNIT PRESIDENT	1	250		
BRETTON OSBORNE.....				
UNIT PRESIDENT	1	2232		
RICHARD RAY.....				
GUARD	0	2384		
DANIAL SCHQQNQVER.....				
UNIT PRESIDENT	1	1110		
RONALD SEDGE.....				
UNIT PRESIDENT	1	2934		
STEVE SOPER.....				
UNIT PRESIDENT	1	1675		
JONATHAN STEWART.....				
UNIT PRESIDENT	1	4176		
JOE ULBERT.....				
GUARD	0	1725		

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 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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a O

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

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

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

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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

b Section 501(c)(3) and 501(c)(4) 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

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

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

42a The organization's books are in care of ► **BRIDGET WAGNER** Telephone no. ► **816-254-4322**
Located at ► **624 S COTTAGE INDEPENDENCE MO** ZIP + 4 ► **64050**

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: ► _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42b

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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**

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 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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

45b 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

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.

		Yes	No
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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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."		

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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  Janet Kyick Pres & Budget Manager Fin Secy  Brian Treas
Signature of officer Date 3-07-13

Paid Preparer Use Only	Print/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**

OMB No. 1545-0047

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.

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Name of the organization

United Steelworkers Local #13

Employer identification number

44-0429865

8. Refund from PO for PO Box	\$115	
Refund from SS & WH Tax	\$2	
Refund from International for leadership School	\$886	
Refund to employee for survey	\$31	
Lost Checks	\$458	
TOTAL	\$1,492	
10. Donations for Retiree's and Deceased	\$19,246	
Flowers for Deceased	\$77	
TOTAL	\$19,323	
16. Education and conference fees	\$3,676	
Per Capita fees	\$15,906	
Taxes	SS & WH	\$30,938
State tax		\$5,414
City Tax		\$2,068
Sundry Receipts for PAC Fund	\$89	
Fees and Dues Remitted from Lost Time	\$1,889	
TOTAL	\$59,980	
20. Difference of unremitted taxes from 2011 and 2012		
2011	\$1704	
2012	\$2037	
Difference TOTAL	\$333	
26. Unremitted taxes	\$333	