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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ST LOUIS DISTRICT CMAA

Number and street (or P.O. box, if mail is not delivered to street address)

476 N. KINGSHIGHWAY BLVD

Room/suite

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

ST LOUIS MO 63108

D Employer identification number

43-1460411

E Telephone number

314-361-2100

F Group Exemption
NumberG Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____I Website: CMAASTLOUIS.COMH 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)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization. ☐ Corporation ☐ Trust ☒ Association ☐ 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

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 ☐

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																1											
	2	Program service revenue including government fees and contracts																2	108										
	3	Membership dues and assessments																3	10,100										
	4	Investment income																4	469										
	5a	Gross amount from sale of assets other than inventory																5a											
	5b	Less: cost or other basis and sales expenses																5b											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																5c											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																6a											
	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)																6b	68,276										
c	Less: direct expenses from gaming and fundraising events																6c	38,390											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																6d	29,886											
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												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																9	40,563											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																10	22,156										
	11	Benefits paid to or for members																11											
	12	Salaries, other compensation, and employee benefits																12											
	13	Professional fees and other payments to independent contractors																13	14,500										
	14	Occupancy, rent, utilities, and maintenance																14											
	15	Printing, publications, postage, and shipping																15	21										
	16	Other expenses (describe in Schedule O)																16	14,602										
	17	Total expenses. Add lines 10 through 16																17	51,279										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																18	10,716										
	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	149,900										
	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	139,184										

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)

SCANNED JUN 26 2014

24
96

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	149,900	139,184
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	149,900	139,184
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,900	139,184

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? EDUCATION OF CLUB MANAGERS

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 and section 4947(a)(1) trusts, optional for others)

28	CONDUCTED 4 EDUCATION EVENTS FOR OUR 45+ MEMBERS, WITH SPEAKERS ON INDUSTRY TOPICS. ATTENDANCE USUALLY IS 20-35 MANAGERS		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	CONDUCTED 3 NETWORKING EVENTS SUCH AS DINNERS AND SOCIAL GATHERINGS FOR MEMBERS TO COME TOGETHER AND SHARE IDEAS. ATTENDANCE VARIED FROM 25-50		
	(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
HELANE BERNATH PRESIDENT	4	- 0 -		
ANDY CULLINANE VICE-PRESIDENT	2	- 0 -		
DAVID DERFEL SECRETARY - TREASURER	2	- 0 -		
LAURI SCHWETZ EDUCATION CHAIR	1	- 0 -		
TOM ELLIOTT LONG RANGE PLANNING CHAIR	1	- 0 -		
MIKE HARTIGAN MEMBERSHIP CHAIR	1	- 0 -		
JIM BAHLINGER LEGISLATIVE CHAIR	1	- 0 -		
AIDEN MURPHY WINE SOCIETY CHAIR	1	- 0 -		
TOM BERTANI P.R. CHAIR	1	- 0 -		
STACEY COFFEY-HOFFMAN STUDENT CHAPTER CHAIR	1	- 0 -		
LYNN BUTLER CAREER SERVICES CHAIR	1	- 0 -		
ERIC PETERSON SCHOLARSHIP CHAIR	1	- 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 ☐

	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		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)		X
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)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c 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		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a - 0 -		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
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 ▶		
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	40b	
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 ▶		
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	X
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>DONALD HOENIG</u> Telephone no. ▶ <u>314-361-2100</u> Located at ▶ <u>476 N KINGS HIGHWAY BLVD, ST LOUIS MO</u> ZIP + 4 ▶ <u>63108-1296</u>		
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	X
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	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		
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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	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

	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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 and 4947(a)(1) nonexempt charitable trusts 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: Helene Bernath Date: 5/30/14
Type or print name and title: HELANE BERNATH, PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check ☐ 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.

OMB No 1545-0047

2013**Open to Public
Inspection**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ST LOUIS DISTRICT CMAA

Employer identification number

43-1460411

PART I, LINE 10 - GRANT AND SIMILAR AMOUNTS PAID

EDGEWOOD CHILDREN'S CENTER	\$ 500
MIZZOU STUDENT CHAPTER CMAA	5,381
CHEFS DE COUSINE	1,000
THE CLUB FOUNDATION	3,350
PROPERTY TAX COALITION	5,000
LONDON COOPER (EDUCATION SCHOLARSHIP)	1,075
MICHAEL HARTIGAN (EDUCATION SCHOLARSHIP)	1,800
GREG TAUBE (EDUCATIONS SCHOLARSHIP)	3,000
ANNA JONES (EDUCATION SCHOLARSHIP)	1,050
TOTAL	\$22,156

PART I, LINE 16 - OTHER EXPENSES

GENERAL OFFICE EXPENSE	\$ 254
EDUCATION	8,560
CHAPTER DEVELOPMENT	1,462
CHAPTER DINNERS	1,229
LLC CONFERENCE	2,727
MISCELLANEOUS	370
TOTAL	\$ 14,602

**St. Louis District CMAA
43-1460411
Attachment to Form 990-EZ
2013 Calendar Year**

The gentleman who prepared organization's Form 990-EZ for many years retired in 2013. In the transition we inadvertently missed the deadline of May 15, 2014 for filing the 2013 return.

We have taken steps to help ensure that this does not recur in future years. There was no intent to not file by the due date and respectfully request that no penalties or other sanctions be imposed. To our knowledge this is the first time that the return has been filed late.

Thank you for your consideration.