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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JANUARY 1, 2013, and ending DECEMBER 31, 2013

B Check if applicable	C Name of organization UNITED STEELWORKERS LOCL #13		D Employer identification number 44-0429865
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) 624 S COTTAGE		E Telephone number 816-254-4322
<input type="checkbox"/> Name change	F City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE MO 64050		G Group Exemption Number ► 0260
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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 527K Form of organization: Corporation Trust Association Other Local Union

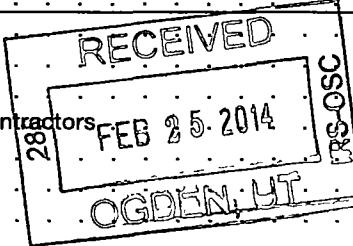
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 187,972

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	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	3 184,337
	4 Investment income	4 522
	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	
	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
	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 0
	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 0
	8 Other revenue (describe in Schedule O)	8 3,113
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 187,972
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 11,785
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 100,204
	13 Professional fees and other payments to independent contractors	13 11,358
	14 Occupancy, rent, utilities, and maintenance	14 8,356
	15 Printing, publications, postage, and shipping	15 11,092
	16 Other expenses (describe in Schedule O)	16 50,594
	17 Total expenses. Add lines 10 through 16 ►	17 193,389
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (54,170)
	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)	19 292,418
20 Other changes in net assets or fund balances (explain in Schedule O)	20 56	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 287,056	



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	209,094	22 203,677
23	Land and buildings	85,361	23 85,361
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	294,455	25 289,038
26	Total liabilities (describe in Schedule O)	2,037	26 1,981
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,418	27 287,057

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? _____

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)	► <input type="checkbox"/>	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
LANCE TWYMAN	3			
VICE PRESIDENT		6427		
DENNIS COULTHARD	1			
UNIT PRESIDENT		260		
JONATHON STEWART	3			
UNIT PRESIDENT		4247		
NICK DRUM	1			
UNIT PRESIDENT		1827		
CHERYL HUDEMEYER	1			
GUARD		1000		
LARRY KIRK	1			
TRUSTEE		528		
JOHN JOHNSON	1			
UNIT PRESIDENT		1216		
JOE ULBERG	1			
GUARD		1659		
PHILLIP MCGEE	1			
UNIT PRESIDENT		37		
JOSE AROS	1			
UNIT PRESIDENT		824		
CHRIS WEINZERL	1			
UNIT PRESIDENT		423		
WANDA JOHNSON	2			
TRUSTEE		3567		

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

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

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.

Expenses

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

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) ► <input type="checkbox"/>		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
BRIDGET WAGNER	2			
FINANCIAL SECRETARY		5,117		
JANET KIRK	5			
PRESIDENT		8,670		
MICHAEL WILLIAMS	1			
GUARD		70		
SAM WILLIAMS	1			
UNIT PRESIDENT		1,852		
BOB DOTSON	1			
GUIDE		495		
ROBERT HILL	1			
UNIT PRESIDENT		2,224		
BENJAMIN GEVESHAUSEN	2			
TREASURER		4,279		
RONALD SEDGE	1			
TRUSTEE		1,208		
RICHARD RAY	1			
GUARD		1,102		
BRETTON OSBORNE	1			
UNIT PRESIDENT		2,239		
THOMAS CULTER	1			
UNIT PRESIDENT		2,953		
JOHN CALDWELL	1			
TRUSTEE		1,155		

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

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.

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

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	1			
UNIT PRESIDENT		120		
MICHAEL WRIGHT	1			
UNIT PRESIDENT		205		
TALINA MCCLURE	3			
RECORDING SECRETARY		4,920		

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

	Yes	No
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	✓
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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
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

35b	
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	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

37a	0
-----	---

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

37b	✓
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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:

39a

a Initiation fees and capital contributions included on line 9

39b

b Gross receipts, included on line 9, for public use of club facilities

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	✓
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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 ► _____

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	✓
-----	---

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

	Yes	No
42b	✓	

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.

42c	

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: ► _____

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

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	✓
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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 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	<input checked="" type="checkbox"/> Janet Kirk Signature of officer	<input checked="" type="checkbox"/> Brigid Wagner Financial Secretary	<input checked="" type="checkbox"/> Ben S Date 2-20-14
	JANET KIRK President, Brigid Wagner Type or print name and title		
Print Name	Preparer's signature	Date	PTIN

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

United Steelworkers, Local #13

Employer identification number

44-0429865

8. other receipts

lost checks	\$1,692
refund from Christmas check	\$1,342
refund from Post Office	\$ 79
Total	\$3,113

10. donations

flowers	\$ 140
Working Families Friend	\$10,100
Mo Labor	\$ 500
Donations for deceased	\$150
Special Olympics	\$150
Retiree Watches	\$745
TOTal	\$11,785

16. Education

Per capita	\$15,840	
Taxes	SS & WH	\$26,611
State		\$4,274
City		\$1,912
Sundry	PAC	\$26
Fees and Dues remitted		\$1,306
Total		\$50,594

Name of the organization

United Steelworkers Local #13

Employer identification number

44-0429865

20 Differences of unremitted Taxes

2012 \$2037

2013 \$1981

\$56

26. unremitted taxes \$56