



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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

Open to Public  
InspectionDepartment 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](http://www.irs.gov/form990).

## A For the 2016 calendar year, or tax year beginning

January 1

, 2016, and ending

December 31

, 2016

B Check if applicable.

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

## C Name of organization

SHEET METAL, AIR, RAIL, &amp; TRANSPORTATION LOCAL 446

Number and street (or P.O. box, if mail is not delivered to street address)  
6429 MAIN STCity or town, state or province, country, and ZIP or foreign postal code  
CHEYENNE WY 82009

## D Employer identification number

83-6001106

## E Telephone number

307-632-8268

## F Group Exemption

Number ► 6122

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

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

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

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

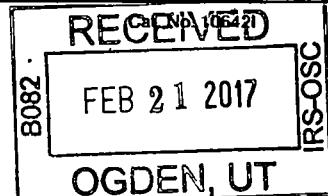
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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	72,499
	4 Investment income	4	36
	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)		
	6 Gaming and fundraising events	5c	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	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	0
	c Less: direct expenses from gaming and fundraising events	6c	0
	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	0
	b Less: cost of goods sold	7b	0
	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	2,404
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,929
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	2,000
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	71,796
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	1,315
	15 Printing, publications, postage, and shipping	15	569
	16 Other expenses (describe in Schedule O)	16	2,673
	17 Total expenses. Add lines 10 through 16	17	78,353
		18	-3,424
	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	41,415
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,991

SCANNED MAR 14 2017  
For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



**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	41,415	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	<b>41,415</b>	<b>25</b>
26	<b>Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>41,415</b>	<b>27</b>

**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; optional for others.)

28	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses (add lines 28a through 31a)</b> . . . . . ► <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
DANIEL F ANDERSEN 3100 IRON HORSE WAY, WELLINGTON CO 80549	LOCAL CHAIRMAN	6,419	0	1,422
KELLIE AUGUSTYN PO BOX 472 GUERNSEY WY 82214	LOCAL CHAIRMAN	247	0	122
JOHN T CAIN 701 SHOSHONE ST CHEYENNE WY 82009	PRESIDENT	8,968	0	300
JEFFERY M HICKS 3107 WHITE CLOUD RD CHEYENNE WY 82001	SECRETARY	2,094	0	0
NATHAN J HUBENKA 7305 INDIGO RUN ST WELLINGTON CO 80549	LOCAL CHAIRMAN	950	0	0
TODD T IRWIN 2921 HOLLY CT CHEYENNE WY 82001	TRUSTEE	0	0	0
PAUL V JAMES 4764 CACTUS WAY CHEYENNE WY 82009	VICE PRESIDENT	288	0	0
JOSHUA P JOHNSON PO BOX 4033 CHEYENNE WY 82003	TRUSTEE	0	0	0
CHRISTOPHER S MILLER 4421 US 34 LOVELAND CO 80537	VICE LC	286	0	0
WIFRED OLIMOS 1702 JAZZ DR CHEYENNE WY 82007	LOCAL CHAIRMAN	1,474	0	0
ERIC J OTERO 3917 FIREWALKER TRL CHEYENNE WY 82001	LOCAL CHAIRMAN	702	0	0
MARK S ROBBINS 241 MILLER LN CHEYENNE WY 82009	VICE LC	2,122	0	0

**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**

Check if the organization used Schedule O to respond to any question in this part		(A) Beginning of year	(B) End of year
<b>22</b>	<b>Cash, savings, and investments</b>		<b>22</b>
<b>23</b>	<b>Land and buildings</b>		<b>23</b>
<b>24</b>	<b>Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25</b>	<b>Total assets</b>		<b>25</b>
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>		<b>26</b>
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>		<b>27</b>

### 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; optional for others.)

28 \_\_\_\_\_

---

Digitized by srujanika@gmail.com

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

29

(Grants \$  ) If this amount includes foreign grants, check here . . . . .

30 \_\_\_\_\_

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

**31 Other program services (describe in Schedule O)**

32 Total program service expenses (add lines 28a through 31a) . . . . . ►

**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

**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	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	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
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	
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		
c 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 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ►		
42a The organization's books are in care of ► TYLER THOMPSON	Telephone no. ► 307-632-8268	
Located at ► 6429 MAIN ST CHEYENNE WY	ZIP + 4 ► 82009	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c 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: ►	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	✓
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)	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)(i)? 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 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

<b>Sign Here</b>	 Signature of officer	2-15-2017 Date
	<b>TYLER L THOMPSON</b>  Type or print name and title	

<b>Paid Preparer Use Only</b>	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