

Form 990-EZ

OMB No. 1545-1150

2017

# Short Form

## Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

Jan

, 2017, and ending

Dec

, 2017

B Check if applicable

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

C Name of organization

United Steelworkers Local #13

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

624 S Cott. Cz

D Employer identification number

44-0429815

E Telephone number

816-254-4323

F Group Exemption

Number ► 6260

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.

► \$ 177,823

### 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	5a	1 00
	2 Program service revenue including government fees and contracts	5b	2 00
	3 Membership dues and assessments	5c	3 159,519
	4 Investment income	6a	4 1,025
	5a Gross amount from sale of assets other than inventory	6b	5c 0
	b Less: cost or other basis and sales expenses	6c	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d	
	6 Gaming and fundraising events	7a	6d 0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	7b	7c 0
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7d	8 17,279
	c Less: direct expenses from gaming and fundraising events	7e	9 177,823
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8	10 53,90
	7a Gross sales of inventory, less returns and allowances	9	11 0
	b Less: cost of goods sold	10	12 100,250
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	13	13 2,650
	8 Other revenue (describe in Schedule O)	14	14 7,795
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	15	15 11,443
Expenses	10 Grants and similar amounts paid (list in Schedule O)	16	16 47,533
	11 Benefits paid to or for members	17	17 175,010
	12 Salaries, other compensation, and employee benefits	18	18 2,760
	13 Professional fees and other payments to independent contractors	19	19 165,354
	14 Occupancy, rent, utilities, and maintenance	20	20 454
	15 Printing, publications, postage, and shipping	21	21 168,572
	16 Other expenses (describe in Schedule O)		
Net Assets	17 Total expenses. Add lines 10 through 16		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		
	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 Other changes in net assets or fund balances (explain in Schedule O)		
	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	22 80,736	22 83,408
23 Land and buildings	23 85,301	23 85,301
24 Other assets (describe in Schedule O)	24 0	24 0
25 Total assets	25 166,097	25 168,859
26 Total liabilities (describe in Schedule O)	26 741	26 287
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 105,356	27 168,572

**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
Derek Dernier Recording Secy	1	4387		
Steve Kicks Unit Pres	0	1200		
Dennis Coulthard Unit Pres	1	1309		
Daniel Daily Unit Pres	1	658		
Cheryl Hualemer Unit Pres	2	2921		
Kenneth Buford Unit Pres	1	1144		
Cheryl Mcrae Trustee	2	1211		
Anthony Coulier Unit Pres	0	300		
Scott Stubbs Unit Pres	0	1652		
Jose Arus Unit Pres	0	250		
Brennan Arus Unit Pres	1	1454		
Bridget Wagner Fin. Secy	2	4963		

**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	

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**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; 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)		
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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 

Cont.	(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
	Leah Reese Treas	5	8464		
	Matthew Williams VP	4	6369		
	Bob Dotson Guard	0	100		
	Thomas McGuire Unit Pres	1	955		
	Thurman Brown Trustee	1	1432		
	John Caldwell Trustee	0	800		
	Angela Stewart Unit Pres	2	3057		
	Cynthia Langlue Unit Pres	2	3947		
	Charles Klepac Unit Pres	0	400		
	Taylor McGuire President	8	6282		

**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 ► Telephone no. ► Located at ► ZIP + 4 ►	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	
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: ►		
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	✓



Name of the organization

United Skewworkers Local #13

Employer identification number

44-0429865

8. Other Receipts

lost checks	328
reimburse	5268
cit of Indep refund for error in bill	10,980
tshirt	415
US Treasury refund	\$0
insurance	278
	17,279

10. Donations

Working Families Friend - donation	2975
No AFL CIO - donation	500.00
We ARE MO - donation	500.00
Awards Tshirts retirement gifts	1367
Flowers	48
	5390

16. Other Expenses

Education	900
Per Capita	12,948
Taxes	31,371
SS + Wit	
State	
Local	
Fees + dues + PC	2,315
	47,534

20 unremitted taxes - Stmt 741 End 287 difference 454