

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input checked="" type="checkbox"/> SHEET METAL, AIR, RAIL & TRANSPORTATION LOCAL 1532		D Employer identification number <input checked="" type="checkbox"/> 486084635
	Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> P.O. BOX 6068	Room/suite 	E Telephone number 913-322-1415
	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, KS 66106		F Group Exemption Number ▶ <input checked="" type="checkbox"/> 6122

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

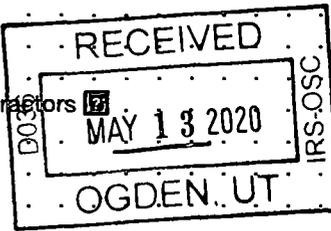
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K 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)) 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

Revenue	<input checked="" type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received		1					0
	<input checked="" type="checkbox"/> 2	Program service revenue including government fees and contracts		2					0
	<input checked="" type="checkbox"/> 3	Membership dues and assessments		3					62,255
	<input checked="" type="checkbox"/> 4	Investment income		4					45
		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						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)	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							
	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						534	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9						62,834	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10						1,198	
	11 Benefits paid to or for members	11						0	
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12						52,673	
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13						0	
	14 Occupancy, rent, utilities, and maintenance	14						450	
	15 Printing, publications, postage, and shipping	15						432	
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16						5,474	
	17 Total expenses. Add lines 10 through 16 ▶	17						60,227	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18						2,607	
	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						96,031	
	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							98,638



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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	96,031	98,638
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	96,031	98,638
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,031	98,638

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		
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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
TIMOTHY A ALEXANDER LEGIS REP 15821 PARKHILL ST OVERLAND PARK, KS 66221-2549		240		0
TONY BOGGIO LCA SECRETARY 15480 SE 70TH ROAD FAUCETT, MO 64448-7190		305		0
BRAD B CALOVICH VICE LOCAL 815 N CHESTNUT DR TONGANOXIE, KS 66086-5381		2,070		2,342
SCOTT M DUNBAR LOCAL CHAIRMAN 2209 W 123RD TERRACE LEAWOOD, KS 66209		15,956		5,877
CURTIS E FULLER VICE PRESIDENT 300 W MURRAY CT LIBERTY, MO 64068-2456		240		0
NATHAN C JAMERSON TRUSTEE 484 E PARK AVE KANSAS CITY, MO 64119-3363		916		0
CHRISTOPHER L JORGENSEN TRUSTEE 5993 NW 48TH ST KANSAS CITY, MO 64151-3285		305		0
JOSEPH A LEE TRUSTEE 7111 WINAN AVE PARKVILLE, MO 64152-2453		305		0
ROBERT J LUGO SEC/TREASURER 5218 GARNETT ST. SHAWNEE, KS 66203-		10,165		3,677
WYATT E NARAMORE PRESIDENT 6318 W 54TH ST MISSION, KS 66202-1689		2,131		1,562
WILLIAM A TAYLOR ASST LEGIS REP 30308 38TH ST GRAIN VALLEY, MO		0		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

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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 34 (checked)

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)?

Table with columns Yes, No and row 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

Table with columns Yes, No and row 35b

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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 36 (checked)

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

Table with row 37a

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

Table with columns Yes, No and row 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?

Table with columns Yes, No and row 38a (checked)

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

Table with row 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

Table with row 39a

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

Table with row 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), 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

Table with columns Yes, No and row 40b (checked)

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

Table with columns Yes, No and row 40e

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

42a The organization's books are in care of Located at Telephone no. ZIP + 4

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

Table with columns Yes, No and row 42b

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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

Table with columns Yes, No and row 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

Table with row 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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 44b

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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 44d

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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 46

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

Table with columns Yes, No and row 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48

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

Table with columns Yes, No and row 49a

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

Table with columns Yes, No and row 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (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) based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Robert J. Lugo, Date: 5-6-2020, Type or print name and title: ROBERT J LUGO SEC/TREASURER

Paid Preparer Use Only Prnt/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