

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



Form **990**

Return of Organization Exempt From Income Tax

20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

	nue Service The organization may have to use a copy of this return to satisfy state re	porung requi		Inspection
Charl	e 2010 calendar year, or tax year beginning January 1 , 2010, and ending	g Decer	nber 31	, 20 10
Check i	f applicable C Name of organization United Steelworkers Local Union 13-447		D Employe	r identification number
Address	s change Doing Business As USW Local Union 13-447			72-0500916
] Name c	hange Number and street (or P O. box if mail is not delivered to street address) Room/sur	te	E Telephon	e number
] Initial re	turn 1601 Fourth St	7)	5	04-341-8875
Termina	city or town, state or country, and ZIP + 4			
Amendo	ed return Westwego, LA 70094		G Gross rec	eints \$
-	tion pending F Name and address of principal officer. ARTHUR J BOUDREAUX	14/a) la thua	,	
) Applica	1601 FOURTH STREET, WESTWEGO, LA 70094		a group return for	
T			all affiliates incl	luded? Yes No st (see instructions)
	te: www.usw447.org		p exemption r	
	organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Union ☐ L Year of forma	ition	M State o	f legal domicile LA
art	Summary			
1	Briefly describe the organization's mission or most significant activities: Negoti	**** *		
	Companies they work for. Providing representation on all other matters for our mem			
	Working to improve the wages, medical benefits and working conditions for all our n	nembers thr	ough collec	tive bargaining.
2 3 4 5 6				
2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net asset	S.	
3	Number of voting members of the governing body (Part VI, line-tia).		3	879
4	Number of independent voting members of the governing bedy (Raft Vik, line 1b)		4	879
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	43
6	Total number of volunteers (estimate if necessary)		6	836
7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	030
Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
+		Prior Ye		Current Year
8	Contributions and grants (Best VIII line 1b)			
	Contributions and grants (Part VIII, line 1h)		647996	525824
9	Program service revenue (Part VIII, line 2g)		0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		353	19611
וו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27215	11930
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		675564	557365
13 14 15 16a b	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		o	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		8134	4500
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		141649	199150
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		574245	476503
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		724028	680153
19	Revenue less expenses. Subtract line 18 from line 12		-48464	-122788
		eginning of Cu		End of Year
00		1 1 2		
1 20	Total lightlyting (Part X, line 16)		818306	695518
20	TOTAL PROBITION (PORT X 1000 VIN)		0	0
20 21	Total liabilities (Part X, line 26)			
20 21 22	Net assets or fund balances. Subtract line 21 from line 20		818306	695518
20 21 22 art II	Net assets or fund balances. Subtract line 21 from line 20			
21 22 art II	Net assets or fund balances. Subtract line 21 from line 20	nents, and to the	ne best of my	
21 22 22 art II	Net assets or fund balances. Subtract line 21 from line 20	nents, and to the	ne best of my	
21 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Itities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to the	ne best of my	
21 22 art II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Itities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer	nents, and to the has any knowledge	ne best of my edge.	
21 22 art II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Itities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer	has any knowl	ne best of my edge.	
21 22 art II nder pena ne, correct	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Itities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowl	ne best of my edge.	
21 22 art II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Alties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer Arthur T, Boudreaux Secretary	has any knowled by Daries Dari	ne best of my edge. 5/13 te	knowledge and belief, it is
21 22 art II ader pena le, correct	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer High Touristic Secretary Type or print name and title Print/Type preparer's name Preparer's signature Dat	has any knowled by Daries Dari	ne best of my edge. 5/13 te Check	knowledge and belief, it is
21 22 art II ader pena e, correct	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer **Type or print name and title* Print/Type preparer's name Preparer's signature Date of the property of the preparer of the preparer of the preparer's signature Print/Type preparer's name Preparer's signature Date of the preparer of the preparer's signature Preparer's signature Date of the preparer of the	has any knowled by Dar	check self-employ	knowledge and belief, it is
21 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer **Type or print name and title* Print/Type preparer's name Preparer's signature Prim's name Prim's name	has any knowled by Daries of the Carlos of t	check self-employ	knowledge and belief, it is
art II ader penale, correction of the correction	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete Declaration of preparer (other than officer) is based on all information of which preparer **Type or print name and title* Print/Type preparer's name Preparer's signature Date of the property of the preparer of the preparer of the preparer's signature Print/Type preparer's name Preparer's signature Date of the preparer of the preparer's signature Preparer's signature Date of the preparer of the	has any knowled by Daries of the Carlos of t	check self-employ	knowledge and belief, it is

Ree in Batching/ DEC 2 4 2015

4

Form 990	(2010)		Page 2
Part I	Statement of Program Service Check if Schedule O contains a	Accomplishments response to any question in this Par	t III
1	Briefly describe the organization's missi Negotiating contracts for our members with the	on: e Companies they work for. Providing represe s, medical benefits and working conditions fo	ntation on all other matters for our members dealing with rall our members through collective bargaining. Represent
	Did the organization undertake any sigr prior Form 990 or 990-EZ?	nificant program services during the years.	ear which were not listed on the
3	If "Yes," describe these new services or Did the organization cease conductin services?		
4	If "Yes," describe these changes on Scl Describe the exempt purpose achievem 501(c)(3) and 501(c)(4) organizations and others, the total expenses, and revenue	nedule O. lents for each of the organization's thr d section 4947(a)(1) trusts are required	ree largest program services by expenses. Section to report the amount of grants and allocations to
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•••••	
	/O		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			•••••
	(Code) \(\(\(\(\)\)\)\(\(\)\)	inglishing groups of th)/David
4c	(Code:) (Expenses \$	including grants of \$) (Hevenue \$
4d	Other program services. (Describe in So (Expenses \$ including of		a \$)
4e	Total program service expenses ▶	γ i revenue	,

Form 99	<u></u>			age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	-10		•
а	51.11	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b 	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		✓

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
			000	

Part	Check if Schedule O contains a response to any question in this Part V	_		Г
-	Check is conclude to contains a response to any question in this race v	$\dot{-}\dot{-}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20		,
За b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		V
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C Sa	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ja		+
_	qifts were nct tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	.		/
		7c		/
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1_		١,
	organization, have excess business holdings at any time during the year?	8_		/
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			<u> </u>
а	Initiation fee, and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		1
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			Ť
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	+	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	QQ(1/0041
		For	m 99() (2010

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change						
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI						
Section	on A. Governing Body and Management	• •	• •	<u> </u>			
occu	on A. Governing Body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 879						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 879						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_			
6	Does the organization have members or stockholders?	6	✓				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	/				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	-			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓	-			
b	Each committee with authority to act on behalf of the governing body?	8b	√				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_✓			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	√	 			
b	If "Yes," does the organization have written policies and procedures governing the activities of such	100	•				
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b	✓				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,				
	form?	11a	✓				
10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	1			
12a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120					
-	rise to conflicts?	12b	1				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	✓				
13	Does the organization have a written whistleblower policy?	13	✓				
14	Does the organization have a written document retention and destruction policy?	14	✓_				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>			
b	Other officers or key employees of the organization	15b	✓	ļ			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
	with a taxable entity during the year?	16a		1			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
	ion C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► LOUISIANA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ailable			
	☐ Own website ☐ Another's website ☑ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ARTHUR J BOUDREAUX, 1601 FOURTH STREET, WESTWEGO, LA 70094 (504) 341-8875	of the)				

Pan	6	7
ray	E	

Form	990	(201	n

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
	and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C			(D)	(E)	(F)	
Name and Trtle	Average	Positi	on (c		all t	hat ap		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) SEE ATTACHED SHEETS										
(2)										
(3)										
(4)										
(5)	-									
(6)			-							* 10.1
(7)										_,
(8)										
(9)										
10)										
11)										
12)										
13)										
14)										
(15)										
(16)						<u> </u>				

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)	.		(F)	
	Name and title	Average hours per	-	T .			that ap	-	Reportable compensation	Reportab compensation			mated ount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	related		c	ther	_
		(describe hours for	light.	Ę	ĕ	B	loye	<u>ब</u>	the organization	organizatio (W-2/1099-N			ensation	n
		related	학학	mal		ğ	eom	l	(W-2/1099-MISC)		- '	orga	nızatıon	
		organizations in Schedule	aste	trus		e	pen	l					related	3
		O)		ee			sate	}				3		-
(17)		 	-	├			-	-			\dashv			
1111		i												
(18)				H				├			\neg	~		
Y		1												
(19)												-		
2		1	Ĺ					ļ						
(20)														
								L						
(21)											1			
			ļ	ļ				<u> </u>			\longrightarrow			
(22)		_									1			
(00)			 					⊢	 		-+			
(23)		-												
(24)						\vdash	 	+				-		
32.77		1												
(25)					1		 -	t-						
3		1	1					ŀ						
(26)														
		<u> </u>				<u> </u>								
(27)														
			ļ	<u> </u>	<u> </u>			_	ļ				_	
(28)		-{	ŀ						1	<u> </u>				
	Cub Askal	l	i	<u> </u>	ــــــ	<u></u>	<u> </u>	▶		ļ -	\dashv			
1b c	Sub-total			:							-+			
d	Total (add lines 1b and 1c)							•						
2	Total number of individuals (including bu							e) v	vho received m	ore than \$1	00.00	0 in		
	reportable compensation from the organ							-, -			,			
													Yes	No
3	Did the organization list any former o										nsate	d	1	
	employee on line 1a? If "Yes," complete											3	ļ	✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	_								nedule J fo	r suc			,
_	individual										 خاندناماری	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization											5		,
Saction	on B. Independent Contractors		-					-	- Caoir porcor					•
1	Complete this table for your five highest	compensat	ted in	den	end	ent	contr	act	ors that receive	ed more tha	ın \$10	0.000 o	f	
•	compensation from the organization.	oomponou.									•	,	-	
	(A)							1	(B)			(C)	·	
	Name and business add	dress						1	Description of s	ervices		Compen		
	¥-7													0
														0
														0
								L						0
								<u>L</u>						0
2	Total number of independent contractor							o ti	nose listed ab	ove) who				
	received more than \$100,000 in compen-	saliun irum	rue o	ıyar	ıızd	uOH								

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts Is	1a	Federated campaigns 1a	0				
ra u	b	Membership dues 1b	525824				
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c	0				
ar a	d	Related organizations 1d	0				
s, g	e	Government grants (contributions) 1e	0				,
isi	f	All other contributions, gifts, grants,					
the E		and similar amounts not included above 1f	o				
d it	g	Noncash contributions included in lines 1a-1f: \$	0				
ခ် လ	h	Total. Add lines 1a–1f	. ▶	525824			
e e		Busines	s Code				<u> </u>
Program Service Revenue	2a			0	0	0	0
8	b			0	0	0	0
Ķ	С			0	0	0	0
Ser	d			0	0	0	0
Ę	е			0	0	0	0
ogu	f	All other program service revenue.		0	0	0	0
ے	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, in					
		and other similar amounts)	, L	19611	0	0	0
	4	Income from investment of tax-exempt bond proce	7	0	0	0	0
	5	Royalties	. ▶	0	0	0	0
	6a	Gross Rents 0	0				
	b	Less. rental expenses 0 Rental income or (loss) 0	- 0				
	C	No to a distance of (1000)	. ▶	o	0	0	0
	d 7a	Gross amount from sales of (i) Securities (ii) O		U		0	
	'a	assets other than inventory	0				
	ь	Less cost or other basis	-				
	-	and sales expenses . 0	اه				
,	c	Gain or (loss) 0	0				ı İ
	d	Net gain or (loss)	. ▶	o	0	0	0
Revenue	8a	Gross income from fundraising events (not including \$					
_		of contributions reported on line 1c). See Part IV, line 18	0				
Other	b	Less: direct expenses b	0				
	С	Net income or (loss) from fundraising events	. ▶	0		0	0
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0			•	;
	b	Less: direct expenses b	0				
	С	Net income or (loss) from gaming activities .	. ▶	0	0	0	. 0
	10a	Gross sales of inventory, less					
		returns and allowances a	532				
	b	Less: cost of goods sold b	- 0	1	_		_
	С	Net income or (loss) from sales of inventory .	, b	532	0	0	0
		Miscellaneous Revenue Busines	s Code	_	_		_
	11a			0	0		0
	b			0	0	-	0
	C	All other representations		11208	0	0	0
	d	All other revenue	. •	11398 11398	<u> </u>	- · · · · · · · · · · · · · · · · · · ·	-
	12	Total revenue. See instructions.		557365	0	0	0
				1 200,000			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete col				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organization, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4500 154535	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	0
7 8	Other salaries and wages	0	0	0	0
9	Other employee benefits	5688	0	0	0
10	Payroll taxes	38927	0	0	0
11	Fees for services (non-employees):			<u>-</u>	
а	Management	o	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	1795	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment nianagement fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion [0	0	0	0
13	Office expenses	49617	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	36995	0	0	0
17 18	Travel	34999	0	0	0
	for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings .	28670	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	282388	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	1565	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	DONATIONS	12848	0	0	0
b	LEGAL FEES	14263	0	0	0
С	DIRECT TAXES	13363	0	0	0
d		0	0	0	0
е		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	680153	0	0	0
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	0	o	o	0

Par	90 (20 t X				Page 11
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	44548	1	41369
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	_0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	o	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
set	7	Notes and loans receivable, net	0	7	0
S I	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	0a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 414139			
	b	Less: accumulated depreciation 10b 0	414139	10c	414139
1	1	Investments—publicly traded securities	359619		240010
i i	2	Investments—other securities. See Part IV, line 11	0		0
1	3	Investments—program-related. See Part IV, line 11	0	13	0
1	14	Intangible assets	0	14	0
1	15	Other assets. See Part IV, line 11	0	15	0
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	818306	16	695518
1	17	Accounts payable and accrued expenses	0	17	0
1	18	Grants payable	0	18	0
1	19	Deferred revenue	0		0
2	20	Tax-exempt bond liabilities	0		0
တွ 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
=		Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
- 2	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u> E</u> 2	27	Unrestricted net assets	0		0
8 2	28	Temporarily restricted net assets	0	28	0
[2	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
ध्र	30	Capital stock or trust principal, or current funds	0	30	0
SS 3	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ĕ 3	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<u> </u>	33	Total net assets or fund balances	818306	33	695518
_ 3	34	Total liabilities and net assets/fund balances	818306	34	695518 Form 990 (2010)

Page	1	2
Page	1	4

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		5	57365
2	Total expenses (must equal Part IX, column (A), line 25)		6	80153
3	Revenue less expenses. Subtract line 2 from line 1		-1:	22788
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		8	18306
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	_		
_	column (B))		6	95518
Part		•		
	Check of Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ✓ Accrual ─ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the orcanization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	İ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	ո 990	(2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Employer identification number

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

20**10**

Open to Public Inspection

UNITED	STEELWORKERS LOCAL UNION 13-447				72-0500916
Par	Organizations Maintaining Donor organization answered "Yes" to Fo	r Advised Funds or Other Similar Furm 990, Part IV, line 6.	inds or	Acco	ounts. Complete if the
		(a) Donor advised funds		(b) Fun	ds and other accounts
1	Total number at end of year	N/A	-		N/A
2	Aggregate contributions to (during year) .	N/A			N/A
3	Aggregate grants from (during year)	N/A			N/A
4	Aggregate value at end of year	N/A			N/A
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in	donor	advised
	funds are the organization's property, subjec				
6		benefit of the donor or donor advisor, or	for any	other	purpose Yes No
Par	Conservation Easements. Comp	ete if the organization answered "Yes	" to For	m 99	0, Part IV, line 7.
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., reservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year.	ecreation or education)	of a cert	ified I	nistoric structure
	•				Held at the End of the Tax Year
а	Total number of conservation easements .			2a	0
b	Total acreage restricted by conservation eas			2b	0
C	Number of conservation easements on a cer			2c	0
d	Number of conservation easements include				
	historic structure listed in the National Regist			2d	О
3	Number of conservation easements modified tax year ▶	I, transferred, released, extinguished, or to	erminated	by t	he organization during the
4 5	Number of states where property subject to Does the organization have a written poli	cy regarding the periodic monitoring, i			
6	violations, and enforcement of the conservat Staff and volunteer hours devoted to monitor				
7	Amount of expenses incurred in monitoring, \$\blacktriangle\$	inspecting, and enforcing conservation ea	sements	durir	ng the year
8	()				· · · 🗌 Yes 🔲 No
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's asements.	financial	state	ments that describes the
Par	Complete if the organization answ	ctions of Art, Historical Treasures, ered "Yes" to Form 990, Part IV, line	В.		
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	similar assets held for public exhibition,	educatio	n, or	research in furtherance o
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, s relating to these items:	educatio	n, or	research in furtherance o
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other similar	 ilar asset		▶ \$
a b	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	e1			

Part	III Organizations Maintaining	Collecti	ons of A	rt, His	tori	cal T	reasur	es, or C	Other S	imilar A	Sse	ts (cont	inued)
3	Using the organization's acquisition, a												
	collection items (check all that apply):												
а	☐ Public exhibition			d				hange p					
b	☐ Scholarly research			е		Oth	er						
С	☐ Preservation for future generation												
4	Provide a description of the organization	ion's colle	ections an	id expl	lain h	ow th	hey furth	ner the o	rganiza	tion's ex	empt	purpose	in Part
	XIV.												
5	During the year, did the organization												
	assets to be sold to raise funds rather											☐ Yes	
Part	IV Escrow and Custodial Arra line 9, or reported an amount						anızand	on answ	rered	res lo	FOIL	1 990, P	an iv,
	Is the organization an agent, trustee,						or contri	butions	or othe	r assets	not		
, a	included on Form 990, Part X?											□Yes	□No
b	If "Yes," explain the arrangement in Pa											00	
-	in 100, oxplain the arrangement in 1	and the carrie	a complet		0,,,,,,,,	g		Г	- T		Amo	unt	
С	Beginning b. lance								1c				
d	Additions during the year								1d				
е	Distributions during the year								1e				
f	Ending balance								1f				
2a	Did the organization include an amour	nt on Forn	n 990, Par	t X, lın	e 211	?.						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIV.											
Par	V Endowment Funds. Comple						"Yes" 1	o Form	990, P	art IV, li	ne 10). 	
		(a) Curre	nt year	(b) P	nor ye	ar	(c) Two	years back	(d) Th	ree years b	ack	(e) Four ye	ars back
1a	Beginning of year balance												
b	Contributions		 -						-				
С	Net investment earnings, gains, and												
	losses						<u> </u>						
d	· •								-				
е	Other expenditures for facilities and programs						1				- 1		
f	Administrative expenses								1 -				
g	End of year balance										-		
2	Provide the estimated percentage of t	he vear e	nd balanc	e held	as:								
a	Board designated or quasi-endowmer	nt ▶		%									
b	Permanent € ndowment ▶	%		•									
С	Term endowment ▶ %												
3a	Are there endowment funds not in the	e possess	sion of the	orgar	nizatı	on th	at are h	eid and a	adminis	tered for	the		
	organization by:												es No
	(i) unrelated organizations										•	3a(i)	
	(ii) related organizations											3a(ii)	
ь	If "Yes" to 3a(ii), are the related organi										•	3b	
4	Describe in Part XIV the intended uses												
Par										1-1-4	_	(-0, D1	
	Description of investment	(a)	Cost or oth (investme		(b)		or other ba other)	asis (i	deprecia			(d) Book v	alue
1a	Land			500	0			0					5000
b	Buildings			35443				0		0	<u> </u>		354430
С	Leasehold improvements	·	_		0			0		0			0
d	Equipment	·		5470	+-			0		0			54709
<u>e</u>	Other	.	15. 22		0		- (0)	0		0	ļ		0
Total	Add lines 1a through 1e. (Column (d) n	nust equa	i Form 99	u, Parl	X, C	olumi	n (B), lin	e 10(c).)	• •	<u>▶</u>			414139

Part VII Investments—Other Securit	ies. See Form 990, Fart A, iini	Ç 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other SEE ATTACHED LM2 SCHEDULE 5		
(A)		
(B)		
(C)		
(D)		
(E) 		
(F) (G)		
(H)		
(l)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12.)) ▶	
	ated. See Form 990, Part X, lir	ne 13
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(S) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		·
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.		
(8) (9) 10)	, Part X, line 15.	/N Pook volue
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990		(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1)	, Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2)	, Part X, line 15.	(b) Book value
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3)	, Part X, line 15.	(b) Book value
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4)	, Part X, line 15.	(b) Book value
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5)	, Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6)	, Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7)	, Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8)	, Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9)	, Part X, line 15.	(b) Book value
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	, Part X, line 15. (a) Description	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9)	X, col. (B) line 15.)	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 9	X, col. (B) line 15.)	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 9	X, col. (B) line 15.	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2)	X, col. (B) line 15.	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2) (3)	X, col. (B) line 15.	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2) (3)	X, col. (B) line 15.	
(8) (9) (10) (7tal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2) (3)	X, col. (B) line 15.	
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Total. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2) (3)	X, col. (B) line 15.	
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91 (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, col. (B) line 15.	
(8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 990 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, col. (B) line 15.	
(8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, col. (B) line 15.	
(8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	X, col. (B) line 15.	
(8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form 91. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, col. (B) line 15.)	

Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater al revenue (Form 990, Part VIII, column (A), line 12) al expenses (Form 990, Part IX, column (A), line 25) ess or (deficit) for the year. Subtract line 2 from line 1 unrealized gains (losses) on investments atted services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 2 3 4 5 6 7 8 9	
al expenses (Form 990, Part IX, column (A), line 25) ess or (deficit) for the year. Subtract line 2 from line 1 unrealized gains (losses) on investments eated services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) eal adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12:	2 3 4 5 6 7 8 9 10	
ess or (deficit) for the year. Subtract line 2 from line 1 unrealized gains (losses) on investments atted services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12:	3 4 5 6 7 8 9 10	
unrealized gains (losses) on investments attacted services and use of facilities estment expenses or period adjustments. er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements.	4 5 6 7 8 9 10	
stated services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12:	5 6 7 8 9 10 er Retu	
estment expenses	6 7 8 9 10 er Retu	
re period adjustments	7 8 9 10 er Retu	
er (Describe in Part XIV.)	8 9 10 er Retu	
al adjustments (net). Add lines 4 through 8	9 10 er Retu	
ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements	10 er Retu	
Reconciliation of Revenue per Audited Financial Statements With Revenue per all revenue, gains, and other support per audited financial statements	r Retu	
al revenue, gains, and other support per audited financial statements		
ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	<u>1111</u>
1 1	<u></u>	+
and the standard of the standa		
unrealized gains on investments	_	
nated services and use of facilities		
er (Describe in Part XIV.)		
		
• •	3	+
· · · · · · · · · · · · · · · · · · ·	_	
· · · · · · · · · · · · · · · · · · ·	┥.	
		ļ
		<u> </u>
		eturn
	1	<u> </u>
	— _	
	. 3	
	į	
· · · · · · · · · · · · · · · · · · ·	_	
		
	5	
	; Part I\	/, lines 1b and
e 4; Part X. line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also co onal information.		
	Reconciliation of Expenses per Audited Financial Statements With Expenses all expenses and losses per audited financial statements counts included on line 1 but not on Form 990, Part IX, line 25: nated services and use of facilities 2b er losses 2c er (Describe in Part XIV.) 2d er (Describe in Part XIV.) 2d er (Describe in Part XIV.) 2d er losses 2a through 2d 2d er counts included on Form 990, Part IX, line 25, but not on line 1: pestment expenses not included on Form 990, Part VIII, line 7b 4a er (Describe in Part XIV.) 4b er (Describe in Part XIV.) 4d er (Describe in	er (Describe in Part XIV.) Il lines 2a through 2d