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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011

Open to Public

Form **990** (2011)

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

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

4	For the	2011 cale	ndar year, or tax year beginning	, 2011, and ending		, 20				
В	Check if a	applicable	C Name of organization United Steelworkers Local Union 13-447		)D E	Employer identification r	umber			
	Address o	change	Doing Business As USW Local Union 13-447			72-0500916				
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street add	reiss (1) Roomseum	ET	elephone number				
	Initial retu	m	1601 Fourth Street	I all I		504-341-8875				
$\supset$	Terminate	ed	City or town, state or country, and ZIP + 4							
	Amended		Westwego, LA 70094		GG	Gross receipts \$				
	Application	on pending	F Name and address of principal officer Arthur J Boudreaux		H(a) Is this a grou	up return for affiliates? 🔲 Yes	s 🗸 No			
			1601 Fourth Street, Westwego, LA 70094		H(b) Are all affil	iliates included?	s 🗌 No			
	Tax-exem	npt status	☐ 501(c)(3)	7(a)(1) or 527	If "No," a	attach a list (see instruction	ons)			
J	Website:	<b>&gt;</b>			H(c) Group exe	emption number 🕨				
K	Form of or	rganization	Corporation Trust Association ✓ Other ► Union	L Year of formation	on N	A State of legal domicile	LA			
P	art I	Summ	ary							
	1	Briefly de	escribe the organization's mission or most significant a	ctivities: Negotiat	ing contracts for	our members with the				
m		Companie	s they work for. Providing representation on all other matters for	our members dealing	with their emplo	yers.				
Activities & Governance	}	Working to	o improve the wages, medical benefits and working conditions for	all our members thro	ough collective ba	argaining.				
Ē	-									
ove	2	Check th	is box ▶ ☐ if the organization discontinued its operation	ons or disposed of	f more than 25	% of its net assets.				
ق سم			of voting members of the governing body (Part VI, line	·	1	3	879			
Š	4 1	Number (	of independent voting members of the governing body	(Part VI, line 1b)		4	879			
į	5	Total nur	nber of individuals employed in calendar year 2011, (Pa	rt V, line 2a) .	1	5	41			
Ę	6	Total nur	nber of volunteers (estimate if necessary)	Ĺ )	1	6	838			
⋖	7a -	Total unr	elated business revenue from Part VIII; column (C), line	sila ./		7a	0			
	b	Net unrel	ated business taxable income from Form 990-T, line 3-	4 ./		7b	0			
			DEC 3 (V 201	5	Prior Year	Current Y	ear			
Revenue	8 (	Contribu	tions and grants (Part VIII, line 1h)	<b>?</b>	52	25824	414295			
	1		service revenue (Part VIII, line 2g) . TPR. BRANCE	4	<u>-</u>	0	0			
		-	nt income (Part VIII, column (A), lines 3, 4, and zd N.			19611	2846			
Œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	111e)		11930	18515			
			enue-add lines 8 through 11 (must equal Part VIII, colun			57365	435656			
			nd similar amounts paid (Part IX, column (A), lines 1-3)			0	0			
	1		paid to or for members (Part IX, column (A), line,4)			4500	6929			
တ			other compensation, employee benefits (Part IX column (	A)_lines 5–10)		99150	258697			
Expenses			onal fundraising fees (Part IX, column (A), line 11e)			0	0			
<u>pe</u>			draising expenses (Part IX, column (D), line 28)			-				
Ä	1		penses (Part IX, column (A), lines 11a-1/g/11/24e)		47	76503	252242			
			penses. Add lines 13–17 (must equal Raft IX, collimp A	line 25)		80153	517889			
			less expenses. Subtract line 18 from the 19	,, , , , , , , , , , , , , , , , , , ,		22788	-82233			
5 %				Be	eginning of Current					
ssets or Salances	20	Total ass	ets (Part X, line 16)	–	69	95518	613285			
88	l		ilities (Part X, line 26)			0	0			
캶	ı		ts or fund balances. Subtract line 21 from line 20		69	95518	613285			
Pā	rt II		ture Block							
			ry, I declare that I have examined this return, including accompanying etg-peclayation of preparer (ather than officer) is based on all informat				d belief, it is			
			The state of the s	or which preparer i	any Miowieuge	-/11/10	1010			
Sig	, I	J.	sture of officer	<u></u>		11111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_		Sign	ature of officers	antan -	Date	2- 60	A VI			
le				retary-T	TEASU T	2 F				
		<del>, , , , , , , , , , , , , , , , , , , </del>	or print name and title	, 150	· · · · · ·	- Intuitée	<del>,</del>			
₽a	id	Figure	pe preparer's name Preparer's signature	Date	Į C	Check I if PTIN	Top S			
	eparer				S	elf-employed	) <del>[</del>			
	e Only		ame ▶		Firm's E	IN ▶	<u> </u>			
		Firm's a	ddress ▶		Phone n	10	<b>~</b>			
/la	<u>y</u> the IRS	S_discus:	s this return with the preparer shown above? (see instru	uctions)		🗍 Ye	s No			

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form 99	0 (2011)			Page <b>2</b>
Part I		e Accomplishments response to any question in this Part	III	🗆
1	Briefly describe the organization's miss		<u> </u>	· · · · · ·
·	Negotiating contracts for our members with th	ne Companies they work for. Providing represenes, medical benefits and working conditions for		
2	Did the organization undertake any sig	gnificant program services during the ye	ar which were not listed on the	
_				☐ Yes ☑ No
3	Did the organization cease conducting services?	ng, or make significant changes in h		☐ Yes ☑ No
	If "Yes," describe these changes on So	chedule O.		
4	expenses. Section 501(c)(3) and 501(	service accomplishments for each of its (c)(4) organizations and section 4947(a otal expenses, and revenue, if any, for each	)(1) trusts are required to repor	
4a	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
				·
41.	(O-d		\(\(\int_{\text{D}}\)	
4b	(Code: ) (Expenses \$	including grants of \$	) (Hevenue \$	<i>)</i> 
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	01			
4d		grants of \$ ) (Revenue	\$ )	
4e	Total program service expenses ▶	·····		Form <b>990</b> (2011)

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_	•	2		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<b>▼</b>
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? If "Yes," complete Schedule C, Part II	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	-	✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	1	
	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
	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 organ zation's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<b>√</b>
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	1	1
b	Schedule D, Parts XI, XII, and XIII	12a		1
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13	-	/
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	1
b		170	-	<b> </b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		1
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 orga ization 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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>√</b>

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
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		<b>√</b>
b c	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		24d 25a		1
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		<b>✓</b>
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 50¹(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
		For	n 990	(2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	• •		
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a 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		<b>✓</b>
4a	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)?	4a		✓
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.	انا		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<b>✓</b>
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		_
	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			
	gifts were not tax deductible?	6b		✓
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		<b>✓</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<del></del> -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<b>✓</b>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>✓</b>	
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 organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<b>/</b>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		· <del>-</del>
a	Initiation fees 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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	.		
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	12a		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>-</del>
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			،
С	the organization is licensed to issue qualified health plans			'
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<del>                                     </del>
	provide an engineering consistency of the constant of the cons		n <b>990</b>	(2011)

Part		and i		"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
<del></del>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
Section	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	$\Box$		
14	If there are material differences in voting rights among members of the governing body, or			<b>.</b>
	if the governing body delegated broad authority to an executive committee or similar			· '
	committee, explain in Schedule O.			
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		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	<b>/</b>
6 7a	Did the organization have members or stockholders?	6	<b>-</b>	-
	one or more members of the governing body?	7a	✓	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	/5		
•	the year by the following:			1
а	The governing body?	8a	1	
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			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
40-	Did the experientian have local chapters, bronches, or offiliates?	10a	/es	HO
10a b	Did the organization have local chapters, branches, or affiliates?	IUa	<b>V</b>	
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0		
40	describe in Schedule O how this was done	12c	<b>√</b>	
13 14	Did the organization have a written whistleblower policy?	14	<b>∀</b>	
15	Did the process for determining compensation of the following persons include a review and approval by	- <del>'</del> -	-	<del> </del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	Ì	1
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	<del></del>	<b> </b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b	L .	
	on 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 (Section	501	(C)(3)	coh/
10	available for public inspection. Indicate how you made these available. Check all that apply.	., 501	(0)(0)8	э онну)
40	Own website Another's website Upon request			!!
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n inte	rest p	опсу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20	organization: ► Arthur J Boudreaux, 1601 Fourth Street, Westwego, LA 70094	J. 1110	•	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII
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.

☐ Check this box if neither the organization nor	any relate	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	(do n	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) (E) Reportable compensation compensation for the compensation of the compensation compensation for the compensation of					(E)	<b>(F)</b> Estimated	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED	į							•	:	
(2)										
(3)										
(4)										
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	-									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck s pe	more rson	than on the thick the thic	an tee)	(D)  Reportable compensation from	(E) Reportable compensation related		Estir amo	mated unt of ther	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıoı (W-2/1099-M		compe fror orgar and i	ensation in the nization related izations	
(15)														
(16)														
(17)		-											-	
(18)									1					
(19)		•												
(20)						<u></u>	<u>-</u>						·····	
(21)														
(22)		-												
(23)		-								_		<del></del>		
(24)		<del>                                     </del>	· · · · · ·								-			
(25)														
1b c d	Sub-total	VII, Section		•				<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$10	00,000	of		•
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc				-	-	•		est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? /	f "Ye	s, "	complete Sch	nedule J fo		4		
5	Did any person listed on line 1a receive of for services rendered to the organization											5		<b>√</b>
Section	on B. Independent Contractors								·	<del></del>				
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	tress							(B) Description of s	ervices	c	(C) Compens	ation	
								├-						
								$\vdash$						
		C- 1						L						
2	Total number of independent contractor received more than \$100,000 of compen							o tř	nose listed ab	ove) who				

Part	VIII	Statement of Reve	nue					
_			- · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ots	1a	Federated campaigns	1a	0				
our a	b	Membership dues .	1b	414295				
S, E	С	Fundraising events .	1c	0				
ar l	d	Related organizations	1d	0				
ini S, (	е	Government grants (con	tributions) 1e	0				
tion	f	All other contributions, gi	fts, grants,					
ibu He		and similar amounts not inc	cluded above 1f	0				1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ		0				í
<u>7 p</u>	h	Total. Add lines 1a-11	<u>f</u> <u>.</u>		414295			
Program Service Revenue	_			Business Code				_
eve	2a				0	0	0	0
e R	b				0	0	0	0
Ż	C				0	0	0	0
Se	d			} <del></del>	0	0	0	0
ıran	e				0		0	0
og '	f	All other program sen			0	0	0	0
<del></del> -	g 3	Total. Add lines 2a-2: Investment income	(including divid	ends interest		<u>,,</u>		
		and other similar amo			2846	0	o	0
	4	Income from investment	•		0	0	0	0
	5				0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents	C	0				
	b	Less: rental expenses	C	0				1
	С	Rental income or (loss)	C	0			_	
	d	Net rental income or (	(loss)	>	0	0	0	0
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory	c	0				
	b	Less. cost or other basis						•
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss) .		· · · · <del>-</del>	0	0	0	0
e n	8a	Gross income from fu	ındraising					†
ē	•	events (not including \$	a.a.a.ig					
Revenue		of contributions reporte	ed on line 1c).					
		See Part IV, line 18 .		0				
Other	b	Less: direct expenses	s <b>t</b>	0				
•	С	Net income or (loss) f		events . ►	o		o	0
	9a	Gross income from ga						
		See Part IV, line 19 .		0				n
	b	Less: direct expenses						
	С	Net income or (loss) f		tivities <b>&gt;</b>	0	0	0	0
	10a	Gross sales of in						
		returns and allowance		<del></del>		[		, ,
	b	Less: cost of goods s Net income or (loss) f			222	_		_
	С	Miscellaneous R		Business Code	228	0	0	0
	11a			Dusiness Code	o	0	o	0
	b			-	- 0	<del></del>		0
	6	***************************************			0			0
	d	All other revenue .			18287	<del> </del>	0	0
	e	Total. Add lines 11a-		•	18287			
	12	Total revenue. See in	nstructions	•	435656	0	0	0

## 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).

	Check if Schedule O contains a respon				<u> L</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,			-	
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o			
4		6929	0		
4	Benefits paid to or for members Compensation of current officers, directors,	0929	· · · · · · · · · · · · · · · · · · ·		
5	trustees, and key employees	155949	اه	o	0
_		133949	U U		
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	0
_		0	0	0	0
7 8	Other salaries and wages	50512	0	U	<u></u>
0	section 401(k) and 403(b) employer contributions)		0	0	0
^		6114	0		0
9	Other employee benefits	46122	0	0	0
10	Payroll taxes	40122			
11	Fees for services (non-employees):	o	0	0	0
a b	Management	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	645	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	36169	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	9336	0	0	0
17	Travel	13963	0	0	0
18	Payments of travel or entertainment expenses		:		
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1770	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	140608	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	1574	0	0	0
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_		8985	0	0	0
a b	Donations Legal Fees	27077	0	0	0
C	Direct Taxes	12136	0	0	0
d	Direct (dxes	0	0	0	-0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	517889	0	0	
26	Joint costs. Complete this line only if the			_	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X	Balance Sheet			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—n in-interest-bearing	41369	1	26306
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	0	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			
Į	employers and sponsoring organizations of section 501(c)(9) voluntary	İ		
2	employees' beneficiary organizations (see instructions)	0	6	0
7 8	Notes and loans receivable, net	0	7	0
₹ 8	Inventories for sale or use	0	8	0
9	Prepaid expenses and deferred charges	0	9	0
10a				
İ	other basis. Complete Part VI of Schedule D 10a 414139			e
b	Less: accumulated depreciation [10b]	414139	10c	414139
11	Investments—publicly traded securities	240010	-	172840
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	0		0
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	695518	16	613285
17	Accounts payable and accrued expenses	0	17	0
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	. 0	21	0
စ္မ 22	Payables to current and former officers, directors, trustees, key			
<b>∐</b>	employees, highest compensated employees, and disqualified persons.	4		
Cabilities 23	Complete Part II of Schedule L	0		. 0
-   20	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
00			25	
26	Total liabilities. Add lines 17 through 25	0	26	0
Se l	lines 27 hrough 29, and lines 33 and 34.			
ਜ਼ੋਂ 27	Unrestricted net assets	0	27	0
ក្ត   28	Temporarily restricted net assets	0	28	0
g   29	Permanently restricted net assets	_ 0	29	0
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
ဖ္ 30	Capital stock or trust principal, or current funds	0	30	0
g 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
S 32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
<u>9</u> 33	Total net assets or fund balances	695518	33	613285

Check  1 Total revenue 2 Total expens 3 Revenue less 4 Net assets o 5 Other chang 6 Net assets o column (B))  Part XII Finance				Га	ıge <b>12</b>	
<ol> <li>Total revenue</li> <li>Total expens</li> <li>Revenue less</li> <li>Net assets o</li> <li>Other change</li> <li>Net assets o column (B))</li> </ol> Part XII Finance	ciliation of Net Assets					
<ul> <li>2 Total expens</li> <li>3 Revenue less</li> <li>4 Net assets o</li> <li>5 Other changs</li> <li>6 Net assets o</li> <li>column (B))</li> <li>Part XII Finance</li> </ul>	Schedule O contains a response to any question in this Part XI	·				
<ul> <li>2 Total expens</li> <li>3 Revenue less</li> <li>4 Net assets o</li> <li>5 Other changs</li> <li>6 Net assets o</li> <li>column (B))</li> <li>Part XII Finance</li> </ul>					35656	
3 Revenue less 4 Net assets o 5 Other chang 6 Net assets o column (B)) Part XII Finance	Total revenue (must equal Part VIII, column (A), line 12)					
<ul> <li>4 Net assets o</li> <li>5 Other change</li> <li>6 Net assets o column (B))</li> <li>Part XII Finance</li> </ul>	Total expenses (must equal Part IX, column (A), line 25)					
5 Other change 6 Net assets o column (B)) Part XII Finance	expenses. Subtract line 2 from line 1	3	82233			
6 Net assets o column (B)) Part XII Finance	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	695518			
column (B)) Part XII Finance					0	
Part XII Finance						
	al Otatana and Barastina	6		- 6	13285	
	al Statements and Reporting				_	
Cneck	Schedule O contains a response to any question in this Part XII		· · ·		, 니	
4	attend and the grown and the Fermi 2000 17 October 17 Ave. 1 17 October 17 Oc			Yes	No	
	ethod used to prepare the Form 990: ☑ Cash  ☐ Accrual  ☐ Other ation changed its method of accounting from a prior year or checked "Other," ex	alaia .a				
Schedule O.	ation changed its method of accounting from a prior year or checked. Other, ex	cpiain in				
~	The state of game and the state of the state					
	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?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
Schedule O.	ation changed either its oversight process or selection process during the tax year, ex	кріаін ін				
	e 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar word				
	eparate basis, consolidated basis, or both:	ai weie	-			
<u>—</u>	asis Consolidated basis Both consolidated and separate basis					
	<u> </u>	forth in				
	3a As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?				,	
•	he organization undergo the required audit or audits? If the organization did not under	eran the	3a		<b>-</b>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			

Form **990** (2011)

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

United Steelworkers Local 13-447 72-0500916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . N/A 1 N/A N/A 2 Aggregate contributions to (during year) . N/A Aggregate grants from (during year) . . N/A Aggregate value at end of year . . . . N/A Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Я In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collec	tions of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection ite ns (check all that apply):		on, and ot	her reco	rds, chec	k any of the	e follov	ving that are a	significant use of its
а	☐ Public exhibition					or exchang			
b	☐ Scholarly research			е	☐ Other	r			
С	☐ Preservation for future generations								
4	Provide a description of the organizat	tion's co	ollections a	and expla	ain how t	hey further t	the org	janization's exe	empt purpose in Par
	XIV.		_						
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Par	V Escrow and Custodial Arra					anization a	answei	rea res to r	-orm 990, Part IV,
-10	line 9, or reported an amount ls the organization an agent, trustee,	Custoc	dian or oth	er intern	nediani fo	or contributi	ions or	other assets	not
1a	included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Pa								· [ les [ lto
b	ii res, explain the arrangement iii i	aitAive	and compr		onowing to	abic.			Amount
С	Beginning balance						10	:	
d	Additions during the year						1d		
e	Distributions during the year						1e	· · · · · · · · · · · · · · · · · · ·	
f	Ending balance						1f		
2a	Did the organization include an amount	nt on Fo	orm 990, Pa	art X, line	21? .				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIV.							
Par	Endowment Funds. Compl								ne 10.
		(a) Cu	irrent year	(b) Pr	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				_			-	
b	Contributions								
С	Net investment earnings, gains, and								
	losses			•		-			
d	Grants or scholarships Other expenditures for facilities and								
е	programs			ļ					
f	Administrative expenses					-			
g	End of year balance				·		<b></b>		
2	Provide the estimated percentage of	the curr	ent vear er	nd baland	ce (line 1c	, column (a	)) held	as:	<del>-</del>
а	Board designated or quasi-endowme	nt 🕨	•	%					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in th	e posse	ession of th	ne organ	ization th	at are held	and ad	Iministered for	
	organization by:								Yes No
	(i) unrelated organizations					• • • •			. 3a(i) . 3a(ii)
b	(ii) related organizations								3b
4	Describe in Part XIV the intended use						• •		. [05]
Par									
	Description of property		(a) Cost or o	ther basis	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	_ +		5000	1	0			5000
b	Buildings			354430		0		0	354430
c	Leasehold improvements	.		C	<del></del>	0		0	(
ď	Equipment	. T		54709	1	0		0	54709
e	Other	.				0		0	
Total	. Add lines 1a through 1e. (Column (d) I	must eq	ual Form 9	90, Part	X, columi	n (B), line 10	)(c).)		414139

Part VII	Investments-Other Securities	s. See Form 990, Part X,	line 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial		•		
	neld equity interests	·		
	E ATTACHED LM2 SCHEDULE 5			<del></del>
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)			<del> </del>	
(i)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments—Program Relat		line 13	<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of val	uation.
	(a) Bosonphon of involunting type	(a) Book value	Cost or end-of-year m	
(1)		· - · ·		
(2)				1
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	···			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990,	(a) Description		(b) Book value
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)		<del></del>		
(6)				
(7)			•	
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X	, col. (B) line 15.)		
Part X	Other Liabilities. See Form 99	00, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federa	Income taxes			
(2)	<u></u>			
(3)				
(4)				
(5)				
(6)			_	
(7)			_	
(8)			_	
(9)			_	
(10)			_	
(11)			_	
	(b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	<del> </del>
	ASC 740) Footnote. In Part XIV, provi		the organization's financial stater	ments that reports the
organizatıo	n's liability for uncertain tax position:	s under FIN 48 (ASC 740).		

	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	·=·
	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u></u>
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
Ļ	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
;	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV.)	8	
	Total adjustments (net). Add lines 4 through 8	9	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
rt	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	4	
	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV.)	-	
е	Add lines 2a through 2d	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
)	Other (Describe in Part XIV.)	<b>-</b>	
•	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Detur	
	Total expenses per audited financial statements	1	11
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
_	Donated services and use of facilities		
a L	Prior year adjustments	-	
b	Other losses	1 1	
ч С	Other (Describe in Part XIV.)	-	
d ^	Add lines 2a through 2d	⊣ <sub>2е</sub>	
е	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
h	Other (Describe in Part XIV.)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIV Supplemental Information	1 - 1	

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Part XIV	Supplemental Information (continued)	
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