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Return of Organization Exempt From Income Tax

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)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2012**Open to Public Inspection**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|---|--|--|---|------------|---------------------------|--|---|--|----------------------------|--|--|--|--|--|--|--|--|---|--|--|--|---|--|----------------------------|--|
| A For the 2012 calendar year, or tax year beginning <u>January 1</u> , 2012, and ending <u>December 31</u> , 20 <u>12</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>United Steelworkers Local Union 13-447</u></td> <td>D Employer identification number <u>72-0500916</u></td> </tr> <tr> <td colspan="2">Doing Business As <u>USW Local Union 13-447</u></td> <td rowspan="3">E Telephone number <u>504-341-8875</u></td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><u>1601 Fourth Street</u></td> </tr> <tr> <td colspan="2">City, town or post office, state, and ZIP code <u>Westwego, LA 70094</u></td> <td>G Gross receipts \$</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer <u>Arthur J Boudreaux</u> <u>218 St John St., Luling, LA 70070 (Secretary-Treasurer)</u> </td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="4"> I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="4">J Website: ▶ <u>http://myuswlocal.org/sites/US/lu13_00447/</u></td> </tr> <tr> <td colspan="2">K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <u>Union</u></td> <td>L Year of formation</td> <td>M State of legal domicile <u>LA</u></td> </tr> </table> | C Name of organization <u>United Steelworkers Local Union 13-447</u> | | D Employer identification number <u>72-0500916</u> | Doing Business As <u>USW Local Union 13-447</u> | | E Telephone number <u>504-341-8875</u> | Number and street (or P O box if mail is not delivered to street address) | Room/suite | <u>1601 Fourth Street</u> | | City, town or post office, state, and ZIP code <u>Westwego, LA 70094</u> | | G Gross receipts \$ | F Name and address of principal officer <u>Arthur J Boudreaux</u> <u>218 St John St., Luling, LA 70070 (Secretary-Treasurer)</u> | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | J Website: ▶ <u>http://myuswlocal.org/sites/US/lu13_00447/</u> | | | | K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <u>Union</u> | | L Year of formation | M State of legal domicile <u>LA</u> |
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Part I Summary

| | | | | |
|------------------------------------|------------|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities. <u>Negotiating contracts for our members with the Companies they work for. Providing representation on all matters for our members dealing with their employers. Working to improve the wages, medical benefits and working conditions for all our members through collective bargaining.</u> | | |
| | | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 858 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 858 |
| | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 33 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 800 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 414295 | 307212 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2846 | 30013 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 18515 | 14367 |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 435656 | 351592 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6929 | 12436 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 258697 | 197527 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0 | 0 |
| Expenses | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 517889 | 326290 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | -82233 | 25302 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 613285 | 638587 |
| | 21 | Total liabilities (Part X, line 26) | 0 | 0 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 613285 | 638587 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|--|------------------------|------|---|------|
| Sign Here | Signature of officer | Date <u>5/15/13</u> | | | |
| | Type or print name and title <u>Arthur J. Boudreaux</u> | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |
| | | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

SCANNED JUN 10 2013

P 7

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

Negotiating contracts for our members with the Companies they work for. Providing representation on all matters for our members dealing with their employers. Working to improve the wages, medical benefits and working conditions for all our members through collective bargaining.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

| | 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ✓ |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | ✓ |
| 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 | ✓ |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ✓ |
| 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 | ✓ |
| c 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 | ✓ |
| 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 | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ✓ |
| f 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 | 11f | ✓ |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 and XII is optional | 12b | ✓ |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ✓ |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ✓ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 23 | ✓ |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ✓ |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | ✓ |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ✓ |
| 25a 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? <i>If "Yes," complete Schedule L, Part I</i> | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | ✓ |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | ✓ |
| 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | ✓ |
| c 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | ✓ |
| 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 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | ✓ |
| 36 Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ |

Part V **Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

| | | 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 | | |
| 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 Statements, filed for the calendar year ending with or within the year covered by this return | 2a 33 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b ✓ | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 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 | | | |
| 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 | | ✓ |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ✓ |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| 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). | | | |
| a 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 | | ✓ |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | ✓ |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d 0 | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f ✓ | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g ✓ | | |
| 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 organization. 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 | | ✓ |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | | ✓ |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | ✓ |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a 0 | | |
| 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 | 11a 0 | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b 0 | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | ✓ |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | ✓ |
| b 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 | 13b 0 | | |
| c Enter the amount of reserves on hand | 13c 0 | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section 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 858 If there are material differences in voting rights among members of the governing body, or 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 858 | | |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 Did the organization have members or stockholders? 6 | ✓ | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a | ✓ | |
| 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 the year by the following. | | |
| a 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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 | | ✓ |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | ✓ | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | ✓ | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | ✓ | |
| 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 rise to conflicts? 12b | ✓ | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c | ✓ | |
| 13 Did the organization have a written whistleblower policy? 13 | ✓ | |
| 14 Did 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? | | |
| a The organization's CEO, Executive Director, or top management official 15a | ✓ | |
| b Other officers or key employees of the organization 15b | ✓ | |
| 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 | | ✓ |
| 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 organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Louisiana
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Arthur J Boudreaux, 1601 Fourth St, Westwego, LA 70094 (504) 341-8875

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) See Attached List from 2012 LM-2 Report | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 157621 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 157621 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

| | Yes | No |
|----------|-----|----|
| 3 | | ✓ |
| 4 | | ✓ |
| 5 | | ✓ |

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0 | |

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|-------------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | 307212 | | | |
| | b | Membership dues | 1b 307212 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 0 | | | | |
| | g | Noncash contributions included in lines 1a-1f. \$ | 0 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a | | | 0 | 0 | 0 | 0 |
| | b | | | 0 | 0 | 0 | 0 |
| | c | | | 0 | 0 | 0 | 0 |
| | d | | | 0 | 0 | 0 | 0 |
| | e | | | 0 | 0 | 0 | 0 |
| | f | All other program service revenue . | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f ▶ | | 0 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 13 | 0 | 0 | 0 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 0 | 0 | | | |
| | b | Less: rental expenses | 0 | 0 | | | |
| | c | Rental income or (loss) | 0 | 0 | | | |
| | d | Net rental income or (loss) ▶ | 0 | 0 | 0 | 0 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 30000 | (ii) Other 0 | | | |
| | b | Less: cost or other basis and sales expenses | 30000 | 0 | | | |
| | c | Gain or (loss) | 30000 | 0 | | | |
| | d | Net gain or (loss) ▶ | 30000 | 0 | 0 | 0 | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a | | 0 | | | |
| | b | Less: direct expenses b | 0 | | | | |
| | c | 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 | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | 0 | 0 | 0 | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | 640 | | | |
| | b | Less: cost of goods sold b | 0 | | | | |
| c | Net income or (loss) from sales of inventory . . ▶ | 640 | 0 | 0 | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | | | 0 | 0 | 0 | 0 | |
| b | | | 0 | 0 | 0 | 0 | |
| c | | | 0 | 0 | 0 | 0 | |
| d | All other revenue | | 13727 | 0 | 0 | 0 | |
| e | Total. Add lines 11a-11d ▶ | | 13727 | | | | |
| 12 | Total revenue. See instructions. ▶ | | 351592 | 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).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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 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 | 0 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | 0 | 0 | | |
| 4 Benefits paid to or for members. | 12436 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 86648 | 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 | 0 | 0 | 0 |
| 7 Other salaries and wages. | 62336 | 0 | 0 | 0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 0 | 0 | 0 | 0 |
| 9 Other employee benefits. | 7037 | 0 | 0 | 0 |
| 10 Payroll taxes. | 41506 | 0 | 0 | 0 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | 0 | 0 | 0 |
| b Legal. | 13416 | 0 | 0 | 0 |
| c Accounting. | 0 | 0 | 0 | 0 |
| d Lobbying. | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | 0 |
| f Investment management fees. | 0 | 0 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion. | 0 | 0 | 0 | 0 |
| 13 Office expenses. | 23253 | 0 | 0 | 0 |
| 14 Information technology. | 797 | 0 | 0 | 0 |
| 15 Royalties. | 0 | 0 | 0 | 0 |
| 16 Occupancy. | 23515 | 0 | 0 | 0 |
| 17 Travel. | 15601 | 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. | 1554 | 0 | 0 | 0 |
| 20 Interest. | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates. | 12341 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization. | 0 | 0 | 0 | 0 |
| 23 Insurance. | 2820 | 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.) | | | | |
| a Donations. | 10114 | 0 | 0 | 0 |
| b Direct Taxes. | 12916 | 0 | 0 | 0 |
| c | | 0 | 0 | 0 |
| d | 0 | 0 | 0 | 0 |
| e All other expenses. | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 326290 | 0 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0 | 0 | 0 | 0 |

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 26306 | 1 | 62888 |
| | 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 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | 0 | 5 | 0 |
| | 6 Loans and other 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). Complete Part II of Schedule L. | 0 | 6 | 0 |
| | 7 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 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 414139 | | |
| | b Less: accumulated depreciation | 10b 0 | 10c 414139 | 414139 |
| | 11 Investments—publicly traded securities | 172840 | 11 | 161560 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 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). | 613285 | 16 | 638587 | |
| Liabilities | 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 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. | 0 | 22 | 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 | 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 |
| 26 Total liabilities. Add lines 17 through 25. | 0 | 26 | 0 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 0 | 27 | 0 |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0 | 30 | 0 |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 0 | 32 | 0 |
| | 33 Total net assets or fund balances | 613285 | 33 | 638587 |
| 34 Total liabilities and net assets/fund balances | 613285 | 34 | 638587 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

| | | | |
|-----------|--|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 351592 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 326290 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 25302 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 613285 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 638587 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| c 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 | | ✓ |
| 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? | | ✓ |
| 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 | | ✓ |

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds 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, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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

2 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a N/A |
| b Total acreage restricted by conservation easements | 2b N/A |
| c Number of conservation easements on a certified historic structure included in (a) | 2c N/A |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d N/A |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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.

Part III 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 XIII, 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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

(ii) Assets included in Form 990, Part X ▶ \$ 0

2 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:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

b Assets included in Form 990, Part X ▶ \$ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research

- d ☐ Loan or exchange programs
e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c 0 |
| d Additions during the year | 1d 0 |
| e Distributions during the year | 1e 0 |
| f Ending balance | 1f 0 |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 0 | 0 | 0 | 0 | 0 |
| b Contributions | 0 | 0 | 0 | 0 | 0 |
| c Net investment earnings, gains, and losses | 0 | 0 | 0 | 0 | 0 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | 0 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 0 | 0 | 0 | 0 | 0 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 0%
b Permanent endowment ▶ 0%
c Temporarily restricted endowment ▶ 0%

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 5000 | 0 | | 5000 |
| b Buildings | 354430 | 0 | 0 | 354430 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 54709 | 0 | 0 | 54709 |
| e Other | 0 | 0 | 0 | 0 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 414139

Part VII Investments—Other Securities. See Form 990, Part X, line 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) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) ----- | | |
| (2) ----- | | |
| (3) ----- | | |
| (4) ----- | | |
| (5) ----- | | |
| (6) ----- | | |
| (7) ----- | | |
| (8) ----- | | |
| (9) ----- | | |
| (10) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) ----- | |
| (2) ----- | |
| (3) ----- | |
| (4) ----- | |
| (5) ----- | |
| (6) ----- | |
| (7) ----- | |
| (8) ----- | |
| (9) ----- | |
| (10) ----- | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ----- | |
| (3) ----- | |
| (4) ----- | |
| (5) ----- | |
| (6) ----- | |
| (7) ----- | |
| (8) ----- | |
| (9) ----- | |
| (10) ----- | |
| (11) ----- | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

Part XIII Supplemental Information *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local Union 13-447

Employer identification number

72-0500916

Part VI - Section B - 11B The 990 is made available to the Trustee's and Primary Officer's for Review before filing any member wishing to review the 990 Forms may do so by requesting in writing. At that time an appointment would be set up for that review.

Part VI - Section B - 12C, 15: All business is first discussed at an E-Board meeting. Any issues with regards to Conflicts of Interested are discussed and resolved. Then the business comes before the membership for approval. Before that vote is taken all issues are discussed with the membership so that any issues are in the open.

Part VI - Section B - 15A & 15B: All business (including all compensation issues) is first discussed at an E-Board meeting. Then the business comes before the membership for approval. Before that vote is taken all issues are discussed with the membership so that any issues are in the open.

Part VI - Section A - 6: We have Members

Part VI - Section A - 7A: The total membership votes on all Local Officers, The Executive Board confirms all appointments to Committee's and Executive Board Vacancies.

Part VI - Section A - 7B All business is brought before the Executive Board first then if approved is presented to the General Membership for approval.

SCHEDULE 5 - INVESTMENTS

FILE NUMBER 039-519

| Description (A) | | Amount (B) |
|------------------------------|---|---------------|
| Marketable Securities | | |
| 1 | Total Cost | |
| 2 | Book Value | \$161,560 |
| 3 | List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2. | |
| | General Fund Investment Account # 63245088 | \$66,647 |
| | Death Benefit Fund Investment Account # 63245104 | \$94,913 |
| Other Investments | | |
| 4. | Total Cost | |
| 5 | Book Value | |
| 6 | List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2. | |
| | | |
| | | |
| 7. | Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).) | \$161,560 |

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Status | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|--|------------------------|--|----|---|-----------------------------|---|--|-------------------------------|
| 1 | A | First Name John | Middle Initial Gros | Last Name Gros | | | | | | |
| | | President/Group Chair | | | | \$13,627 | \$0 | \$1,888 | \$0 | \$15,515 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 55% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 5% | Schedule 19 Administration |
| | | | | | | | | | | 40% |
| 2 | A | First Name Arthur | Middle Initial J | Last Name Boudreaux | | | | | | |
| | | Secretary-Treasurer | | | | \$24,044 | \$0 | \$1,512 | \$0 | \$25,556 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 35% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 5% | Schedule 19 Administration |
| | | | | | | | | | | 60% |
| 3 | A | First Name Lanny | Middle Initial | Last Name Nobles | | | | | | |
| | | Rec-Secretary/Group Chair | | | | \$8,694 | \$0 | \$1,416 | \$0 | \$10,110 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 70% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 3% | Schedule 19 Administration |
| | | | | | | | | | | 27% |
| 4 | A | First Name Brent | Middle Initial | Last Name Pett | | | | | | |
| | | President/Group Chair | | | | \$2,192 | \$0 | \$0 | \$0 | \$2,192 |
| | | P | | | | | | | | |
| I | | Schedule 15 Representational Activities | 60% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 4% | Schedule 19 Administration |
| | | | | | | | | | | 36% |
| 5 | A | First Name Stephen | Middle Initial | Last Name Boudreaux | | | | | | |
| | | Trustee | | | | \$1,959 | \$0 | \$0 | \$0 | \$1,959 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 20% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 80% |

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Status | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|--|----------------|--|--|---|------------------------------|---|--|-------------------------------|
| 6 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Anthony | | Corso | | \$2,925 | \$0 | \$229 | \$0 | \$3,154 |
| | | Trustee | | | | | | | | |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 20% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 80% |
| 7 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Charlotte | | Anderson | | \$3,289 | \$0 | \$519 | \$0 | \$3,808 |
| | | Trustee | | | | | | | | |
| | | N | | | | | | | | |
| I | | Schedule 15 Representational Activities | 20% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 80% |
| 8 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Jay | | Casso | | \$3,674 | \$0 | \$263 | \$0 | \$3,937 |
| | | Trustee | | | | | | | | |
| | | P | | | | | | | | |
| I | | Schedule 15 Representational Activities | 20% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 80% |
| 9 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Carl | | Mathews | | \$2,873 | \$0 | \$414 | \$0 | \$3,287 |
| | | Safety/Rapid Response | | | | | | | | |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 85% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 15% |
| 10 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Walter | | Eccles | | \$856 | \$0 | \$0 | \$0 | \$856 |
| | | Group Chairman | | | | | | | | |
| | | N | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Status | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|--|-----------------------------|--|--|---|------------------------------|---|--|-------------------------------|
| 11 | A | First Name Herman | Middle Initial Muse | Last Name Coleman | | | | | | |
| | | Exec-Vice Pres/Group Chair | | | | \$4,935 | \$0 | \$716 | \$0 | \$5,651 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | |
| 12 | A | First Name Bertrand | Middle Initial Coleman | Last Name Coleman | | | | | | |
| | | Group Chairman | | | | \$7,569 | \$0 | \$593 | \$0 | \$8,162 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | |
| 13 | A | First Name Paul | Middle Initial F | Last Name Pelaez Jr | | | | | | |
| | | Group Chairman | | | | \$266 | \$0 | \$0 | \$0 | \$266 |
| | | N | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | |
| 14 | A | First Name Marty | Middle Initial Robertson | Last Name Robertson | | | | | | |
| | | Group Chairman | | | | \$4,447 | \$0 | \$600 | \$0 | \$5,047 |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | |
| 15 | A | First Name Troy | Middle Initial Lindner | Last Name Lindner | | | | | | |
| | | Group Chairman | | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | P | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | |

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Status | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed Contributions | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|---------------------|---|--|-------------------------------|--|----|---|--|---|--|-------------------------------|
| 16 | A | First Name William | Middle Initial L | Last Name Lindner, IV | | \$493 | | \$398 | \$0 | \$891 |
| | | Group Vice-Chair | | | | | | | | |
| | | N | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |
| 17 | A | First Name Dennis | Middle Initial Ott | Last Name Ott | | \$2,802 | | \$89 | \$0 | \$2,891 |
| | | Group Vice-Chair | | | | | | | | |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |
| 18 | A | First Name Ralph | Middle Initial Presley, Jr | Last Name Presley, Jr | | \$2,003 | | \$0 | \$0 | \$2,003 |
| | | Group Vice-Chair | | | | | | | | |
| | | C | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |
| 19 | A | First Name Gregory | Middle Initial Leonard | Last Name Leonard | | \$0 | | \$0 | \$0 | \$0 |
| | | Group Vice-Chair | | | | | | | | |
| | | N | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |
| 20 | A | First Name Alan | Middle Initial K | Last Name Creedy | | \$0 | | \$0 | \$0 | \$0 |
| | | Group Chairman | | | | | | | | |
| | | P | | | | | | | | |
| I | | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| | | | | | | | | | | 0% |
| TOTAL OF LINES 1-20 | | | | | | \$86,648 | \$0 | \$8,637 | \$0 | \$95,285 |
| LESS DEDUCTIONS | | | | | | | | | | \$30,852 |
| NET DISBURSEMENTS | | | | | | | | | | \$64,433 |

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Other Payee | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|--|----------------|--|--|---|-----------------------------|---|--|--------------|
| 1 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Linda | S | Verdin | | | | | | |
| | | Office Manager | | | | | | | | |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 0% | Schedule 16 Political Activities and Lobbying | | \$34,506 | \$0 | \$0 | \$0 | \$34,506 |
| 2 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Murray | D | Armstrong | | | | | | |
| | | Member | | | | | | | | |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | \$616 | \$0 | \$0 | \$0 | \$616 |
| 3 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Jimmy | | Reckel | | | | | | |
| | | Member | | | | | | | | |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | \$280 | \$0 | \$0 | \$0 | \$280 |
| 4 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | Audy | | Berke | | | | | | |
| | | Member | | | | | | | | |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | \$1,467 | \$0 | \$0 | \$0 | \$1,467 |
| 5 | A | First Name | Middle Initial | Last Name | | | | | | |
| | | James | | Cooper | | | | | | |
| | | Member | | | | | | | | |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | \$594 | \$0 | \$0 | \$0 | \$594 |

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Other Payee | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|-------------------------|---------------------|-----------------------|--|---|------------------------------|---|--|--------------|
| 6 | A | First Name Carlo | Middle Initial J | Last Name Damico | Schedule 15 Representational Activities | Schedule 16 Political Activities and Lobbying | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | |
| | | Member | | | | | | | | \$3,037 |
| | | N/A | | | | | | | | |
| I | | | | | | | | | | |
| 7 | A | First Name Wade | Middle Initial | Last Name Guilbeau | Schedule 15 Representational Activities | Schedule 16 Political Activities and Lobbying | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | \$573 |
| | | Member | | | | | | | | \$0 |
| | | N/A | | | | | | | | |
| I | | | | | | | | | | |
| 8 | A | First Name Scott | Middle Initial | Last Name Heck | Schedule 15 Representational Activities | Schedule 16 Political Activities and Lobbying | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | \$612 |
| | | Member | | | | | | | | \$0 |
| | | N/A | | | | | | | | |
| I | | | | | | | | | | |
| 9 | A | First Name Robert | Middle Initial F | Last Name Lee | Schedule 15 Representational Activities | Schedule 16 Political Activities and Lobbying | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | \$2,741 |
| | | Member | | | | | | | | \$0 |
| | | N/A | | | | | | | | |
| I | | | | | | | | | | |
| 10 | A | First Name Charmaine | Middle Initial J | Last Name Malbroue | Schedule 15 Representational Activities | Schedule 16 Political Activities and Lobbying | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | \$702 |
| | | Member | | | | | | | | \$0 |
| | | N/A | | | | | | | | |
| I | | | | | | | | | | |

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Other Payee | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|---|--|---------------------------|--|--|---|------------------------------|---|--|-------------------------------|
| 11 | A | First Name Lloyd | Middle Initial R | Last Name Newsom | | | | | | |
| | | Member | | | | \$3,374 | \$0 | \$0 | \$0 | \$3,374 |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| 12 | A | First Name Lorne | Middle Initial J | Last Name Peralta | | | | | | |
| | | Member | | | | \$2,410 | \$0 | \$0 | \$0 | \$2,410 |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| 13 | A | First Name Brent | Middle Initial J | Last Name Perrin | | | | | | |
| | | Member | | | | \$3,826 | \$0 | \$0 | \$0 | \$3,826 |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| 14 | A | First Name Stephen | Middle Initial W | Last Name Radig | | | | | | |
| | | Member | | | | \$5,168 | \$0 | \$0 | \$0 | \$5,168 |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |
| 15 | A | First Name James | Middle Initial Whitney | Last Name Whitney | | | | | | |
| | | Member | | | | \$1,555 | \$0 | \$0 | \$0 | \$1,555 |
| | | N/A | | | | | | | | |
| | I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | | 0% | Schedule 17 Contributions | Schedule 18 General Overhead | 0% | Schedule 19 Administration |

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER 039-519

| (A) Name | | (B) Title | | (C) Other Payee | | (D) Gross Salary Disbursements (before any deductions) | (E) Allowances Disbursed | (F) Disbursements for Official Business | (G) Other Disbursements not reported in (D) through (F) | (H) TOTAL |
|-------------|--|----------------|--|--------------------|------------------------------|---|---------------------------------|---|--|--------------|
| 16 | First Name | Middle Initial | Last Name | | | | | | | |
| | Debbie | | Williams | | | \$875 | \$0 | \$0 | \$0 | \$875 |
| | Member | | | | | | | | | |
| | N/A | | | | | | | | | |
| I | Schedule 15 Representational Activities | 100% | Schedule 16 Political Activities and Lobbying | 0% | Schedule 17 Contributions | 0% | Schedule 18 General Overhead | 0% | Schedule 19 Administration | 0% |

| 17. TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS | | | | | | | | | |
|---|--|---|--|---|------------------------------|---------------------------------|-------------------------------|-----|----------|
| I | Schedule 15 Representational Activities | 0 | Schedule 16 Political Activities and Lobbying | 0 | Schedule 17 Contributions | Schedule 18 General Overhead | Schedule 19 Administration | | |
| TOTAL OF LINES 1-17. | | | | | | \$62,336.00 | \$0 | \$0 | \$62,336 |
| LESS DEDUCTIONS | | | | | | | | | |
| NET DISBURSEMENTS | | | | | | | | | \$62,336 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local Union 13-447

Employer identification number

72-0500916

Part VI - Section A - 6: We have Members

Part VI - Section A - 7A: The total membership votes on all Local Officers. The Executive Board confirms all appointments to Committee's
and Executive Board Vacancies.

Part VI - Section A - 7B: All business is brought before the Executive Board first then if approved is presented to the General Membership
for approval.

Part VI - Section B - 11B: The 990 is made available to the Trustee's and Primary Officer's for Review before filing any member wishing to
review the 990 Forms may do so by requesting in writing. At that time an appointment would be set up for that review.

Part VI - Section B - 12C, 15: All business is first discussed at an E-Board meeting. Any issues with regards to Conflicts of Interest are
discussed and resolved. Then the business comes before the membership for approval. Before that vote is taken all issues are discussed
with the membership so that any issues are in the open.

Part VI - Section B - 15A & 15B: All business (including all compensation issues) is first discussed at an E-Board meeting.
Then the business comes before the membership for approval. Before that vote is taken all issues are discussed with the membership
so that any issues are in the open.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

United Steelworkers Local Union 13-447

Employer identification number

72-0500916

Part VI - Section A - 6: We have Members

**Part VI - Section A - 7A: The total membership votes on all Local Officers, The Executive Board confirms all appointments to Committee's
and Executive Board Vacancies.**

**Part VI - Section A - 7.3. All business is brought before the Executive Board first then if approved is presented to the General Membership
for approval.**

**Part VI - Section B - 11B: The 990 is made available to the Trustee's and Primary Officer's for Review before filing any member wishing to
review the 990 Forms may do so by requesting in writing. At that time an appointment would be set up for that review.**

**Part VI - Section B - 12C, 15: All business is first discussed at an E-Board meeting. Any issues with regards to Conflicts of Interested are
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**Part VI - Section B - 15A & 15B: All business (including all compensation issues) is first discussed at an E-Board meeting.
Then the business comes before the membership for approval Before that vote is taken all issues are discussed with the membership
so that any issues are in the open.**