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**Short Form**  
**Return of Organization Exempt From Income Tax**

2013

## Open to Public Inspection

**Department of the Treasury  
Internal Revenue Service**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2013 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<input type="checkbox"/> 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		<b>C Name of organization</b> <b>UNITED STEELWORKERS LOCAL 9477</b>	
		<b>Number and street (or P O box, if mail is not delivered to street address)</b> <b>P.O. BOX 402</b>	<b>Room/suite</b> <b></b>
		<b>City or town</b> <b>CARLSBAD</b>	<b>State</b> <b>NM</b>
			<b>ZIP code</b> <b>88220</b>
		<b>Foreign country name</b> <b></b>	<b>Foreign province/state/county</b> <b></b>
			<b>Foreign postal code</b> <b></b>
<b>D Employer identification number</b> <b>85-0456620</b>			
<b>E Telephone number</b> <b>575.706 0674</b>			
<b>F Group Exemption</b> <b>Number ► 0260</b>			

**G Accounting Method**  Cash  Accrual      **Other (specify)** ► \_\_\_\_\_  
**I Website:** ► N/A

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

Corporation  Trust  Association  Other **LABOR UNION**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received . . . . .		1	
2	Program service revenue including government fees and contracts . . . . .		2	
3	Membership dues and assessments . . . . .		3	82,774
4	Investment income . . . . .		4	512
5a	Gross amount from sale of assets other than inventory . . . . .	5a		
b	Less cost or other basis and sales expenses . . . . .	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		0
6	Gaming and fundraising events . . . . .			
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a		
b	Gross income from fundraising events (not including \$ _____) of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c	Less direct expenses from gaming and fundraising events . . . . .	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		0
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		0
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		83,286
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10		
11	Benefits paid to or for members . . . . .	11		
12	Salaries, other compensation, and employee benefits . . . . .	12		11,131
13	Professional fees and other payments to independent contractors . . . . .	13		499
14	Occupancy, rent, utilities, and maintenance . . . . .	14		2,368
15	Printing, publications, postage, and shipping . . . . .	15		
16	Other expenses (describe in Schedule O) . . . . .	16		26,495
17	<b>Total expenses.</b> Add lines 10 through 16	17		40,493
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18		42,793
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19		126,105
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20		-975
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		167,923

**For Paperwork Reduction Act Notice, see the separate instructions.**

10.

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**Form 990-EZ (2013)**

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	122,828	22 165,621
23 Land and buildings	638	23
24 Other assets (describe in Schedule O)	2,639	24 2,639
25 Total assets	126,105	25 168,260
26 Total liabilities (describe in Schedule O)		26 337
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	126,105	27 167,923

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? COLLECTIVE BARGAINING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL AND PROVIDE REPRESENTATION TO ITS MEMBERS.

(Grants \$ )	If this amount includes foreign grants, check here .	► <input type="checkbox"/>	28a
29			
(Grants \$ )	If this amount includes foreign grants, check here .	► <input type="checkbox"/>	29a
30			
(Grants \$ )	If this amount includes foreign grants, check here .	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$ )	If this amount includes foreign grants, check here .	► <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)		► <input type="checkbox"/>	32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOBBY ESPINOZA PRESIDENT	Hr/WK 5.00	2,480		
RICK FUENTES VICE PRESIDENT	Hr/WK 5.00	4,045		
ROBERT BRENNAN FINANCIAL SECRETARY	Hr/WK 1.00	302		
DEBRA LONDON TREASURER	Hr/WK 5.00	921		
DORA BRANAMAN FINANCIAL SECRETARY	Hr/WK 2.00	1,258		
NICO DOMINGUEZ RECORDING SECRETARY	Hr/WK 1.00	921		
	Hr/WK			

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  Yes  No

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a  Yes  No

    b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  Yes  No

    c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No

    b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a  Yes  No

    b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

    a Initiation fees and capital contributions included on line 9 39b  Yes  No

    b Gross receipts, included on line 9, for public use of club facilities 39c  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40a  Yes  No

    b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b  Yes  No

    c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► \_\_\_\_\_ 40c  Yes  No

    d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► \_\_\_\_\_ 40d  Yes  No

    e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e  Yes  No

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42 a The organization's books are in care of ► DEBRA LONDON Telephone no. ► 575 706 0674

Located at ► P O BOX 402 City CARLSBAD ST NM ZIP + 4 ► 88220 42b  Yes  No

    b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► \_\_\_\_\_ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c  Yes  No

    c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  Yes  No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Yes  No

    b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  Yes  No

    c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

    d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b  Yes  No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

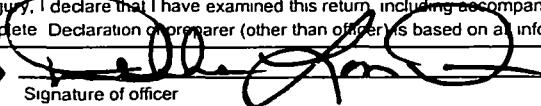
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes  No

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

Sign Here	 Signature of officer <b>DEBRA LONDON</b> Type or print name and title	Date <i>4.14.14</i>	TREASURER	
			Check <input type="checkbox"/> if self-employed	PTIN

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

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

UNITED STEELWORKERS LOCAL 9477

Employer identification number

85-0456620

Form 990-EZ, Part I, Line 16, Other Expenses, Travel 8,144

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 15,926

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies 721

Form 990-EZ, Part I, Line 16, Other Expenses: Direct taxes 1,189

Form 990-EZ, Part I, Line 16, Other Expenses, Donations: 515

Form 990-EZ, Part I, Line 20, Net Assets CHANGE VALUE OF LIABILITIES -975

Form 990-EZ, Part II, Line 24, Other Assets, OFFICE EQUIPMENT: Beginning of year 2,639, End

of year 2,639

Form 990-EZ, Part II, Line 26, Liabilities, DUES TO PARENT BODY: Beginning of year 0, End of

year 337

Name of the organization

UNITED STEELWORKERS LOCAL 9477

Employer identification number

85-0456620