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Form 990

Return of Organization Exempt From Income Tax

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

and ending For the 2014 calendar year, or tax year beginning USW, LU 447-13 D Employer identification number C Name of organization Check if applicable THE UNITED STEELWORKERS Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 72-0500916 Name change 601 4th Street E Telephone number Initial return City or town ZIP code (504) 341-8875 70094-4509 Westwego LA Final return/terminated Foreign country name Foreign province/state/county Foreign postal code G Gross receipts \$ 361,179 =Amended return F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes X No ARTHUR J. BOUDREAUX 1601 4TH STREET, WESTWEGO, LA 70094 H(b) Are all subordinates included? If "No," attach a list (see instructions)) < (insert no) 4947(a)(1) or Tay-exempt status Nebsite: ► NA H(c) Group exemption number ▶ 0260 Form of organization Trust Association L Year of formation 1954 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities Local Union enforced collective bargaining agreement to better working conditions of the local union and representation to it's members Activities & Governam if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 3. J 4 0 Total number of individuals employed in calendar year 2014 (Part Valine 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h). . . 0 Program service revenue (Part VIII, line 2g) 316,044 359,128 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 20 12 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 15.027 2.039 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 331,091 361,179 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 10.597 13,288 14 Benefits paid to or for members (Part IX, column (A), line 4). . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 131.675 130,697 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a n Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 119,776 130,775 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 262.048 274,760 Revenue less expenses Subtract line 18 from line 12 19 69,043 86,419 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 818,182 21 Total liabilities (Part X, line 26) 8,312 Net assets or fund balances. Subtract line 21 from line 20 727,529 809,870 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 Date Secretary Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid self-employed **Preparer** Firm's name Firm's EIN Use Only Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

				·		
				·		
		·				
		·				
		·				
				· ·· ·····		
4d	Other program services. (Des	cribe in Schedule O.)				
	(Expenses \$	0 including grants of \$		0)(Revenue \$	0)	
4e	Total program service expens	es 🕨	0			
					Form 99	0 (2014)
						- ()

Part	IV Checklist of Required Schedules			igo o
_			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		Х
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		Х
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		v
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			X
8	· · · · · · · · · · · · · · · · · · ·			
•	complete Schedule D, Part III	8		Х
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			1
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ì
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2 30 30	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	!		i
	Schedule D, Part VI	11a	Х	<u>L_</u>
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		Х
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		X
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		 ^
	for any foreign organization? 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 other	- - - - - - - - - - 	-	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	 	X
17		4-		
40	on Part IX, column (A), lines 6 and 11e? <i>it "Yes," complete Schedule G, Part I</i> (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	 	X
18				
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
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	├	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ŀ	1

Part	Checklist of Required Schedules (continued)			uge v
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Ιx
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	1	Ιx
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\Box
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			\vdash
	to defease any tax-exempt bonds?	24c	l	
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	 	┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1270	 	
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	1
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a	 	┼
D			ŀ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		ļ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	-	 -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1	1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	* ***	100	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- 100		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
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? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>	1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		 ^ -
٠.	Part 1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1	 	┼^-
32	If "Yes," complete Schedule N, Part II	1 22		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
24		33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		١
	III, or IV, and Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	↓
p	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Į.	Į.	1
_	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	
	VI	37	1	X
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	1	X
			000	

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule C contains a response of note to any line in this rait v		ا . ا	
4.	February 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	شدوو	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	C-2945		.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			G rit
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	7.00	10.0	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
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).			K
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1 3000	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	* . *	****
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e	<u> </u>	X
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		et a se
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8	****	400
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		W.
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12		*	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			2
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.22	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4	3 //3/4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ter.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1 4	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	44b	1	$\overline{}$

Part VI

<u>Sect</u> i	on A. Governing Body and Management				
	The state of the s	4-	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	41	200^ 100 1	
	If there are material differences in voting rights among members of the governing body, or		1.30	s 2,	
	If the governing body delegated broad authority to an executive committee or similar			v	
_	committee, explain in Schedule O.	44	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	× >
b	Enter the number of voting members included in line 1a, above, who are independent .		익	· «~	*
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	£3.2	». ´	<u> </u>
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed? .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertake			4	9
_	the year by the following		1		
а	The governing body?		8a	Х	Minix.M
b	Each committee with authority to act on behalf of the governing body?		8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		<u> </u>		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	040/104	9	1	x
Sact	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		<u> </u>	
<u>occi</u>	ion B. Foliates (This section B requests information about policide net required by the	internal revenue	Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	1.55		 ~
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	or ming the form.	23	1 . K.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	الاستست
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	nive rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	_	125	 ^ -	
·	describe in Schedule O how this was done .	100,	12c		x
13	Did the organization have a written whistleblower policy?		13		x
14	Did the organization have a written document retention and destruction policy?		14	_	x
15	Did the process for determining compensation of the following persons include a review and appro	 wal by	17	7	
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
а	The organization's CEO, Executive Director, or top management official	and decision,	15a	-"	X
b	Other officers or key employees of the organization		15b	-	x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	• • • • •	130	49	
16a		iomont		, Š	
104	with a taxable entity during the year?		40-	<u> </u>	
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		3 \$ \$ **	,	1 1
		•	465		
Cast		- · · · · · · · · · · · · · · · · · · ·	16b		<u> </u>
<u>Sect</u> 17	List the states with which a copy of this Form 990 is required to be filed				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0 T (Sootion 504/-)/	2\n		
18	available for public inspection. Indicate how you made these available. Check all that apply.	0-1 (Section 501(C)(ojs oni	y)	
		unlain in Cabadula O	1		
40		kplain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	connict of interest po	oncy, ar	Ia	
20	State the name, address, and telephone number of the person who possesses the organization's l	nocks and records	_		
20			· -		
	ARTHUR J BOUDREAUX 1601 4TH STREET, WESTWEGO, LA 70094	(504) 341-887	<u></u>		

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14)	USVV.	LU	44/-1	Э.

72-0500916

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Form 990 (2014)

GROUP VICE CHAIR

GROUP VICE-CHAIR

(14) DAVID OTT

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

Section A.	Officers, Directo	rs, Trustees,	, Key Employees,	and Highest Com	pensated Employees
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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(C)

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

(A) Name and Title	(B) Average hours per	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN GROS	10.00									
PRESIDENT	0.00			X	_			15,740		
(2) ARTHUR J BOUDREAUX	10.00									
SEC / TREAS	0 00			X				18,804		
(3) LONNY NOBLES	10.00	1								
REC SEC	0.00			X	ļ			11,540		
(4) HERMAN MUSE	10.00	İ								
EXE-VP GROUP CHAIR	0.00		L.	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		_	1,850		
(5) ANOTHONY CORSO	10 00	ļ		ļ	 		ļ			
TRUSTEE	0 00	<u> </u>	L	Х	↓_		<u> </u>	3,080		
(6) CHARLOTTE ANDERSON	10.00									
TRUSTEE	0 00	ļ		X	L		<u> </u>	4,366		
(7) JAY CASSO	10.00		l							
TRUSTEE	0 00			X	lacksquare			1,473		
(8) BERTRAND COLEMAN	10.00		l	ļ				ł	ļ	
GROUP CHAIRMAN	0 00	+		X			_	8,199		
(9) WALTER ECCLES	10.00									
GROUP CHAIRMAN	0 00		<u> </u>	X			L	103		
(10) WADE GUILBEAU	10.00	·								
GROUP CHAIRMAN	0.00			X			L	456		
(11) CARL MATTHEWS	10 00		ļ		l	ļ	l	ļ	ļ	
SAFTY/RR	0 00			X	<u></u>	L_		2,199		
(12) PAUL E PELAS, JR	10 00									
GROUP CHAIRMAN	0 00	-		X	1_		L	499		
(13) GREGORY LEONARD	10.00	4					1			

0.00

10.00

2.209

Page 8

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/truster					ne an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) DENNIS OTT	10 00			,				0.000		
GROUP VICE-CHAIR (16) MARTY ROBERTSON	0.00 10.00	 	\vdash	X				2,362		
GROUP CHAIRMAN	0.00			×				2,025		
(17) JEFFERY WILLIAMS	10.00									
GROUP VICE-CHAIR	0.00	_	<u> </u>	X				0		ļ
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							•	75,441	(
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c).						•	>	75,441	(
Total number of individuals (including but not like reportable compensation from the organization)	mited to those lis	sted a	abov	/e) \		rece				<u>,, </u>
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	emp	loye		or hig	hes	t compensated		Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable cor	npen	sati	on a	and (4 X
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	•			-			_		/idual 	5 X
Section B. Independent Contractors										
Complete this table for your five highest compe compensation from the organization. Report co year.										tax
(A) Name and business add	Iress							(B) Description of ser	vices	(C) Compensation
							├-			0
						_	╁			0
										0
										0
Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	o the	ose	ııste	d abo) who received		

		Check if Schedule O contains	a response or r	note to any line in	this l	Part V	/III]
					Tot	(A) al reve	nue		(B) Related of exempt function revenue	: I		(C) Inrelate busines revenue	ss	Re exclu tax und	(D) venue ded fro er sect 2-514	
घ घ	1a	Federated campaigns		0										ļ		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0										ļ		
s, G	C	Fundraising events		0				1								
Gift lar	d	Related organizations		0				1								
ns,	e	Government grants (contribution		0										1		
er S	f	All other contributions, gifts, gran		ŀ										1		
풀 됨		similar amounts not included abo		0										1		
in di	g	Noncash contributions included in I	ines 1a-1f: \$	0				1						1		
	h	Total. Add lines 1a-1f	<u> </u>	. •			0				L					
9				Business Code				<u> </u>			L					
ve l	2a	Membership Dues		900099		35	9,128	<u> </u>	359	,128						
8	b						0	$ldsymbol{ldsymbol{ldsymbol{eta}}}$						L		
NG	C						0	L_								
Ser	d						0	<u> </u>			L			<u> </u>		
ä	е						0				<u> </u>		_	ļ.—		
Program Service Revenue	f	All other program service revenu					0	ļ			<u> </u>					
	g	Total. Add lines 2a–2f				35	9,128	<u> </u>								
	3	Investment income (including div														
							12	├		12				 		
	4	Income from investment of tax-e	•	_	-		0	├			 		_	<u> </u>		
	5	Royalties	(ı) Real	(II) Personal		~§	<u> </u>	-		<u>* *</u>		- 4	-			
	C-	Gross rents	(1) 1100.	(ii) i cisonai			,		» ,		, , .	4			. 28	, , 1
	6a					7	\$	ľ	*		ĺ .	*		<u> </u>		
	b	Less rental expenses	———		å	4 6	*	ŵ	å.	«	şt "	•	*	*	4	**
	C	Rental income or (loss)		0							 		18	<u> </u>	26/	£
	d	Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	*	38 4	0			å	8	, 8	*	34	* **	
	7a	assets other than inventory	(,, 555255	 	· *	âs s	· ·	1	Ť	**	*			1		
	ь	Less cost or other basis	<u> </u>	<u>'</u>	·\$	* '	4	*	» ,	A.	9 -	. 9		'	•	ě
	b	and sales expenses .	1 0	o	\$	٠	.)	,	¥ (*		* .	eš.	. *	* 4	*
	c	Gain or (loss)				\$>	> &		-9	\$	1			, -	ś	٠.
	d	Net gain or (loss)	<u> </u>	<u> </u>		-	0	 			ļ			 		
9	8a	Gross income from fundraising			*	* `		,			^				,	
Other Revenue		events (not including \$ of contributions reported on line	0 1c) a	0												
the	b	Less direct expenses	b	0												
Ó	С	Net income or (loss) from fundra	ising events	<u></u> >			0	1								
		Gross income from gaming activ See Part IV, line 19	ities	0												
	b	Less direct expenses	b	0										1		
	С	Net income or (loss) from gaming	g activities	. <u> </u>			0									
	10a	Gross sales of inventory, less						Ι								
		returns and allowances	a	0										l		
	b	Less cost of goods sold	<i>.</i> b	0	L	_								l		
	c_	Net income or (loss) from sales of	of inventory	<u> </u>			0									
		Miscellaneous Revenue		Business Code										I		_
	11a	VOID CHECKS RTA		900099	L		1,452			1,452						
	b						0									
	С						0	L								
	d	All other revenue					587			587						
	е	Total. Add lines 11a-11d			L		2,039									
	42	Total revenue See instructions		_	1		1 170	1	204	1 170				1		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all o	columns All other or	ganızatıons must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				v 18
	domestic governments See Part IV, line 21	13,288			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0		L	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			-	
	trustees, and key employees	75,441			
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			
7	Other salaries and wages	45,804			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	1,096			
9	Other employee benefits	8,356			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	13,028			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	\$13		
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	42,045			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	29,436			
17	Travel	8,514			
18	Payments of travel or entertainment expenses)			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	22,136			
20	Interest	0	<u> </u>		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	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	PER CAPITA	15,616		ļ	
b		0		 	ļ
C		0		 	
d	All all and an area area	0		 	
e	All other expenses	0	 	 	
25	Total functional expenses. Add lines 1 through 24e	274,760		0	C
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	- -	1		{
	fundraising solicitation. Check here		1		
	following SOP 98-2 (ASC 958-720)	_1	1	1	I

Form 990 (2014)	USW, LU 447-13
Part X	Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		131,931	1	218,351
	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 fo	ormer officers, directors,			
1		trustees, key employees, and highest compensation	· · ·			this M
		# * · · · • · · · · · · · · · · · · · · ·			5	
25	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary e	= ' *			A.
		organizations (see instructions) Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net		0	7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	' ' ' ' ' '	*		
	.va	other basis. Complete Part VI of Schedule D	10a 414,139	gen die endige	30	
	ь	Less accumulated depreciation	10b 0	414,139	10c	414,139
	11	Investments—publicly traded securities .		181,459		185,692
	12	Investments—other securities. See Part IV, line		0	_	0
	13	Investments—program-related. See Part IV, line		0		0
	14	• -		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	727,529	16	818,182
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
ies	20			! 	20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to current and former		A STATE OF THE STA		
≝		trustees, key employees, highest compensated			2	<u> </u>
Liabilities		disqualified persons Complete Part II of Sched			22	
_	23	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate	The state of the s	0	23	
	24 25	Other liabilities (including federal income tax, pa			24	0
	25	parties, and other liabilities not included on lines				
				0	25	
	26	Total liabilities. Add lines 17 through 25		0		8,312
		Organizations that follow SFAS 117 (ASC 95				0,072
68		complete lines 27 through 29, and lines 33 a	••		₩.	2 1982
anc	27	Unrestricted net assets		727,529	27	809,870
3a į	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets			29	
μ̈		Organizations that do not follow SFAS 117 (ASC958)	, check here			
0		complete lines 30 through 34.	, one on the case of the case			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
88	31	Paid-in or capital surplus, or land, building, or e			31	
ĭΑ	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		727,529	33	809,870
	34	Total liabilities and net assets/fund balances .	<u> </u>	727,529	34	818,182

-oimi a	90 (2014) USVV, LU 447-13		2-0000916	Page	12
Par <u>t</u>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		361,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		274,7	- 0
3	Revenue less expenses Subtract line 2 from line 1	3		86,4	19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		727,5	<u></u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	_		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,0	78
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		809,8	70
Part_	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .	· L	╛
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes N	
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 Separate basis Consolidated basis Both consolidated and separate basis				<u>(</u>
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u>(</u>
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.		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	90 (20	14)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

USW, LU 447-13 72-0500916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during year). 3 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a а 2b Number of conservation easements on a certified historic structure included in (a). . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . Yes 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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) Revenue included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990. Part X

•						
	ule D (Form 990) 2014 USW, LU 447-13	O a U a a di a	4 11: 4 : 4=		72-0500	
Part	Using the organization's acquisition, ac					(s (continued)
3	use of its collection items (check all that		records, check an	y of the following tha	at are a significant	
а	Public exhibition	it apply/	d loan	or exchange progra	ame	
_	=		=		5	
þ	Scholarly research		e Othe	:1		
С	Preservation for future generation					
4	Provide a description of the organization Part XIII.	on's collections and	explain how they	further the organizat	ion's exempt purpo	se in
5	During the year, did the organization so	olicit or receive don:	ations of art, bisto	rical treasures or of	her eimilar	
3	assets to be sold to raise funds rather t					☐ Yes ☐ No
Part						<u> </u>
Fall	Complete if the organization	_	to Form 990 P:	art IV line 9 or re	norted an amoun	t on Form
	990, Part X, line 21.	anowered res	10 1 01111 000, 1 1	21114, 11116 0, 01 16	ported an amoun	t on i onn
	Is the organization an agent, trustee, c	ustodian or other in	termediary for cor	tributions or other a	ssets not	
	included on Form 990, Part X?		•			☐ Yes ☐ No
þ	If "Yes," explain the arrangement in Pa					
					A	mount
C	Beginning balance			<u> </u>	1c	
d	Additions during the year			<u>L</u>	1d	
e	Distributions during the year			· · · · · -	1e	
f	Ending balance				1f	0
2a	Did the organization include an amoun	it on Form 990, Part	X, line 21, for esc	crow or custodial acc	count liability?	Yes X No
þ	If "Yes," explain the arrangement in Pa	art XIII Check here	f the explanation	has been provided ii	Part XIII	
Pari	V Endowment Funds.					
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .				<u> </u>	
þ	Contributions				 	
C	Net investment earnings, gains,					
	and losses				+	
đ	Grants or scholarships					
е	Other expenditures for facilities					
	and programs Administrative expenses					
' '	End of year balance	0		ol d		
g 2	Provide the estimated percentage of the				<u> </u>	
a	Board designated or quasi-endowmen	•	%	column (a), nota as		
b	Permanent endowment	%				
c	Temporarily restricted endowment	▶ %				
	The percentages in lines 2a, 2b, and 2		%			
3a	Are there endowment funds not in the			re held and administ	ered for the	
	organization by					Yes No
	(i) unrelated organizations .					3a(i)
	(,					3a(ii)
þ	If "Yes" to 3a(II), are the related organi					3b
4_	Describe in Part XIII the intended uses		's endowment fur	nds.		
Par	VI Land, Buildings, and Equi	pment.				

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	0	30,000		30,000
b	Buildings	0	329,430	0	329,430
C	Leasehold improvements		0	0	0
d	Equipment	0	54,709	0	54,709
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c.)	, , <u> </u>	414,139

(4)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial d		0		
	ld equity interests	0		
	· · ·			
(B)				<u> </u>
<u>(C)</u>				
<u>(D)</u>		-		
(F)		-		
(<u>G)</u> (H)				
	nust equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Rel			
. are our	Complete if the organization		Part IV. line 11c. See Form	n 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	luation
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)	and Sand Farm 000 Part V and (B) (may 12)	<u> </u>		
Total. (Column (b) I	must equal Form 990, Part X, col (B) line 13)	0 %		
Part IX	Other Assets. Complete If the organization			
	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
Part IX	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	answered "Yes" to Form 990		n 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	answered "Yes" to Form 990 (a) Description		m 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	answered "Yes" to Form 990 (a) Description col (B) line 15)	, Part IV, line 11d. See Forn	m 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization	answered "Yes" to Form 990 (a) Description col (B) line 15)	, Part IV, line 11d. See Forn	m 990, Part X, line 15 (b) Book value
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Schedule D (Form	990) 2014 USW, LU <u>447-13</u>	72-0500916 Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

USW, LU 447-13

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

tions is at www.irs.gov/form990.	
and its instruct	
e I (Form 990)	
about Schedul	
▶ Information	
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Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?.

Open to Publ

OMB No 1545-0047

Inspecti Employer identification number

72-0500916

2

Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Government Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicate	Assistance to any recipient t	Domestic Organia received more	ine use of grant funds inizations and Domesthan \$5,000. Part I	estic Governments can be duplicated	be in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ganization answered needed.	1 "Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(9)							
(9)	i						
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
1	501(c)(3) and g	lovernment organiza	itions listed in the line 1	table			
3 Enter total number of other organizations listed in the line 1 tab	rganizations list	ed in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 99	e, see the Instru	ctions for Form 990.				Ø	Schedule I (Form 990) (2014)

Page 2

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III Part IV က S 9

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

by/form990. Inspection
Employer identification number

USW, LU 447-13	72-0500916
Form 990, Part VI, Section A, Line 6. The Labor Organization has full dues paying members	
Form 990, Part VI, Section A, Line 7A The Labor Organization's active members each have one	
vote & elect officers of the governing body every three years as specified in the	
constitution.	
Form 990, Part VI, Section A, Line 7B. The Labor Organization's active members each have one	
vote & approve all decisions of the governing body & decisions that arise durning scheduled	
membership meetings.	
Form 990, Part VI, Section B, Line 11B The Labor Organization's Financial Officers &	
President review the form before filing	
Form 990, Part VI, Section B, Line 19 The Labor Organization does not routinely make such	
documents available to the public.	
Form 990, Part XI, Section RECON, Line 9 Reflexs the Net Change in Investments and the	
addition of Other Libilities	

Scredule O (Form 990 of 990-E2) (2014)	Page Z
Name of the organization	Employer identification number
USW, LU 447-13	72-0500916
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