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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

United Steelworkers Local 7248

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 185

Room/suite

D Employer identification number

346610030

E Telephone number

419-908-9339

F Group Exemption

Number ► 0260

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► N/AJ Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 63809

## 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	
4	Investment income . . . . .	4	
5a	Gross amount from sale of assets other than inventory . . . . .	5a	—0—
b	Less: cost or other basis and sales expenses . . . . .	5b	—0—
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	61631 138
6	Gaming and fundraising events	6d	0
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	2040
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63809
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	1579
11	Benefits paid to or for members . . . . .	11	0
12	Salaries, other compensation, and employee benefits . . . . .	12	39195
13	Professional fees and other payments to independent contractors . . . . .	13	0
14	Occupancy, rent, utilities, and maintenance . . . . .	14	4985
15	Printing, publications, postage, and shipping . . . . .	15	38
16	Other expenses (describe in Schedule O) . . . . .	16	18142
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	63939
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-130
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	41056
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-1198
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	39728

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2010)

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**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	35692	22 35563
23 Land and buildings		23 0
24 Other assets (describe in Schedule O)	6753	24 6753
25 Total assets	42445	25 42316
26 Total liabilities (describe in Schedule O)	1389	26 2588
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41056	27 39728

**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?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28			
	(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)		► 32

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Amber Miller 414 Lynn St Pioneer, OH 43554	President	5845		2170
Roland Hoover 11385 RD W Wauseon, OH 43570	Vice President	1761		0
Troy Riegenbach 1104 Cherry St Montpelier, OH 43543	rec. Secretary	1600		5750
Nelson Turner P.O. Box 902 West Unity, OH 43570	Treasurer	1215		514
Andrew Keese 101 N. Harrison Montpelier, OH 43543	financial sec	3323		468
Randy Phipps 05325 CR 15 Bryan, OH 43566	grievance Chair	3177		66
Alan LaCombe 15100 CR 15 Pioneer, OH 43554	trustee	821		0
Tim Burton 726 E Jackson St West Unity, OH 43570	trustee	231		0
Jim Igbarra P.O. Box 582 Pioneer, OH 43554	trustee	2278		1498
Colleen Stahler 12811 SR 576 Montpelier, OH 43543	inside guard	205		0
Tom Fackler P.O. Box 115 Pioneer, OH 43554	outside guard	0		0
Shane Downing P.O. Box 798 Pioneer, OH 43554	guide	1420		0

**Part V Other Information** (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33

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

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35a   
 a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b   
 b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 36

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 37a

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

37b

38a 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   
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   
 39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9 39a   
 b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b   
 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. 40c   
 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 40d   
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e   
 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.

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

42a The organization's books are in care of ► Andrew Heese Telephone no. ► 419-908-9339  
 Located at ► 101 N. Harrison Montpelier, OH 43543 ZIP + 4 ►

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**.

c At any time during the calendar year, did the organization maintain an office outside of 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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a   
 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   
 c Did the organization receive any payments for indoor tanning services during the year? 44c   
 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
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		<input checked="" type="checkbox"/>
35b		
36		<input checked="" type="checkbox"/>
37a		
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
40b		
40c		
40d		
40e		<input checked="" type="checkbox"/>

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

	Yes	No
44a		<input checked="" type="checkbox"/>
44b		<input checked="" type="checkbox"/>
44c		<input checked="" type="checkbox"/>
44d		<input checked="" type="checkbox"/>

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	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)	45a	X
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	46	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	
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 "		

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
		</td

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.

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  Andrew W. Heese  
Signature of officer  Andrew W. Heese  
Type or print name and title Financial officer  
Date 2/27/11

<input checked="" type="checkbox"/> Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►		Firm's EIN ►		
	Firm's address ►				

May the IRS discuss this return with the preparer shown above? See instructions.

Yes  No

## 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

Employer identification number

346610030

Line 10 Aug. Cancer Assistance donation \$300  
Sept. - Veterans Memorial donation \$500  
Oct. - Bibles for bereavement \$679  
Dec. - Local 5000 donation \$100  
\$1579

Line 16

Other expenses Education \$3243  
Taxes paid \$12810  
Sunday exp. \$1115 (Wash. DC Hotel).  
Fees + dues \$ 974  
\$18142

Line 20

Other changes \$1198 from other liabilities - unremitted taxes