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Form 990

Return of Organization Exempt From Income Tax

2011

Open to Public

Form 990 (2011)

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

For the 2011 calendar year, or tax year beginning and ending D Employer Identification number C Name of organization Check If applicable **UNITED STEELWORKERS LOCAL 8248** Doing Business As Address change **USW LOCAL 8248** 23-7409585 Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number Initial return (340) 772-9766 PO Box 1113 City or town, state or country, and ZIP + 4 Terminated 00821 G Gross receipts \$ Amended return Christiansted 221,585 F Name and address of principal officer Application pending No H(a) is this a group return for affiliates? Anna Petersen PO Box 1113, Christiansted, VI 00821 H(b) Are all affiliates included? If "No," attach a list. (see instructions) 501(c)(3) X 501(c) 5) **◄** (insert no) 4947(a)(1) or 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ 0260 X Other ► LABOR UNIO L Year of formation. K Form of organization. Corporation Trust Association M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER WORKING CONDITIONS OF THE LOCAL AND PROVIDE REPRESENTATION Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b). 4 19 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 0 Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 205.960 217.893 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1.972 1,888 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 5,426 1,804 221.585 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 213.358 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 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). 94.675 107,832 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D) tine 25) Other expenses (Part IX, column (A), lines 14a-14d, 11f=24e) 85,296 77,098 17 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A)) line 25). 179,971 184,930 Revenue less expenses. Subtract In 18 ft of Fine 12.2012 19 33,387 36,655 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16). . 466.616 503.271 21 Total liabilities (Part X, line 26) . . Net assets or fund balances. Subtract line 21 from line 20 503,271 Signature Block Part II Under penalties of penury, I declargethat 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 of the than officer) is based on all information of which preparer has any knowledge 012 Sign Signature of officer Here FINANCIAL SECRETARY ANNA PETERSEN Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	Oncomist of Nedwice Conducts			
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	Yes	No X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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
	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		х
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
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
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, XII, and XIII	12a		X
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, XII, and XIII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		×
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	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		
-4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		一
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	l	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 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,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	x	

orm 9	90 (2011)	UNITED STEELWORKERS LOCAL 8248	23-740958	5 1	Page 5
Par	t 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 th	ne number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4	ì	
b	Enter th	ne number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
C	Did the	organization comply with backup withholding rules for reportable payments to vendors and reportable	е		
	gaming	(gambling) winnings to prize winners?	10	; X	<u> </u>
2a		ne number of employees reported on Form W-3, Transmittal of Wage and Tax	ļ		
		ents, filed for the calendar year ending with or within the year covered by this return.	19	ļ	
þ		st one is reported on line 2a, did the organization file all required federal employment tax returns?.	<u>2t</u>	<u> </u>	—
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	ļ		ļ
3a		organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b		has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3t	-	-
4a		time during the calendar year, did the organization have an interest in, or a signature or other authori	'y		İ
		financial account in a foreign country (such as a bank account, securities account, or other financial			
	accoun	·	· · · <u>4</u> a	4-	X
þ		"enter the name of the foreign country:			
		tructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	i i		
5a		e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5		X
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . to line 5a or 5b, did the organization file Form 8886-T?	<u>5t</u>		+^
c 6a		to line 5a of 5b, did the organization life Form 8886-1?	30	-	╅
va		ation solicit any contributions that were not tax deductible?	6a	. 1	X
b	_	did the organization include with every solicitation an express statement that such contributions or	U.	*+	 ^
-		ere not tax deductible?	6t	,	l
7	-	zations that may receive deductible contributions under section 170(c).	· · ·	-	†
a	-	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ĺ		1
_		vices provided to the payor?	72	,	1
b		did the organization notify the donor of the value of the goods or services provided?	7t		1
C		organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7	
		d to file Form 8282?	70	:	
d	If "Yes,"	" indicate the number of Forms 8282 filed during the year		T	
e	Did the	organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? 76	9	
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71	f _	
g		ganization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir			<u> </u>
h	If the org	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10)98-C?. 7 1	<u> </u>	
8	-	oring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	_	zations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	-	ation, have excess business holdings at any time during the year?	· · 8		1
9		oring organizations maintaining donor advised funds.		1	1
a		organization make any taxable distributions under section 4966?	98	_	
b		organization make a distribution to a donor, donor advisor, or related person?	9t	'	
10		n 501(c)(7) organizations. Enter: n fees and capital contributions included on Part VIII, line 12.........		-	1
a b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11		n 501(c)(12) organizations. Enter:			1
a		ncome from members or shareholders		1	
b		ncome from other sources (Do not net amounts due or paid to other sources			
-		amounts due or received from them.)			
2a	_	1 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12	a	1
b		enter the amount of tax-exempt interest received or accrued during the year 12b			
13		n 501(c)(29) qualified nonprofit health insurance issuers.			1
а		rganization licensed to issue qualified health plans in more than one state?	13	а	
		See the instructions for additional information the organization must report on Schedule O.			
b		ne amount of reserves the organization is required to maintain by the states in which			
		anization is licensed to issue qualified health plans			
C	Enter th	ne amount of reserves on hand			
4a		organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes,	" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14	b	

Part VI

Sect	tion A. Governing Body and Management			V	110		
	and the second of the second o	ا م	$\overline{}$	Yes	No		
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 11</u>	-				
	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	1 b 0	4 1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	onship with					
	any other officer, director, trustee, or key employee?		2		X		
3							
	supervision of officers, directors, or trustees, or key employees to a management company or or		3		<u> </u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization	's 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	Χ.			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,					
	stockholders, or persons other than the governing body?		7b	Χ			
8	Did the organization contemporaneously document the meetings held or written actions undertain						
	the year by the following:	•					
а	The governing body?		8a	Χ			
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	•	Х		
Sect	tion B. Policies (This Section B requests information about policies not required by the		ode.)				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of su						
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a		X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•					
12a			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		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		Х		
13	Did the organization have a written whistleblower policy?		13		Х		
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 ap						
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?					
а	The organization's CEO, Executive Director, or top management official.		15a		X		
b	Other officers or key employees of the organization		15b		X		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· · · · · · ·					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement			Ì		
. 54	with a taxable entity during the year?		16a		х		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to e						
	participation in joint venture arrangements under applicable federal tax law, and take steps to s						
	the organization's exempt status with respect to such arrangements?		16b				
Sact	tion C. Disclosure	<u></u>	1		L		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 5016	c)(3)s	only)			
. •	available for public inspection. Indicate how you made these available. Check all that apply.		-/*/*				
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	nts conflict of interes	t				
	policy, and financial statements available to the public.	, commet or mitoros	=				
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records of the	e				
		(4.4) ==== 4					
	organization: Anna Petersen PO Box 1113, Christiansted, VI 00821						
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated		
	Employees, and Independent Contractors			
	Check if Schedule O contains a response to any question in this Part VII	<u>.</u>		
		<u> </u>	<u> </u>	_[

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 ar	ny related organ	izatio	n c	omp	en	sated	an	y current officer,	director, or trus	tee.
(A) Name and Title	(B) Average hours per	box, i	unles	Pos leck s pe	rson	e than on the state of the stat	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) IRA HOBSON PRESIDENT	40.00			х				50,406	0	0
(2) LISA RYAN VICE PRESIDENT	5.00			x				3,016	0	0
(3) SONIA JOHN TREASURER	5.00		_	x				3,200	0	0
(4) ANNA PETERSEN FINANCIAL SECRETARY	5.00			x	_			2,400	0	0
(5) GERARDA GIBBS RECORDING SECRETARY	5.00			x	_			2,400	0	0
(6)		<u> </u>	_		_					
_(7)							_			
(8)			_	_			_			
(9)				_	_					
(10)	******						<u> </u>			
(11)					_					
(12)							_			
(13)										
(14)										

	(A)					2)							
	Name and title	(B) Average hours per week	box, i	unles er and	eck s pe d a d	rson irecto	than on the state of the state	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount o other npensa	of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	or a	from the ganizati nd relati janizatio	e ion ed
(15)											1		
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)							;						
	b-total tal from continuation sheets to Part VII,								61,422 0		0		0
	tal (add lines 1b and 1c).								61,422		0		0
2 Tot	al number of individuals (including but not ortable compensation from the organizatio	limited to those	listed	l ab	ove) wł			red more than \$	100,000 of			
												Yes	No
	the organization list any former officer, die ployee on line 1a? <i>If "Yes," complete Sche</i>										3		х
	any individual listed on line 1a, is the sum organization and related organizations gre												
indi	ividual	. 									4	<u> </u>	×
	any person listed on line 1a receive or acc services rendered to the organization? If "										5		х
	B. Independent Contractors										·		
	mplete this table for your five highest comp npensation from the organization. Report c ir.											x	
	(A) Name and business add	ress							(B) Description of ser	vices) nsation	
									····				0
								<u> </u>					0
	······································	 						<u> </u>					<u>0</u> 0
				-				-					0
	al number of independent contractors (incl re than \$100,000 of compensation from the	-	nited	to t	hos	e lis	sted a		ve) who receive	d			

23-7409585

Par	t VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1a	Federated campaigns				
is is	ь	Membership dues 1b 0				
Es, G	C	Fundraising events 1c 0	1			
# 1	d	Related organizations 1d 0				
Contributions, Giffs, Grants and Other Similar Amounts	e	Government grants (contributions) 1e 0				
	f	All other contributions, gifts, grants, and	1			
		similar amounts not included above 1f				
ξō	a	Noncash contributions included in lines 1a-1f: \$ 0	1			
Cont	h	Total. Add lines 1a–1f	i o			
		Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES 900099	217,893	217,893		
	b		0			
8	C		ō			······································
2	d		0			
E	e		0			
E E	f	All other program service revenue	0			
5	a	Total. Add lines 2a–2f	217,893			
	3	Investment income (including dividends, interest, and				
	•	other similar amounts)	1,888	1,888		
	4	Income from investment of tax-exempt bond proceeds	1,000	1,000	·	
	5	• •	0			
		Royalties				
	6a	Gross rents			!	
	b	Less: rental expenses	1			
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0		!	i
	7a	- () 0	<u>-</u>			
		assets other than inventory . 0 0	1			
	h	Less: cost or other basis				
	_	and sales expenses 0 0				
	c	Gain or (loss) 0 0				
	d	Net gain or (loss)	1 0			
ē		The game of (1888)				
Other Revenue	8a	3				
ě		events (not including \$ 0				
æ		of contributions reported on line 1c).				
the state		See Part IV, line 18 a 0				
δ		Less: direct expenses b 0				
		Net income or (loss) from fundraising events	0		<u> </u>	
	92	Gross income from gaming activities.				
		See Part IV, line 19				
		Less: direct expenses b				
İ		Net income or (loss) from gaming activities ▶	0	<u></u>		
	10a	Gross sales of inventory, less				
		returns and allowances a 0				
		Less: cost of goods sold b				
	<u> </u>	Net income or (loss) from sales of inventory	0			<u> </u>
-	44	Miscellaneous Revenue Business Code	1			
	11a		ļ			
	b		0			
	C	All all an arrange	0			
j	a	All other revenue	1,804			
	e	Total. Add lines 11a–11d	1,804			
ı	72	Total revenue. See instructions	221 585	1 771 585	ı n	ı f

23-7409585

UNITED STEELWORKERS LOCAL 8248

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any	question in this Pa	rt IX		🔲
	not include amounts reported on lines 6b, 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	~ ~~		+
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	61,422			
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	29,260			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			·····
9	Other employee benefits	0			
10	Payroll taxes	17,150			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	9,327			
C	Accounting	0			
d	Lobbying	0			
6	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	35,111			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	19,603			
17	Travel	8,674			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,718			
20	Interest	0			
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.)	, , , , , , , , , , , , , , , , , , , ,			
а	PER CAPITA FEES	221			
b	DUES REMITTED	960			· · · · · · · · · · · · · · · · · · ·
C		0			
d		0	~~		
0	All other expenses	484			······································
25	Total functional expenses. Add lines 1 through 24e .	184,930	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 ► if				ı
	following SOP 98-2 (ASC 958-720)	1) i	

Total liabilities and net assets/fund balances

23-7409585 **Balance Sheet** Part X (B) (A) End of year Beginning of year 234,505 197,850 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation 10b 268,766 10c 268,766 O ol 466,616 503.271 Total assets. Add lines 1 through 15 (must equal line 34) O ol O Escrow or custodial account liability. Complete Part IV of Schedule D. . . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties ol Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Total liabilities. Add lines 17 through 25 ol Organizations that follow SFAS 117, check here | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. ol Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 268,766 268,766 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . . . 197,850 234,505

503,271

503,271

466,616

466,616

Form 9	990 (2011) UNITED STEELWORKERS LOCAL 8248	23-740958	<u>5 Ра</u>	age 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
	Check if Schedule C Contains a response to any question in this range.		<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	ł	22	1,585
2	Total expenses (must equal Part IX, column (A), line 25)			4,930
3	Revenue less expenses. Subtract line 2 from line 1		3	6,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		46	6,616
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		50	3,271
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	· · · ·		<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-		
	Schedule O.	İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
b	Were the organization's financial statements audited by an independent accountant?	. <u>2b</u>	4	<u>X</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?	. <u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			1
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	- 1		
	issued on a separate basis, consolidated basis, or both:	1	1	
	Separate basis Both consolidated and separate basis	1		1
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?	<u>3a</u>	4	<u> </u>
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		Щ.
		For	m 990	(2011)

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNIT	ED STEELWORKERS LOCAL 8248			23-7409585		
Part	Organizations Maintaining Don	or Advised Funds or Other	Similar Fund	s or Accounts. Complete if		
	the organization answered "Yes"			·		
		(a) Donor advised funds		(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
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, subje	ct to the organization's exclusive	e legal control?	Yes No		
6	Did the organization inform all grantees, do	nors, and donor advisors in writi	ing that grant fu	nds can be		
	used only for charitable purposes and not f	or the benefit of the donor or dor	nor advisor, or fo	or any other		
	purpose conferring impermissible private b	enefit?		Yes No		
Part	Conservation Easements. Com	olete if the organization answer	ered "Yes" to I	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held			n historically important land area		
	Preservation of land for public use (e g , rec	·		• •		
	Protection of natural habitat	<u> </u>	reservation of a	certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation	on contribution	in the form of a conservation		
	easement on the last day of the tax year.					
				Held at the End of the Tax Year		
а	Total number of conservation easements .			2a		
b	Total acreage restricted by conservation ea	sements		2b		
C	Number of conservation easements on a co	ertified historic structure included	d in (a)	2c		
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, a	and not on a			
	historic structure listed in the National Regi			2d		
3	Number of conservation easements modifie	ed, transferred, released, extingu	uished, or termii	nated by the organization		
	during the tax year ►					
4	Number of states where property subject to			****		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
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 cons	ervation easem	ents during the year		
_	\$					
8	Does each conservation easement reporte	• • •	•			
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
9	In Part XIV, describe how the organization					
	balance sheet, and include, if applicable, the		anization's finan	cial statements that describes		
Dave	the organization's accounting for conservat		an Othan Othan	-iles Apoeto		
Pari				milar Assets.		
	Complete if the organization answere					
1a	If the organization elected, as permitted un					
	works of art, historical treasures, or other s					
	of public service, provide, in Part XIV, the t					
b	If the organization elected, as permitted un					
	works of art, historical treasures, or other s		bition, educatio	n, or research in furtherance		
	of public service, provide the following amo					
	(i) Revenues included in Form 990, Part V					
	(ii) Assets included in Form 990, Part X .					
2	If the organization received or held works of					
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII,					
b	Assets included in Form 990, Part X			• \$		

_	•
гано	-

Par	t III. Organizations Maintaining Co	ollections of A	rt, Hi	storic	al Trea	asures, or O	ther	Similar Asset	s (contir	iued)	
3	Using the organization's acquisition, acc		er rec	cords, c	check a	ny of the follo	wing t	hat are a signif	icant		
	use of its collection items (check all that	apply):									
а	Public exhibition		đ	Ш	Loan	or exchange p	orogra	ms			
b	Scholarly research		e		Other						
C	Preservation for future generation	ıs									
4	Provide a description of the organization Part XIV.		nd exp	olain ho	ow they	further the or	rganiza	ation's exempt	purpose i	n	
5	During the year, did the organization so assets to be sold to raise funds rather the								Y	es 🔲	No
Part	IV Escrow and Custodial Arran IV, line 9, or reported an amou	_	•		_	ization answ	ered	'Yes" to Form	1 990, Pa	ırt	
1a	Is the organization an agent, trustee, cu				-					es 🗌	No
b	included on Form 990, Part X? If "Yes," explain the arrangement in Par								<u></u> Ц т	es	NO
b	ii 165, explain the attangement in Fai	LAIV and Compl	ele III	e iolioi	wing (at	Jie.	Γ	T	Amount		
С	Beginning balance						10	:	7 111100111		
ď	Additions during the year						10	- 			
е	Distributions during the year						16	,			
f	Ending balance						11				0
2a	Did the organization include an amount	on Form 990, P	art X,	line 21	17					es X	No
<u>b</u>	If "Yes," explain the arrangement in Par										,
Part	V Endowment Funds. Complete	e if the organiz	ation	answ	ered "Y	es" to Form	990,	Part IV, line 1	0.		
		(a) Current year	(b) Pnor	year	(c) Two years t	back	(d) Three years be	ick (e) F	our years	back
1a	Beginning of year balance		<u> </u>								
b	Contributions		<u> </u>			, <u>.</u> .,					
C	Net investment earnings, gains,		ŀ				- 1		- [
	and losses	·	ļ					-,			
d	Grants or scholarships		ļ								
е	Other expenditures for facilities				j						
_	and programs										
f	Administrative expenses		 						_		
g	End of year balance	0		(1	0		0		0		
2	Provide the estimated percentage of the	current year en			ine 1g,	column (a)) n	ieia as	Ģ			
a b	Board designated or quasi-endowment Permanent endowment	0/	%	<u>o</u>							
C	Temporarily restricted endowment	<u>%</u> .									
·	The percentages in lines 2a, 2b, and 2c	should equal 10))/0%								
3a	Are there endowment funds not in the p	· ·		nizatio	n that a	re held and a	dminis	stered for the			
•	organization by:		, o.g.							Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ations listed as r	equire	ed on s	Schedul	le R?			3b		
4	Describe in Part XIV the intended uses									 	
Part	VI Land, Buildings, and Equipn	nent. See Forn	n 990), Part	X, line	10.			·		
	Description of property	(a) Cost or o (investr		sis		st or other s (other)		Accumulated lepreciation	(d) E	Book valu	ie
1a	Land			0		128,000				12	28,000
b	Buildings			0		140,766		C	 	14	0,766
C	Leasehold improvements			0		0		0	 		0
d	Equipment			0		0		0			0
<u>e</u>	Other		000	0		0	-1.1	0	 		0
Total	i. Add lines 1a through 1e. (Column (d) m	ust equal Form	990, l	Part X,	column	n (B), line 10(d	c).) .	. •		26	8,766

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011

Part VII Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0	! 	
(3) Other	0		· · · · · · · · · · · · · · · · · · ·
(A)	0		
(B)	0		
(C) (D)	0		
(E)	0		
(F)	, 0		
(G)	0		
(H)	0	<u> </u>	
(1)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0 	lina 42	
Part VIII Investments—Program Relat			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)	0		
(2)	0		
(3)	0		
(4)	0		
_ (5)	0		
(6)	0		
(7)	0		
(8)	0		
(9) (10)	0		······
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990,			
	a) Description		(b) Book value
(1)			0
(2)			0
(3)			0
(4)			0
(5)			<u>0</u> 0
(6) (7)			0
(8)			0
(9)			0
(10)			. 0
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.)		0
Part X Other Liabilities. See Form 99	0, Part X, line 25.		·
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)	0		
(3)	0	:	
(4)	0		
(5) (6)	0		
(7)	0		
(8)	0		
(9)	0		
(10)	0		
(11)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0	L	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide	e the text of the footnote to t	he organization's financial statem	ents that reports the

UNITED STEELWORKERS LOCAL 8248

Sched	lule D (Form 990) 2011			Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		0
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		0
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		0
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		0
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn	
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		ł	
b	Donated services and use of facilities			
	Recoveries of prior year grants			
C				
d		\dashv ,		0
Ф.	Add lines 2a through 2d	·	e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		}	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
þ	Other (Describe in Part XIV.)		. 1	_
C	Add lines 4a and 4b		<u> c </u>	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per l	Return	
1	Total expenses and losses per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses		1	
đ	Other (Describe in Part XIV.)		1	
е	Add lines 2a through 2d	2	le l	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	l i	i	
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b	4	lc	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
حض	t XIV Supplemental Information		· · · · ·	<u>~</u>
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b part to provide any additional information.	. Also	complete	
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

UNITED STEELWORKERS LOCAL 8248	23-7409585
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 ORGANIZATIONS A	CTIVE MEMBERS EACH HAVE ONE VOTE &
ELECT OFFICERS OF THE GOVERNING BODY EVERY THREE YEA	RS AS SPECIFIED IN THE CONSTITUTION
Form 990 Part VI Section A Line 7B THE LABOR ORGANIZATIONS A	CTIVE MEMBERS EACH HAVE ONE VOTE &
APPROVE ALL DECISIONS OF THE GOVERNING BODY & DECISIO	NS THAT ARISE DURING SCHEDULED MEMBERSHIP
MEETINGS	
Form 990 Part VI Section B Line 11B THE LABOR ORGANIZATIONS	FINANCIAL OFFICERS & PRESIDENT
REVIEW THE FORM BEFORE FILING	
Form 990 Part VI Section B Line 19 THE LABOR ORGANIZATION DO	ES NOT ROUTINELY MAKE SUCH
DOCUMENTS AVAILABLE TO THE PUBLIC	
••••••	

UNITED STEELWORKERS LOCAL 8248

23-7409585

Schedule D (Form	990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
- Cart Al	Commence with the commence of	
		
		•••••

Name of the organization	Employer Identification number	age ∠
	23-7409585	
ONTED STELEWORKERS EDOAL 0240	25-140000	
		•
		. .
		