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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

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

JANUARY 1

, 2011, and ending

DECEMBER 31

, 2011

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

## C Name of organization

UNITED STEELWORKERS, LOCAL 01280

## D Employer identification number

55-0707054

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

Room/suite

## E Telephone number

304-723-4198

PO BOX 281

City or town, state or country, and ZIP + 4

FOLLANSBEE, WV 26037-0281

## F Group Exemption

Number ► 0260

G Accounting Method:  Cash  Accrual Other (specify) ►

## I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) (5) ◀ (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## 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. 

Revenue	RECEIVED	FEB 14 2012	
		1	0
1 Contributions, gifts, grants, and similar amounts received	1167	2	0
2 Program service revenue including government fees and contracts		3	53406
3 Membership dues and assessments		4	1095
4 Investment income		5c	0
5a Gross amount from sale of assets other than inventory	5a DEN, UT 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)			
6 Gaming and fundraising events		6d	0
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0		
b Gross income from fundraising events (not including \$ 0 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 0		
c Less: direct expenses from gaming and fundraising events	6c 0		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a Gross sales of inventory, less returns and allowances	7a 0		
b Less: cost of goods sold	7b 0		
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	2830
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	57334
10 Grants and similar amounts paid (list in Schedule O)		10	7843
11 Benefits paid to or for members		11	0
12 Salaries, other compensation, and employee benefits		12	27381
13 Professional fees and other payments to independent contractors		13	158
14 Occupancy, rent, utilities, and maintenance		14	140
15 Printing, publications, postage, and shipping		15	88
16 Other expenses (describe in Schedule O)		16	14561
17 Total expenses. Add lines 10 through 16		17	50171
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7163
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	119791
20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	1326954

SCANNED FEB 2012

**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	118786	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	1005	24
25	<b>Total assets</b>	119791	25
26	Total liabilities (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	119791	27
			126954

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

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

28	LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL AND PROVIDE REPRESENTATION TO ITS MEMBERS.			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	0	
29				
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	0	
30				
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0	
31	Other program services (describe in Schedule O)			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		► 32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GEORGE M ADAMS 109 VICTOR STREET, WEIRTON, WV 260632	FINANCIAL SEC. 10	\$6208	0	0
JOSEPH AMATO 42 PROSPECT STREET, BRIDGEPORT, OH 43952	TRUSTEE 1	\$150	0	0
KEITH BODNAR 1085 FAIRPLAY RD., BLOOMINGDALE, OH 43910	OUTSIDE GUARD .25	0	0	0
LAWRENCE B CARROLL 120 CAROL CRT. DR., WELLSBURG, WV 26070	RECORDING SEC. 2	\$2224	0	0
THOMAS HUKILL RR3, BOX 48 WELLSBURG, WV 26070	INSIDE GUARD .25	0	0	0
ROBERT D LENNOX 108 LIBBY RD., WHEELING WV, 26003	TRUSTEE 1	\$150	0	0
JAMES D MOFFO 1700 BLOSSER RD., FOLLANSBEE, WV 26037	TRUSTEE 1	\$150	0	0
CRAIG W OLLOM 53448 YORK DR., POWHATAN PT., OH 43953	VICE PRESIDENT 4	\$3563	0	0
GEORGE E PEHANICH PO BOX 40076, STEUBENBVILLE, OH 43952	TRESASURER 2	\$2050	0	0
RICHARD RANIERI RR2, BOX282R, COLLIER'S, WV 26035	GUIDE .25	0	0	0
FORREST WIETFELD 4641 COUNTY RD. 26, WINTERSVILLE, OH 43953	PRESIDENT 4	\$3140	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .  Yes  No  
**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) . . . . .  Yes  No  
**34** ✓

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

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

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

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 . . . . .  Yes  No  
**36** ✓

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

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

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? . . . . .  Yes  No  
**38a** ✓

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

39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9 . . . . .  Yes  No  
**39a**  Yes  No

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

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

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

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 . . . . .  Yes  No  
**40c**  Yes  No

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

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

41 List the states with which a copy of this return is filed. ►  Yes  No

42a The organization's books are in care of ► **GEORGE M ADAMS** Telephone no. ► **304-723-4198**  
 Located at ► **PENN & MAIN STREETS, FOLLANSBEE, WV** ZIP + 4 ► **26037-0281**  Yes  No  
**42a** ✓

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**.  Yes  No  
**42b** ✓

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ► \_\_\_\_\_  Yes  No  
**42c** ✓

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

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

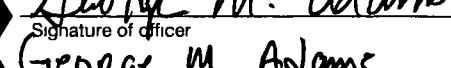
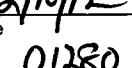
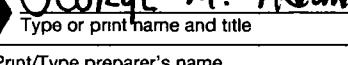
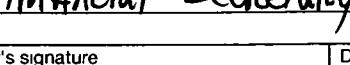
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  Yes  No  
**44b** ✓

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

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

45b 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) . . . . .  Yes  No  
**45b** ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		Yes	No			
		46	✓			
<b>Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> 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 <input type="checkbox"/>						
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		Yes	No			
		47	✓			
48 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."						
(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
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		
d Total number of other independent contractors each receiving over \$100,000 . . .		►				
52 Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . .				► <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge						
<b>Sign Here</b>	 Signature of officer		 Date			
	 Type or print name and title		 Financial Secretary		USW 01280	
<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 ►			Phone no.		
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No						

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

Sign Here	George M. Adams Signature of officer	2/10/12 Date
	George M. Adams Financial Secretary	USW 01280

► 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	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no. _____	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## 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.

**2011**

Open to Public  
Inspection

Name of the organization

**UNITED STEELWORKERS 01280**

Employer identification number

**55-0707054**

**#8. OTHER REVENUE: VOID CHECKS - \$138, VENDING MACHINE INC. - \$2199, WORKER'S COMP PREMUIM REFUND - \$248, SOCIAL**

**RECEIPTS - \$245. TOTAL OTHER REVENUE = \$2830.**

**#10. DONATIONS: SCHOLARSHIPS - \$2500 (SEE ATTACHMENT), JAPANESE RED CROSS - \$5000, FLOWERS - 243, FUNERAL DONATIONS -**

**\$100. TOAL DONATIONS = \$7843.**

**#16. OTHER EXPENSES: DUES TO INT'L UNION - 341, TAXES - 3729, OFFICE SUPPLIES - \$362, EDUCATION & RECREATION - 7505,**

**REINBURSED EXPENSES - 2624. TOAL OTHER EXPENSES = \$14561.**

**#24. OTHER ASSETS: OFFICE EQUIPMENT/FURNITURE - \$1005.**

Name of the organization

**WHEELING NISSHIN EMPLOYEES' SCHOLARSHIP FUND**

Employer identification number

**55-0740038**

RECIPIENT	RELATIONSHIP	AMOUNT
SAMANTHA FORNEY	DAUGHTER	\$250.00
DEREK MILLER	SON	\$250.00
ERICA JOHNSON	DAUGHTER	\$250.00
LOGAN PAXTON	DAUGHTER	\$250.00
ANDREW SABATINO	SON	\$250.00
BRITTANY HUKILL	DAUGHTER	\$250.00
EMILY HUKILL	DAUGHTER	\$250.00
CHERYL JOHNSON	DAUGHTER	\$250.00
WARREN HAMMEL	SON	\$250.00
DANIEL NIXON	SON	\$250.00

**TOTAL SCHOLARSHIPS AWARDED - \$2500.00**