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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Dep	artment of	the Treasury ue Service	► The organization may have to	use a copy of this return to s	•	porting regu	rements	Inspectio			
A	_		lendar year, or tax year beginning	.,,	, and e						
B		applicable		elworkers Local 8248	7		Employer identific	cation number			
$\overline{}$	Address		Doing Business As	<u> </u>		73	7409585				
=	Name ch	-	Number and street (or P O box if mail is i	not delivered to street address)	Room/suite		Telephone number	 			
=	Initial retu	•	4200 United Shopping Plaza	,	Suite 14		(340) 778 5634				
\equiv	Terminat		City, town or post office, state, and ZIP co	de	Joulie 14	(34)	(340) 778-5634				
=	Amended		Christiansted	VI	00821	G	Gross receipts \$	1	125,827		
=		on pending	F Name and address of principal officer		00021	, 	group return for aff		X No		
لــا	Аррисан	on pending	Gerard Jackson 4200 United Shop	nina Plaza Siuto #14 Chr	uctionstad V	1		=	=		
_		_				1		Yes	No		
Τ.	Tax-exem	pt status	501(c)(3) X 501(c) (5)	◀ (insert no) 4947(a)(1)	or 527	" 'NO, '	attach a list (see in	istructions)			
<u>J 1</u>	<u> Vebsite</u>	e: ► N/A				H(c) Group e	xemption number	▶ 0260			
K	orm of o	rganization	Corporation Trust Asso	ciation X Other ► Labor	Union L Yea	ar of formation	1974 M St	ate of legal domicile	<mark>} VI</mark>		
F	art I	Sui	mmary								
	T 1	Briefly d	escribe the organization's mission of	or most significant activitie	s Loca	I Union enf	orced collective	9			
		bargaini	ng agreement to better working con	ditions of the Local Union	and provide						
nce	į	represer	ntation to its members								
Activities & Governance											
ove.	2	Check th	nis box ▶ if the organization d	scontinued its operations	or disposed	of more tha	an 25% of its ne	et assets			
<u>ග</u> නේ	3	Number	of voting members of the governing	body (Part VI, line 1a)			3		0		
63	4	Number	of independent voting members of	the governing body (Part	VI, line 1b)		4		0		
Ž	5	Total nu	mber of individuals employed in cal	endar year 2012 (Part V, I	line 2a)		5		20		
Act	6	Total nu	mber of volunteers (estimate if nece	essary)	•		6		0		
	7a		related business revenue from Part				7a				
	b		elated business taxable income fron				7b		0		
	1					Pric	or Year	Current Yea	ar		
Revenue	8	Contribu	itions and grants (Part VIII, line 1h)	•			0		0		
	9		n service revenue (Part VIII, line 2g)				217,893		123,576		
eve	10		ent income (Part VIII, column (A), lii			_	1,888		1,029		
ř	11		evenue (Part VIII, column (A), lines s		e)		1,804		1,222		
	12		enue-add lines 8 through 11 (must e				221,585		125,827		
	13		and similar amounts paid (Part IX, c				0		425		
)	14		paid to or for members (Part IX, co				0				
,	15		other compensation, employee benef		s 5–10) .		107,832		52,577		
Ses	16a		ional fundraising fees (Part IX, colui	, , ,	•		0	<u>-</u>	0		
Expenses	b		ndraising expenses (Part IX, column		0	F-3-77688			F Wil		
ñ	17	Other ex	chenses (Part IX, column (A), lines	11a-11d 11f-24e)			77,098		52,623		
	18	Total ex	penses Add lines 13-17 (must equ	al Part IX, column (A), line	e 25)		184,930		105,625		
	19	Revenue	penses Add lines 13–17 (must eque less expenses Subtract line 18 fr	om line 12	,		36,655		20,202		
5	<u> </u>			RECEN		Beginning	of Current Year	End of Yea			
sots	20	Total as	sets (Part X, line 16)	Lizaria			503,271	- ;	523,473		
Ä	21	Total lia	bilities (Part X, line 26) .	181 APP M 1	12		0		1,871		
Net Assets or	22	Net ass	ets or fund balances Subtract line 2	21 frem line 201 4 21	013 18		503,271		521,602		
	art II	Sig	nature Block		1001						
Und	ler penat	ties of perjur	y, I declare that I have examined this return, in ect, and complete Declaration of preparer (oth	cluding accompanying schedules	s and statements	s, and to the be	st of my knowledge	•			
and	belief, it	is true, corre	ect, and complete Declaration of preparer (oth	enthan officer) is based of all inf	ormation of which	h preparer has					
Si	gn						3.2	7.12			
	ere		Signature of officer				Date				
• • • •	.10		Gerard Jackson		Adm	ninistrator					
		<u> </u>	Type or print name and title								
		Prır	nt/Type preparer's name	Preparer's signature		Date	Charle T	T , PTIN			
	aid						Check L	"			
	epare										
U	se Onl	יי עי	m's name		_		n's EIN ▶				
_		Firm	m's address 🕨			Pho	one no				
M	av the I	RS discus	ss this return with the preparer show	vn above? (see instruction	ns)			Yes	No		

Form 9	90 (2012)	United Steelworkers Local 8248	23-7409585	Page 2
Pa	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u></u>
1		escribe the organization's mission		
		sion statement of the organization includes but is not limited to on behalf of its s, collective bargaining, grievance procedures, arbittration, strike benefits,		
		s, collective bargaining, grievance procedures, arbitiration, strike benefits, on, organize and to improve the working conditions of its members		
			•	
2		organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	П.,	
	services	describe these changes on Schedule O	Yes	X No
4		e the organization's program service accomplishments for each of its three largest program service:	s as measured by	
•		is Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and al		
		expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$)
		ng agreement for our members wages, benefits and working conditions. The members dues and noome are used to carry out these activities. The Local Union is continually striving to		
		or accomplish improvements for our members		
			·	
45	(O = d =	\/Firearca C		
4b	(Code) (Expenses \$ including grants of \$) (Reven		
				
	<u> </u>	\(\(\tau_{\text{order}} \)		
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
4d		rogram services (Describe in Schedule O)	0.3	
	(Expen	ses \$ 0 including grants of \$ 0) (Revenue \$ rogram service expenses • 0	0)	·

Part IV	O	
T W	Checklist at Paguirad Schadulas	
	Checklist of Required Schedules	

			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		x
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			
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
•	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		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		_X_
	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, 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 negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ř ii	
-	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		X
	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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	X
	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,"			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_X
~	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			<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15		_x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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	40		,
20a		19 20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	20b	-	 ^
			•	

19? Note. All Form 990 filers are required to complete Schedule O

	990 (2012) United Steelworkers Local 8248	23-7409585	P	age 4
Pai	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	1		
	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			ĺ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			١
24-	employees? If "Yes," complete Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		1
	\$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.	04-		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	245		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь		234		
	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee,			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I			Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			3
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	*****		
a	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 An ontity of which a current or former officer, director, trustee, or key employee (or a femily march or the configuration).	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	20.5		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	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		Х
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, Part II,			
	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		X
b	If "Yes" to line 35a, 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		<u></u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI .	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		i

Fai	Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4	(20)		, S. (4) \$
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	(% & 677) (100	
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ÑŴ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			نشلات
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 Miles		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	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	1		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country		. 33	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		لنحت	/ / 3
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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Oy.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	a : 20 a 2000.	1,00	
	and services provided to the payor?	7a		
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l_		1
	required to file Form 8282?	7c	07 W80	- A*
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u>		12
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\vdash
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization recovered a contribution of qualified intellectual property did the organization file Form 2000 or required?	7f	├	├
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	111		1241
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		n ayên a a A	
	organization, have excess business holdings at any time during the year?	8		لكفتنسا
9	Sponsoring organizations maintaining donor advised funds.	5.73	V.	4.8
a	Did the organization make any taxable distributions under section 4966?	9a		. Audi
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	\vdash
10	Section 501(c)(7) organizations. Enter		~30	. 4.9
а	Initiation fees and capital contributions included on Part VIII, line 12	(A)	17.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1.2	40	
11	Section 501(c)(12) organizations. Enter			J.
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	178		143 0
_	against amounts due or received from them)	4/7/		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	234	1/1/20	11/1/16
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13%
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1
-	Note. See the instructions for additional information the organization must report on Schedule O	39	199	34,,
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand .			12
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14t		1

Part VI

United Steelworkers Local 8248

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (o 🐼	23	XXX
	If there are material differences in voting rights among members of the governing body, or		7:527		~ #
	if the governing body delegated broad authority to an executive committee or similar		- પ્રા <u>વે</u> દ		
	committee, explain in Schedule O			7 . Sec	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	الإيفار		- 41
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		٦.3		
_	any other officer, director, trustee, or key employee?	inp with	2	aa waa	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct	-		
J	supervision of officers, directors, or trustees, or key employees to a management company or other		,		V
4		•	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		<u> </u>
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	<u> X</u>	
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	X	(v. v.
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	1.50	ÇŞ	
	the year by the following		سنشنف		
а	The governing body?		8a	X	
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	eached	1 1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	<u>Code</u>		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such	•	į		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u></u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c		<u>X</u>
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 appro	•		, 70 (20	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	ئىشىنىڭ	ı ZZ	الكسا
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).				334
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate its	170		11/4
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	3.27.27 2.4.244	260	
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	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 99	0-T (Section 501(c)(3)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply				
		xplaın ın Schedule O)		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents	conflict of interest			
	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books				
	organization	(340) 778-	5634		
	4260 United Shopping Plaza Suita #14 Christian - 4-4 1/1 00000				

Employees, and Independent C Check if Schedule O contains a re		y que	estic	on i	n tł	nis Pa	art '	VII		. \square
Section A. Officers, Directors, Trustees, Key Er										<u></u>
Section A. Officers, Directors, Trustees, Key El 1a Complete this table for all persons required to be I organization's tax year • List all of the organization's current officers, di of compensation Enter -0- in columns (D), (E), and (I • List all of the organization's current key emplo • List the organization's five current highest com who received reportable compensation (Box 5 of Forr organization and any related organizations • List all of the organization's former officers, ke \$100,000 of reportable compensation from the organi • List all of the organization's former directors organization, more than \$10,000 of reportable compe	rectors, trustees F) if no compens yees, if any See pensated employ m W-2 and/or Boy employees, are ization and any iter trustees that tensation from the	(whereastern whereastern where	sati was ructi (oth f Fo hes d or ved,	on frinces participation on frinces participation of the content o	or ti	defin defin an o 9-MIS ensate cons capac	lend or o office	dar year ending variations), removed in of "key employeer, director, trust of more than \$10 employees who removed as a former directated organization.	gardless of amore e " ee, or key emplo 00,000 from the eccived more that tor or trustee of this	unt yee) an
compensated employees, and former such persons										
X Check this box if neither the organization nor any (A) Name and Title	(B) Average hours per	(do r box, office	not ch unles	Pos neck ss pe d a d	tion more rson irect	than o	ne an ee)	(D) Reportable compensation from	(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	the the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Gerard Jackson	5 00									
Administrator	000	X	_		_	ļ	_	0		
(2)										
(3)										
(4)										
(5)		-								
(6)										
(7)										
(8)							L			
(9)				L						
(10)										
(11)					_					
(12)	ļ	_			_					

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Form 990 (2012)

Part VII

United Steelworkers Local 8248

23-7409585

Page 7

F	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos eck s pe	c) ition more rson	the solution of the solution o	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS		(F) Estimated amount of other compensatio from the organization and related organization	on n
(15)								-			+		
(16)											+		
(17)											+		
(18)											\dagger		
(19)											\top		_
(20)											-	 -	
(21)									. <u></u>		1		
(22)													_
(23)										<u>.</u>			
(24)									-				
(25)										-			
1b c d	Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not lir reportable compensation from the organization	mited to those lis	sted a		e) v	vho	recei	► ► Ived	0 0 0 more than \$100		0 0 0		0
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee,		emp		e, c	or hig	hes	t compensated		25	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual		-						•			4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									vidual		5	2/] X
	ion B. Independent Contractors												<u> </u>
1	Complete this table for your five highest compecompensation from the organization Report coyear.	•									n's ta:	×	
	(A) Name and business add	ress			_				(B) Description of ser	vices	Co	(C) mpensation	
	······································							-					0
					_			+					0
								oxday					0
	Total number of independent contractors (inclu	iding but not limi	ited to	the	se	liste	ed ab	i_ ove) who received				0

Pal	L VIII	Check if Schedule O contains	a response to a	any question in th	nis Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
g) g)	1a	Federated campaigns	1a	0		100		
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues	1b	0				
s, G	С	Fundraising events	1c	0		32 33		
Gıfts, ilar An	d	Related organizations	<u>1d</u>	0		- FERMON		
is, C	е	Government grants (contributions	s) <u>1e</u>	0				
itior er S	f	All other contributions, gifts, gran	its, and					
oth O		similar amounts not included abo	ove . 1f	0				
Contributions, and Other Sim	g	Noncash contributions included in li	ines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f		<u> </u>	0			
9				Business Code		<u>ii jirikiki</u>	ACTI.	
Revenue	2a	Membership Dues		900099	123,576	123,576		
	b				0			
Service	С				0			
	d				0			
ᇤ	е				0			
Program	f	All other program service revenu	e		0	V V.		, , , , , , , , , , , , , , , , , , ,
	g_	Total. Add lines 2a–2f		_ , ▶	123,5/6	inde Ar	# 1 PF 1 B	New Will
	3	investment income (including divother similar amounts)	idenas, interest,	ano		1,029		
	4	Income from investment of tax-ex	vomnt hand prod	coods -	1,029		-	
	5	Royalties .	kempt bond prot	Leeus -				
			(ı) Real	(II) Personal		944 45 - ST	- BV - 7.7V - 4.7	
	6a	Gross rents		1				
	b	Less rental expenses	-					
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		. •	0	detellisticitismulism _{entro}		ting of the state of the second state of the second
	7a		(ı) Securities	(II) Other		MINE RE		14. Jan
		assets other than inventory	0	0				
	b	Less cost or other basis						li sakala
		and sales expenses	0	0				
	C	Gain or (loss)	0	0	iii ii		<i>liku di</i> di	
	d	Net gain or (loss)		>	0			
, a	8a	Gross income from fundraising						
Ver		events (not including \$	0					
Re		of contributions reported on line	1c)					
ier		See Part IV, line 18	a	0	<i>₹78196</i> 1.			
Other Reven	b	Less direct expenses	b	0	a manual care in a			
	C	Net income or (loss) from fundra	=		0		1 A 2 1 A	Norman Tauring a Share beauty
	9a	9 9						
	١.	See Part IV, line 19	a	0				
	b	Less direct expenses	b					
	C	Net income or (loss) from gamin	g activities		Court in Strain C	1 (37%) (1 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	301 0 822 Born 81	V 600 87 - NOV. 10 - 10 - 17 - 10 - 17
	10a	•		1				
	١.	returns and allowances	a					
	b	Less cost of goods sold	b					
	_	Net income or (loss) from sales of Miscellaneous Revenue	or inventory	Business Code			m (sh 20 m) (sh 20	1 57500 3 Sec 5322 7
	11a	·		900099	1,222	1,222	Millian Zalika maraka	<u> </u>
	b	Reimbursed Travel Expenses		300033	1,222	 		
	C			-) 	 	
	ď	All other revenue			 	 	 	
	e	Total. Add lines 11a-11d		-	1,222		7404.7446a.227	(1954) (1866)
	12	Total revenue. See instructions		•	125.827		<u> </u>	() () () () () () () () () () () () () (

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response to any o	question in this Part	IX .		
Do 7b,	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	425			
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	ا			
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0			76-6 - 7887 - 1107 Danie de 1881 - 27 Ni
4 5	Compensation of current officers, directors,	——— <u> </u>		<u> </u>	[85 0] NASSAS (0 A.S.)
5	trustees, and key employees	اه	ļ		
6	Compensation not included above, to disqualified	├─ 			
•	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B)	l ol			ı
7	Other salaries and wages	41,348			
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	11,229	···		
11	Fees for services (non-employees)				
а	Management	0			
þ	Legal .	14,144			
C	Accounting	0			
d	Lobbying .	0			
e £	Professional fundraising services See Part IV, line 17	0		· manifer of the first of the f	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)	ا			
12	Advertising and promotion	0			
13	Office expenses	20,385			 -
14	Information technology	0			
15	Royalties	0			
16	Occupancy	11,931			
17	Travel	4,281		·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	1,427			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization Insurance	0	0	0	0
23 24	Other expenses Itemize expenses not covered	24 S 30 2 1 T 1 T 1 S 2 S 2 S 2	(A)		
24	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	Dues Refunded	455	11 4. 11 4.0 mm G . 10 mm		0,000 1 1 10.00 1 11 2 00
b		0			
С		0			
d		0			
е	All other expenses	0			
25_	Total functional expenses. Add lines 1 through 24e	105,625	0		0
26	Joint costs. Complete this line only if the		1	_	
	organization reported in column (B) joint costs	1	1	1	
	from a combined educational campaign and				
	fundraising solicitation Check here If			Ļ	

28 Temporarily restricted net assets Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here Net Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances Total liabilities and net assets/fund balances

503,271

503,271

32

33

34

521,602

523,473

Form	990 (2012) United Steelworkers Local 8248	23-	7 <u>409</u> 585	Page	12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 .		125,	827
2	Total expenses (must equal Part IX, column (A), line 25)	2		105,	625
3	Revenue less expenses Subtract line 2 from line 1	3		20,	202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		503,	271
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		-1,	871
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		-	_	
	column (B))	10		521,	602
Part					
	Check if Schedule O contains a response to any question in this Part XII				
1 2a	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 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		- 2a	Yes	No X
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2b		X
С	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			Ì	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2012)

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

Employer identification number

Name of the organization United Steelworkers Local 8248 23-7409585 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 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, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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 an 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 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a_ а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a 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) Revenues 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sched	ule D (Form 990) 2012 United Steelworker	s Local 8248				_	23-7409	585	Page 2
Part	III Organizations Maintaining	Collections of	Art, Histo	orical Tr	reasures, o	r Othe	er Si <u>mila</u> r Asse	ts (contir	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant								
	use of its collection items (check all that	it apply)							
а	Public exhibition		d 🗌	Loan	or exchange p	progran	ms		
b	Scholarly research		e □	Other					
С	Preservation for future generation	ns							
4	Provide a description of the organization Part XIII	on's collections and	explain ho	ow they fu	urther the orga	anızatıc	on's exempt purpo	se in	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Part									<u> </u>
rait		_	-	_		werea	res to ronn s	990, Pan	
	IV, line 9, or reported an amo								
1a	Is the organization an agent, trustee, co	ustodian or other in	termediary	for conti	ributions or ot	her ass	sets not	 ,	<u> </u>
	included on Form 990, Part X?							Yes	∐ No
þ	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ving table	•	_			
							A	mount	
C	Beginning balance					10	c		
d	Additions during the year					10	<u> </u>		
e	Distributions during the year					16	е		
f	Ending balance					11	f		0
2a	Did the organization include an amount	t on Form 990. Par	t X. line 21	?				Yes	X No
b	If "Yes," explain the arrangement in Pa				as heen provi	ded in	Part YIII		H
		- -							Щ
Part	V Endowment Funds. Comple								
	<u> </u>	(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							-	
þ	Contributions							 	
С	Net investment earnings, gains, and losses	····							
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs	····							
f	Administrative expenses								
g	End of year balance	0		0	<u> </u>	0		<u> </u>	0
2	Provide the estimated percentage of the	e current year end	balance (I	ine 1g, co	olumn (a)) hel	d as			
а	Board designated or quasi-endowment	. •	%						
þ	Permanent endowment	%							
C	Temporarily restricted endowment	▶ %							
	The percentages in lines 2a, 2b, and 2	c should equal 100	%						
3a	Are there endowment funds not in the	possession of the c	rganizatio	n that are	e heid and adr	mınıste	red for the		
	organization by							「Y	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(II), are the related organic	zations listed as re-	guired on S	Schedule	R?			3b	
4	Describe in Part XIII the intended uses	of the organization	n's endown	nent fund	ls			<u></u>	
Part									
	Description of property	(a) Cost or o			ost or other	ſc) Accumulated	(d) Bool	k value
	Description of property	(a) cost of o			sis (other)		depreciation	(4) 500	
	Land		0						128,000
b	Buildings		0		140,766		0		140,766
c	Leasehold improvements .	·	0		140,700		0		0
d	Equipment .		0		0		0		
e	Other	 	0		0		0		0
	I. Add lines 1a through 1e (Column (d) i	must equal Form 0		column			•		<u> </u>
rota	i. Add lities ta tittougit te (Column (a) i	musi eyuai roiiii 9	ou, rail X,	COIGITITI ((ט), וווופ זע(C), וווו	/			268,766
							Sci	nedule D (Fo	rm 990) 2012

for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2012 United Steelworkers Local 8248			23-7409	<u>585</u>	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per	Return		
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					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		\$47 \\ \frac{1}{2} \\		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	\	3387		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		0
	XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses of	er Retu	rn	
1	Total expenses and losses per audited financial statements	,,, <u>,,,</u>	TAIL EXPONESS P	1	•••	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			· .		
a	Donated services and use of facilities	2a	I	25		
b	Prior year adjustments	2b				
c	Other losses .	2c				
ď	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d			2e		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:			\$42.00°		<u>_</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
_	XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III lin	es 1a and 4 Part IV	lines 1h	and 2h	
Part \	/, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also onal information					
					- 	

Schedule D (Form		United Steelworkers Local 8248	23-7409585	Page 5
Part XIII	Supple	emental Information (continued)		
				
	•			
	•		••••••	
			•	

				-
-				
-		•••••••••••••••••••••••••••••••••••••••		
-				
				
_				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public 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 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 organizations active members each have one vote & approve all decisions of the governing body & decisions that arise during scheduled membership 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 does not routinely make such documents available to the public Form 990 Part XI Line 9 Increase in Liabilities

Name of the organization	Employer identification number	Page_Z
	23-7409585	
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