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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
Inspection

Under 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.

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

, 20

B Check if applicable.

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

UNITED STEEL WORKERS

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

E 8395 COUNTY ROAD H

D Employer identification number

41-2192582

E Telephone number

920-667-5376

City or town, state or country, and ZIP + 4  
FREMONT, WI 54940-8704F Group Exemption  
Number ► 2506G Accounting Method:  Cash  Accrual Other (specify) ►H Check ►  if the organization is not

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 ► \$

## 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 □

Expenses	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments . . . . .	3 386.00
	4 Investment income . . . . .	4 1333.00
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	DUES REFUND USW 8 53045.00
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 54764.00
Net Assets	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 26219.00
	13 Professional fees and other payments to independent contractors . . . . .	13 575.00
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 227.00
	16 Other expenses (describe in Schedule O) . . . . .	16 28452.00
	17 Total expenses. Add lines 10 through 16 . . . . .	17 55473.00
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 ( 709.00 )
	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 96914.00
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 96205.00

**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	97282.00	22 97392.00
23	Land and buildings		23
24	Other assets (describe in Schedule O)	693.00	24 231.00
25	Total assets	97975.00	25 97623.00
26	Total liabilities (describe in Schedule O)	1061.00	26 1418.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	96914.00	27 96205.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

Describe 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			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	►	32

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

(a) Name and title	(b) 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
CHARLES MERKES		2328.00		
PRESIDENT				
RICHARD VISSERS		1038.00		
VICE PRESIDENT				
RANDALL MUTHIG		1329.00		
VICE PRESIDENT				
FRANK BOWERS		332.00		
VICE PRESIDENT				
TODD EAKE		3246.00		
TREASURER				
PETER FRANCK		2131.00		
FINANCIAL SECRETARY				
MIKE SPOEHR		2786.00		
RECORDING SECRETARY				
ALVIN RATHSACK		1620.00		
CHIEF STEWARD				
RANDY ROBERTS		818.00		
STEWARD				
JERRY BUNROCK		613.00		
STEWARD				
JEFF WILLIAMSON		818.00		
STEWARD				

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

## CONTINUATION PART IV

Form 990-EZ (2012)

Page 2

### **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	22	
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	25	
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	

### **Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe 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			
(Grants \$	) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 28a
29			
(Grants \$	) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 29a
30			
(Grants \$	) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 30a
31 Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here	►	<input type="checkbox"/> 31a
32 Total program service expenses (add lines 28a through 31a)			► 32

### **Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) 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
LISA FRANCK				
STEWARD		2012.00		
JOHN EBBEN				
STEWARD		818.00		
GARRY KRUEGER				
STEWARD		818.00		
ROBERT MARTIN				
STEWARD		818.00		
HEATHER ELMER				
STEWARD		1080.00		
MARY BOWERS				
TRUSTEE		693.00		
COREY FELLNER				
TRUSTEE		479.00		
HEIDI ELMER				
TRUSTEE		603.00		
MARK TIMM				
TRUSTEE		87.00		
TONY SCHUH				
TRUSTEE		496.00		
MITCH SCHROEDER				
SGT OF ARMS		0.00		
MICHELLE LIEBERGEN				
SGT OF ARMS		0.00		

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

## **CONTINUATION PART IV**

**Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule Q to respond to any question in this Part II .

Check if the organization used Schedule O to respond to any question in this column		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	<b>Total assets</b>	25	
26	<b>Total liabilities</b> (describe in Schedule O)	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27	

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule Q to respond to any question in this Part.

What is the organization's primary exempt purpose?

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.

**Expenses**  
required for section  
(c)(3) and 501(c)(4)  
organizations and section  
47(a)(1) trusts; optional  
others.)

28			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	
29			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a	
30			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .			32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) 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
MICHAEL ANNIS		53.00		
OFFICE				
PETE PLOSKEE		346.00		
OFFICE				
JODI RIEHL		857.00		
OFFICE				

**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  33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34 X

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)?  35a X

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  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  35c X

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  36 X

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

b Did the organization file Form 1120-POL for this year?  37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b

39 Section 501(c)(7) organizations. Enter:  39a

a Initiation fees and capital contributions included on line 9  39b

b Gross receipts, included on line 9, for public use of club facilities  39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►  40b X

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e X

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

42a The organization's books are in care of ► TODD EAKE Telephone no. ►  Located at ► E. 8395 CTY ROAD H FREMONT WI ZIP + 4 ► 54940-8704  42b Yes X

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.  42c X

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: ►  43

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X

c Did the organization receive any payments for indoor tanning services during the year?  44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

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)  45b X

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.

020003000 4-5-13

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Here ~~TOP SECRET TREASURE~~ 4-5-13

Type or print name and title

**Reid** Print/Type preparer's name **Preparer's signature** **Date** **Check**  **if** **PTIN** **123-12-3456**

Paid Preparer JOSEPH H ARNOLDUSSEN self-employed P00101852

**Preparer  
User-Only** Firm's name ► **A.S.K. ASSOCIATES INC** Firm's EIN ►

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.

Name of the organization

UNITED STEEL WORKERS UNION 02-1822 LOCAL

Employer identification number

41-2192582

### PART 1

#### LINE 16-OTHER EXPENSES

CONVENTION/CONFERENCE/MEETING..... 4815.00

COMPANY PICNIC/CHRISTMAS PARTY..... 6197.00

DOOR PRIZES/GIFTS..... 6194.00

FLOWERS/MEMORIALS..... 449.00

INSURANCE..... 350.00

OFFICE EXPENSE..... 201.00

REFRESHMENTS..... 3263.00

DUES..... 450.00

PAYROLL TAXES..... 3032.00

DEPRECIATION EXPENSE..... 462.00

UNION T-SHIRTS..... 3039.00

TOTAL..... 28452.00