Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 201

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

\ F	or the	2017 ca	endar year, or tax year beginning		, and er	nding			
3 CI	heck if a	applicable:	C Name of organizationUnited Steelworkers Lo	cal 8248			D Employe	er identificatio	n number
] Ad	idress c	hange	Doing business as						
_ 			Number and street (or P.O. box if mail is not delivered to	o street address)	Room/suite		23-740958	15	
_] K8	ame cha	ange	1113				E Telephor	e number	
tni	itial retu	ım	City or town	State	ZIP code		(340) 227-	<b>9</b> 012	
٦	muten ker	Vierminated	Christiansted	VI	00821		(5-10) 221-	0012	
=			Foreign country name Foreign province/s	tate/county	Foreign postal	code			
An	nended	return					G Gross re	ceipts \$	60,958
٦,	policatio	n pending	F Name and address of principal officer:		ľ	H(a) is th	is a oroup retur	for subordinate	s? Yes X No
	•		Sonia Maynard John 1113, Christiansted, VI	00821	AC-		all subordina		Yes No
				[]				ist. (see instru	
		pt status:	501(c)(3) X 501(c) ( 5 ) ◀ (insert no	.) 4947(a)(1)	or 527				-
W	<u>ebsite</u>	: ► N/A				H(c) Gro	oup exemption	number 🕨 (	0260
Fo	rm of o	rganization:	Corporation Trust Association X	Other Labor I	Jnion LYes	r of forms	tion:   9 1	M State	of legal domicile: VI
	irt l		nmary	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
ĵ	1		escribe the organization's mission or most sig	nificant activities	· local	I I Inion	enforced o	collective ba	maining
9	•	•	ent to better the working conditions of the Loc					Oliconae De	ngaring
Ĭ		its mem		ai Oliion and pro	vide represe	a nauci			
Governance	_		<u></u>						
Š	2		is box  If the organization discontinue					1 1	ssets.
	3		of voting members of the governing body (Pa	•				3	11
ACTIVITIES OF	4		of independent voting members of the govern					4	0
	5		nber of individuals employed in calendar year	r 2017 (Part V, li	ne 2a) .   .   .			5	9
}	6	Total nu	nber of volunteers (estimate if necessary)					6	0
₹	7a	Total un	elated business revenue from Part VIII, colun	an (C), line-12-	·	٦		7a	0
	b	Net unn	lated business taxable income from Form 990	D-T, line 340 E	YED	1		7b	0
╗					S C		Prior Year		Current Year
.	8	Contrib	tions and grants (Part VIII, line 1h)	2 · APR 0				o	0
enuavez	9		service revenue (Part VIII, line 2g)	APR 0 2	2010	21		55,521	60,307
₹	10		ent income (Part VIII, column (A), lines 3, 4, a	nd 7d)	0	<u> </u>		819	651
2	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c,	c 100 200 116	i i i i T	<del>                                     </del>		1,158	0
ı	12	Total ray	nue—add lines 8 through 11 (must equal Part V	W-~dumn-/A\≃lin	6-121	<del></del>		7,1 <del>30</del> 37,498	60,958
+	13		nd similar amounts paid (Part IX, column (A),					553	
1	14		paid to or for members (Part IX, column (A),	•				0	2,750
			other compensation, employee benefits (Part IX,		 E 40\				5.740
	15			<b>, ,</b> ,			<del></del>	7,653	5,748
<b>5</b>	16a		onal fundraising fees (Part IX, column (A), line				- - 1. ( 1. f	0	<u></u>
Expenses	b		draising expenses (Part IX, column (D), line 2		0				
•	17		penses (Part IX, column (A), lines 11a-11d, 1	•	1			0,200	29,797
ſ	18		penses. Add lines 13-17 (must equal Part IX,					18,406	38,295
ᆜ	19	Revenu	eless expenses. Subtract line 18 from line 12	<u></u>	<u> </u>			19,092	22,663
8		_				Beginn	ing of Curre		End of Year
Balances	20		ets (Part X, line 16)				53	38,078	560,747
틸	21		vilities (Part X, line 26)					0	0
Ē	22		ets or fund balances. Subtract line 21 from line	<u> 20</u>	<u> </u>	L	53	38,078	560,747
o a r	rt li		nature Block						
			, I declare that I have examined this return, including accor-						
		is true, com	ct, and complete. Declaration of preparer (other than office	n) is based on all info	rmation of which	n prepare	r has any kno 1		0 , 1 =
igi	n			#				rice	President
leņ	 B	7	Sprand opinion (	on			Date	<b>^</b>	
- C	₩,		Sonia Maynard John //				<u>ა</u>	21-15	<u></u>
_ >	7/		Type or print name and title						
	Ē	Prir	/Type preparer's name Preparer's	s signature		Dat	e		PTIN
aid		1				- 1	1	Check	<b>"  </b> /
	pare	r		<del></del>				self-employed	<del>'</del>
	Ont		's name ▶				Firm's EIN	<u> </u>	<u> </u>
	CA		's address 🕨	<u></u>			Phone no.		$\wedge$
	the		s this return with the preparer shown above?	(see instructions					Yes No
<u> </u>		<i>"</i>		<del></del>	7	<u> </u>		· · · · ·	
ır 1	Paper	work Red	uction Act Notice, see the separate instruction	ns.					Form <b>990</b> (2017)

Form 9	90 (2017)	United Steetworkers Local 8248	23-7409585	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	· · · · · ·	
1	Briefly o	describe the organization's mission:		
	The mis	ssion statement of the organization includes, but not limited on behalf of its		
		ers collective bargaining, grievance procedures, arbitration, strike benefits,		
		ion, organize, and to improve the working conditions of its members.		
				·
2	Did the	organization undertake any significant program services during the year which were not listed on		<del></del>
_		or Form 990 or 990-EZ?	Tyes	X No
	•	" describe these new services on Schedule O.		٠ رين
3	•	organization cease conducting, or make significant changes in how it conducts, any program		
J		s?	Tyes	X No
		" describe these changes on Schedule O.	[] .es	
		be the organization's program service accomplishments for each of its three largest program services,	as massured by	,
4		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
		ges. Section 30 n(c)(3) and 30 n(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grants are required to report the grant of grants are required to report the grant of grants are required to report the grant of grants are required to report the grants are required to report the grant are required to report the grants are required to	Cauci is to ou leis	),
	THE (OLE	al expenses, and revenue, if any, for each program service reported.		
	(0-1-	\/Company \( \text{including graphs of C} \) \/\( \text{Decents} \)		<del></del>
4a	(Code:		; <b>à</b>	}
	bargair	ning agreement for our members wages, benefits and working conditions. The members dues and		<b>-</b> -
	maintai	in or accomplish improvements for our members.		
			**	
4b	(Code:	) (Expenses \$ including grants of \$) (Revenue	<b>3\$</b>	)
4	(0-1-	) (Final of Company)		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	э <b>э</b>	)
		······		
				- <b></b> -
4d	-	program services. (Describe in Schedule O.)		
		nses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	<del></del>
40	Total n	organica expenses • 0		



Part IV **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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, Х 5 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 X 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments-other securities in Part X. line 12 that is 5% or more X 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 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 11d Х Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e 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 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 and XII is optional . . . . . 12b X X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . . 13 X 14a b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . . . . . . . . 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . . . . X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 

			Yes	No
200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		<del></del>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			J
22		21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$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 25a	24a		<u> </u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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			l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	i		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		L
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ľ		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			i
	disqualified persons? 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		, , '	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	₹ <u>`</u> -1	, , , , , , , , , , , , , , , , , , ,	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	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	28c		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	1		
	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,			ı
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			1
	If "Yes," complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	١.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	Ill, 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			1
_	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļi	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		l	۱.
	VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

Form 990 (2017) **United Steelworkers Local 8248** 23-7409585 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

_	The state of the s	· ·		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	 1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return	,	- ,3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		1	<del>                                     </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del></del>	<del>  ^</del>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<del> </del>	<del>                                     </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ļ
	(FBAR).	1. :	20	1 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì ,	] x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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	ł	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	l	[
7	Organizations that may receive deductible contributions under section 170(c).		,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	A.
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	- ,	- 2'	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<i>,</i> ;	٠٠,
9	Sponsoring organizations maintaining donor advised funds.	`` -	,	. "
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
D 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		1, 7,	
a	Initiation fees and capital contributions included on Part VIII, line 12	. ' t. '	,	1.20
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			]
11	Section 501(c)(12) organizations. Enter:	-	√` <sup>1</sup> .	
a	Gross income from members or shareholders		٠	<i>(</i> ************************************
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	` . '- i	- ,-	:
12a	against amounts due or received from them.)	40-		· '-
b		12a	e .	├
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	صرتين	=-	العراضية أ
a	Is the organization licensed to issue qualified health plans in more than one state?	420		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	^		j .
_	the organization is licensed to issue qualified health plans	15		. :
c	Enter the amount of reserves on hand		12 / 1	
14a		14a	<u> </u>	X
. —	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<u> </u>	<del>  ^</del>
-		140		Щ_

State the name, address, and telephone number of the person who possesses the organization's books and records:

financial statements available to the public during the tax year.

Sonia Maynard John

1113, Christiansted, VI 00821

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Form 990 (2017)	United Steelworkers Local 8248									23-74095	85 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	plo	yee	s, ŀ	lighest Comp	ensated	
	<b>Employees, and Independent C</b>										
	Check if Schedule O contains a re	esponse or no	te to	any	/ lin	e ir	n this	Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est (	Con	npe	nsate	d E	mployees		
1a Complete t	his table for all persons required to be !	listed. Report co	mper	sati	on f	for t	he ca	lend	dar year ending v	with or within the	
organization's	tax year.	-	•								
• List all o	of the organization's current officers, di	rectors, trustees	(whe	the	r inc	iivid	luals (	or o	rganizations), re	gardless of amo	unt
of compensati	on. Enter -0- in columns (D), (E), and (I	F) if no compens	sation	wa	s pa	id.				•	
	of the organization's <b>current</b> key emplo										
	organization's five current highest con										yee)
	reportable compensation (Box 5 of Fon and any related organizations.	m W-2 and/or Bo	ox 7 c	of FC	m	109	9-MIS	SC)	of more than \$1	00,000 from the	
-	-		حال ا	<b>.</b>	٠						
	of the organization's former officers, ke eportable compensation from the organ							9a 6	employees who r	eceivea more in:	an
	of the organization's <b>former directors</b> (	•			_			ih.	as a former dime	tar ar tauntaa af	tha
organization, r	more than \$10,000 of reportable compe	ensation from the	orga	niza	atior	n an	d any	rel	ated organization	ns.	uie
	the following order: individual trustees	or directors; ins	titutic	nai	trus	tee	s; offic	cers	s; key employees	s; highest	
	employees; and former such persons.										
Check this	s box if neither the organization nor any	y related organiz	ation	СОП	npe	nsat	ted ar	Ty C	urrent officer, dir	ector, or trustee.	
						<del>?</del> )					
	(A)	(B)	(do r	not ct	Pos		than o		(0)	<b>(€)</b>	<b>(F)</b>
	Name and Title	Average	box,	unles	з ре	ารงก	is both	an	Reportable	Reportable	Estimated
		hours per week (list any	otho	er an		_	or/trust		compensation from	compensation from related	amount of other
		hours for	₫ ₹	툫	ĕ	e e	age of the second	Former	the	organizations	compensation
		related organizations	함 를	흏	Officer	풹	oye c	2	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted fine)	_ \$	<u> </u>		Key employee	<b>"</b> နွိ				and related
		10.07	Individual trustee or director	trustee			Highest compensated employee				organizations
			ł	°			ě				
(1) James	Frederick	20.00									
President		0.00	t .		Х				800		
(2) Sonia M	laynard John	20.00									
Vice President		0.00	<u> </u>		X				800		
(3) Lereiz C		2.00									
Recording Sec		0.00	<u> </u>	Щ	X				800		
(4) Jacquel	ine Mendes	1.00	1								{
Trustee		0.00			X				100		
	Murray	1.00	ı		V				400		
Trustee (6) Fabiola	Poleon	0.00 1.00		$\vdash$	X	$\vdash$	<del>                                     </del>	-	100		<u></u>
Trustee	. 4.441	0.00			х				100		
(7) Janice I	Hansen	10.00			$\vdash$	H			100		
Financial Secr		0.00	•		х				100		
(8)										<del></del>	
(9)											
(40)			-	H	Н	Н					
(10)			1							l	
(11)			<del> </del>	┝╌┤	Н	H					
Z::Ł											
(12)					Н					· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·						li					
(13)											<del></del>
			<u> </u>			L	L				<u>.</u>
(14)											<del></del>

	(A) Name and title	(B) Average hours per	box, office	unle: er an	s pe d a d	ition more 1800 inectr	than o	en ee)	(D) Reportable compensation	(E) Reportable compensation	on amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fro orga	other pensation om the anization I related inizations
(15)				$\vdash$								
(16)				$\vdash$	<b>-</b>							
(17)				$\vdash$							<del>                                     </del>	
(18)					$\vdash$	_						
					-						<del>                                     </del>	
		<u> </u>	_	-					<del></del>		<del> </del>	
(21)					$\vdash$					!		
(22)				<del> </del>	┝	-		 			+-	
(23)			-	H	-						-	<del></del>
				$\vdash$	-	-		_			-	<u> </u>
(25)				-	├─						-	
1b c	Sub-total	ection A						•	2,800		0	0
<u>d</u> 2	Total (add lines 1b and 1c)	nited to those lis						ved	2,800 more than \$100		ol	0
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Sched	ector, or trustee,		mp	0 loye	e, o	r high	nest	compensated		3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	•	•						•	h 	13. 1 2. 3. 1 4	×
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Yo									ridual	5	×
Sec	ion B. Independent Contractors					-			<u> </u>		<u></u>	
1	Complete this table for your five highest compe compensation from the organization. Report co year.										s tax	
	(A) Name and business add	reas							(B) Description of ser	vices	(C) Compen	
								L				0
								<u> </u>				0
								-				0
								$\vdash$		<del></del>		0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se l	iste	d abo	•	who received	100, 11 − 19 g 2 − 10	211	· · · · · · ·

Total revenue. See instructions.

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . (A) (B) Related or Total revenue Unrelated Revenue exempt business excluded from function revenue ax under sections 512-514 Federated campaigns . . . . Contributions, Gifts, Grants Similar Amounts Membership dues. 1b 0 Related organizations . . . . . . . . . **1d** Government grants (contributions) . . . 1e All other contributions, gifts, grants, and and Other similar amounts not included above . . . 1f Noncash contributions included in lines 1a-1f. Total. Add lines 1a-1f Business Code Program Service Revenue **Membership Dues** 900099 60,307 60,307 0 0 0 All other program service revenue . . Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . 651 651 Income from investment of tax-exempt bond proceeds . 0 5 Royalties . . . . . . . . (i) Real (ii) Personal 6a Gross rents . . . . b Less: rental expenses . . c Rental income or (loss) . . d Net rental income or (loss). 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory . . 0 Less: cost or other basis and sales expenses . . . Gain or (loss) . . Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . **b** Less: direct expenses . . . . . . . . . . 0 Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . **b** Less: direct expenses . . . . . . . . . . 0 c Net income or (loss) from gaming activities . Gross sales of inventory, less 10a returns and allowances . . . . Less: cost of goods sold . . . . . . . . 0 Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 11a 900099 b C 0 d All other revenue . . . 0 Total, Add lines 11a-11d. 0

60.958

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				William I T
	domestic governments. See Part IV, line 21	2,750			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	ol			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o			The state of the s
4	Benefits paid to or for members	0		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S. J. J. J. J. J. J. J.
5	Compensation of current officers, directors,				
	trustees, and key employees	3,700		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			***
10	Payroll taxes	2,048			
11	Fees for services (non-employees):				
a	Management	0			
ь	Legal	362			
C	Accounting	0			
d	Lobbying	0			
8	Professional fundraising services. See Part IV, line 17	0	医线线 电压电路点	24.8° (A. A. B.	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	4,693			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,375			
17	Travel	3,362			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	13,005			
20	Interest	0		<u> </u>	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23 24	Insurance	0	Bak List To a Lago 1.	<del></del>	
24	above (List miscellaneous expenses in line 24e. If			(1962) 阿婆巴	対域 かけんしん
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	(A) amount, list line 24e expenses on ochequie 0.)	0	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a		0	·		
		0	· · · · · · · · · · · · · · · · · · ·	<del></del>	
d		0	<del></del>	<del></del>	
e	All other expenses	0		<del></del>	
25	Total functional expenses. Add lines 1 through 24e	38,295	0	0	o
26	Joint costs. Complete this line only if the	55,200			<del>-</del>
	organization reported in column (B) joint costs	ì		1	}
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	ļ			
		<del></del>	·····	<del></del>	<del></del>

Part X **Balance Sheet** (A) (B) Beginning of year End of year 269,312 291.981 2 0 2 3 0 3 0 4 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other 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). Complete Part II of Schedule L. . . . . . . . 6 0 8 0 8 9 0 9 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 268.766 10b Less: accumulated depreciation . . . . . 268,766 b 10c 268.766 Investments—publicly traded securities . . . . . . . . . . 11 11 0 12 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . . . . . . . 0 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 0 13 0 14 ol 14 0 15 oi 15 0 16 538,078 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 16 560,747 17 0 17 18 ol 18 19 ol 19 20 ol 20 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . . . . 24 ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete O 25 0 26 Total liabilities. Add lines 17 through 25 . . . . . 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 0 28 28 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 269,312 30 291,981 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 268.766 31 268,766 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 538.078 560.747 33 Total liabilities and net assets/fund balances . . . 538,078 34 560,747

Form 9	90 (2017) United Steelworkers Local 8248	23-7409	585	Pag	<sub>2</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60	,958
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	3,295
3	Revenue less expenses. Subtract line 2 from line 1	3		22	2,663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		538	3,078
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			6
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		560	747
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	.	
			$\Box$	Yes	No
1	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		7 ;	, t	
	Schedule O.	ď,		. 1	ĺ.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	į.	٠,٠,٠,		,
	reviewed on a separate basis, consolidated basis, or both:	]-	[2]	,	· . '
	Separate basis	Ĺ		` '	· - '
b	Were the organization's financial statements audited by an independent accountant?		2ь		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	r			`
	separate basis, consolidated basis, or both:	<u></u>	• • •		· .
	Separate basis Consolidated basis Both consolidated and separate basis	[:		1	1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	l,			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	1	2c		` '
	If the organization changed either its oversight process or selection process during the tax year, explain in	· · · ·	~1		<del> </del>
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		٠ ا	,	Ė
~~	the Single Audit Act and OMB Circular A-133?	}	За /		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3ь		
			Form (	990	(2017)

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

201

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
United	Steelworkers Local 8248		23-7409585
Part		Advised Funds or Other Similar Fu	
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and don	or advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donor		
	used only for charitable purposes and not for the	he benefit of the donor or donor advisor, o	r for any other
	purpose conferring impermissible private bene		
Part	Conservation Easements.		
	Complete if the organization answer	ed "Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by		<del>"</del>
· 1	Preservation of land for public use (e.g., n		on of a historically important land area
	Protection of natural habitat	===	on of a certified historic structure
į	<del></del>		
	Preservation of open space	1 11	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
<b>a</b>	Total number of conservation easements		
b	Total acreage restricted by conservation easer		
C	Number of conservation easements on a certif		<u>2c</u>
d	Number of conservation easements included in historic structure listed in the National Register		2d
3	Number of conservation easements modified,		
9	the tax year	densierred, released, exaligationed, or terr	minated by the organization during
4	Number of states where property subject to co	nservation easement is located	•
5	Does the organization have a written policy re		handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
•	<b>&gt;</b>	operating, management, and amount,	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	<b>▶</b> \$	•	• •
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's fina	ancial statements that describes
	the organization's accounting for conservation		
Part	Organizations Maintaining Collect		
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	· ·
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	tion, or research in furtherance
	of public service, provide the following amount	s relating to these items:	
	(I) Revenue included on Form 990, Part VIII, I	ine 1	<b>▶ \$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt; \$</b>
2	If the organization received or held works of a		▼ • •
	following amounts required to be reported und	ler SFAS 116 (ASC 958) relating to these i	tems:
a	Revenue included on Form 990, Part VIII, line	1	▶ \$
h	Accete included in Form 000, Part Y		<b>▶</b> \$

Schedu	de D (Form 990) 2017 United Steelworkers	s Local 8248					23-7409	585	F	ege 2
Part	Organizations Maintaining C	ollections of A	rt, Histori	ical Trea	sures, or (	Other	Similar Assets	(contir		
3	Using the organization's acquisition, ac									
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan o	or exchange p	orogran	ns			
b	Scholarly research		e 🗌	Other						
c	Preservation for future generation	ns								
4	Provide a description of the organization XIII.	n's collections and	explain ho	w they fu	rther the orga	anizatio	n's exempt purpo	se in Pa	ırt	
5	During the year, did the organization so assets to be sold to raise funds rather t			-				☐ Ye	rs 🔲	No
Part	Complete if the organization a 990, Part X, line 21.	_	n Form 9	90, Part	IV, line 9, o	r repoi	rted an amount	on For	m	
1a	Is the organization an agent, trustee, c	ustodian or other ir	ntermedian	for contr	ributions or ot	her ass	sets not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in Pa							Ye	rs 🗌	No
	, ,	•		_				Amount		
C	Beginning balance					10				
d	Additions during the year					10				
е	Distributions during the year					16				
f	Ending balance					11				0
2a	Did the organization include an amoun	t on Form 990. Par	t X. line 21	, for escr	ow or custodi	al acco	unt liability?	☐ Ye	s X	No
ь	ff "Yes," explain the arrangement in Pa							٠٠ ليا		
Part	<u> </u>			<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	·		
	Complete if the organization a	inswered "Yes" o	n Form 9	90 Part	IV line 10.					
	Complete if the diganization of	(a) Current year	(b) Pric		(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	(4, 5						1		
b	Contributions		<b>†</b>					+		
c	Net investment earnings, gains,	···								
	and losses		ļ	İ		- 1				
d	Grants or scholarships		<u> </u>							
6	Other expenditures for facilities									
•	and programs		j					Ì		
f	Administrative expenses									
a	End of year balance	0		0		o		0		0
2	Provide the estimated percentage of the	-	balance (I	ine 1g. co	dumn (a)) hel	d as:				
a	Board designated or quasi-endowmen		%	0.						
b	Permanent endowment	%								
C	Temporarily restricted endowment	▶ %	<u>)</u>							
	The percentages on lines 2a, 2b, and 2	2c should equal 10	0%.							
<b>3a</b>	Are there endowment funds not in the	possession of the	organizatio	n that are	held and adı	ministe	red for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as required	on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses	of the organization	n's endown	nent fund	s		· · · · · · · · · · · · · · · · · · ·			
Part	VI Land, Buildings, and Equip Complete if the organization a		on Form 9	90. Part	: IV. line 11a	. See	Form 990, Parl	X. line	10.	
	Description of property	(a) Cost or o	other basis	(b) Co	ost or other	(c)	Accumulated		ook valu	ie.
		(investi		bas	is (other)	<b></b>	depreciation			20.000
1a	Land		0		128,000					<u> 28,000</u>
b	Buildings		0		140,766		0		14	10,766
C	Leasehold improvements		0		0		0			0
d	Equipment	• •	0		0		0			0
<u>e</u> Tota	Other	must eaual Form 9		column (					21	68,766

Part VII	Investments—Other Securities		00 D-4 N / K // L O E	
	Complete if the organization ans			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
• •	derivatives		0	
	eld equity interests	,	0	
			<u> </u>	
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>			···	·
(G) (H)			<del>-  </del>	····
	(b) must equal Form 990, Part X, col. (B) line 12.)	<b>D</b>	0 10 (3.47) 12 (4.4) (4.4)	
Part VIII	Investments—Program Relate	<del></del>		<u> </u>
T dit VIII	Complete if the organization ans		90 Part IV line 11c See Fo	rm 990 Part X line 13
			(c) Method	<del></del>
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(7) (8)				
(7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 13.)	) >		
(7) (8) (9)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization ans			
(7) (8) (9) Total. (Column Part IX (1)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans	wered "Yes" on Form 9		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	swered "Yes" on Form 9  a) Description		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ans (a	swered "Yes" on Form 9  a) Description		orm 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans (a)  In (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans	swered "Yes" on Form 9  a) Description  (ine 15.)	90, Part IV, line 11d. See Fo	orm 990, Part X, line 15.  (b) Book value
(7) (8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization ans  (a)  In (b) must equal Form 990, Part X, col. (B)  Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Form 9  a) Description  ) line 15.)	90, Part IV, line 11d. See Fo	orm 990, Part X, line 15.  (b) Book value
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	Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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 (losses) on investments	1.50	
b	Donated services and use of facilities	1 ; 1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1. 3	
е	Add lines 2a through 2d	2e	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:	, ;	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1 .	
C	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
	Reconciliation of Expenses per Audited Financial Statements With Expenses pe	<del></del>	<u> </u>
1 ((1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	, itomiii	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.32	
	Donated services and use of facilities	777	
a	Prior year adjustments		
b	Other losses	1.	
C	Other (Describe in Part XIII.)		
d	Add lines 2a through 2d	1 2	
e	O Advant Program Program Program	2e   3	<u>0</u>
3		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	<b>-</b> {`}}}	
b	Other (Describe in Part XIII.)	-	•
_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	0
	t XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV,		X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	auon.	

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2017
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

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 Organization's active members each have one	
vote & approve all decisions of the governing body & decisions that arise during scheduled	
membership meetings.	
Form 990, Part VI, Section B, Line 11B: The Labor Organization's 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.	