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DLN: 93492194000125

OMB No 1545-1150

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

	- the	2014 calandar	year, or tax year beginning 01-01-2014	, and ending	12-21-2	014			-
			C Name of organization	, and ending	12-31-2	.014	D Emplo	yer id	entification number
\Box	ddress	change	UNITED STEELWORKERS LOCAL UNION 11228				48-611	-	
	Name ch	_	Number and street (or P O box, if mail is not delivered t	o street address)	Room/su	te	E Telepho		mber
	nıtıal re	turn	PO BOX 251					(620)	327-2642
l F	inal n/termi	ınated	City or town, state or province, country, and ZIP or foreig	n postal code			F Group E		
Γ_{A}	mende	d return	HESSTON, KS 67062				Number		0260
\Box	Applicati	on pending							
		ting Method	✓ Cash Accrual Other (specify) ►		_	requ	ck ►	Sche	
			nly one) - 501(c)(3) 501(c)(5) 4(insert no) 4947	(a)(1) or Γ 527					
K Fo	orm of	organization	Corporation Trust Association Ot	her	•				
LA	dd Iıne	s 5b, 6c, and 7	b to line 9 to determine gross receipts If gross	receipts are \$2	200,000	or more			
<u> </u>			or more, file Form 990 instead of Form 990-EZ				▶\$1		
Pa	art I	Check if the	Expenses, and Changes in Net Assets organization used Schedule O to respond to any	s or Fund Ba question in thi	alance is Part I	s (see ti	he instructions	for l	Part I)
	1			·				1	2,536
	2		ce revenue including government fees and contra	acts				2	0
	3	_	ues and assessments					3	162,212
	4	Investment in						4	2,953
	5a		from sale of assets other than inventory .		1	5a			_,
٥	ь		other basis and sales expenses			5b	0		
Revenue	, c		from sale of assets other than inventory (Subtrac	ct line 5b from	line 5a)			5c	0
Š	6		indraising events						
_	a	-	from gaming (attach Schedule G if greater than \$	315.000)	.1	<u>.</u>	0		
						6a		-	
	Ь	from fundraisir	ng events reported on line 1) (attach Schedule G		ributions	ı			
		_	ross income and contributions exceeds \$15,000)	-	6b	0	4	
	C		xpenses from gaming and fundraising events		٠.٠١	6c	0	┨	_
	d		(loss) from gaming and fundraising events (add l	ines 6a and 6b	and su I	1	e 6 c)	6d	0
	7a		f inventory, less returns and allowances		• •	7a			
	b	Less cost of	-		• • •	7b	0	-	
	C		r (loss) from sales of inventory (Subtract line 7b					7c	0
	8		e (describe in Schedule O)					8	
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				. •	9	167,701
	10		milar amounts paid (list in Schedule O)					10	
	11		to or for members					11	
	12		r compensation, and employee benefits					12	133,629
5.65	13		ees and other payments to independent contracto	ors				13	4,420
Expenses	14		ent, utilities, and maintenance					14	15,314
$\tilde{\omega}$	15		cations, postage, and shipping					15	455
	16		es (describe in Schedule O)					16	32,582
	17						. •	17	186,400
ಕ್ಷ	18	•	ficit) for the year (Subtract line 17 from line 9)					18	-18,699
Net Assets	19		fund balances at beginning of year (from line 27,	column (A)) (m	nust agr	ee with			
7			gure reported on prior year's return)					19	476,768
Z	20		s in net assets or fund balances (explain in Sched					20	
	21	Net assets or	fund balances at end of year Combine lines 18 t	hrough 20 .			<u> ►</u>	21	458,069

Check if the organization	used Schedule O to respond to	any question in this Pa	art II	<u> </u>	<u> </u>
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			420,663	22	403,601
23 Land and buildings			58,072	23	58,072
24 Other assets (describe in Schedu	ule O)		150	24	150
25 Total assets			478,885	25	461,823
26 Total liabilities (describe in Sche	edule O)		2,117	26	3,754
27 Net assets or fund balances (line	27 of column (B) must agree w	ith line 21)	476,768	27	458,069
	used Schedule O to respond to		· —		Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exc SEE SCHEDULE O	empt purpose?			org	ganizations, optional for ners)
Describe the organization's program s measured by expenses In a clear and benefited, and other relevant informat	d concise manner, describe the			011	
28 SEE SCHEDULE O (Grants \$)	If this amount includes foreign	grants, check here .	▶┌	28a	
29	•	· .	,		
(Grants \$)	If this amount includes foreign	grants check here	▶ ⊏	20-	
30	Trains amount metades foreign	grants, eneck nere		29a	
(Grants \$) 31 Other program services (describe	If this amount includes foreign	grants, check here .	· · - _	30a	
	If this amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (a				32	
	s, Trustees, and Key Employees used Schedule O to respond to				
	asca seriedare o to respond to	any question in this i t		•	
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid,	(d) Health benef contributions t employee benefit p and deferred	o olans,	(e) Estimated amoun of other compensation
BRIAN F LANSAW PRESIDENT	16 00	enter -0-) 20,837	compensation	<u> </u>	
JESSE PINKSTON VICE PRESIDENT	14 00	20,515			
DANNY M HAWKINS	16 00	21,796			
TREASURER					
DELORES A BYRD SECRETARY	11 00	13,707			
JEREMY MEYER FINANCIAL SECRETARY	13 00	16,025			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33		No
34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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		No
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	Yes	
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of MICHAEL MCCOMBS Telephone no	(62	0)327-	-2642
	Located at F 116 WEST SMITH STREET HESSTON, KS ZIP + 4	6	7062	
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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
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		. •	Γ
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	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		No
	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		No

Form 990-	EZ (2014)					Yes	Page 4
						res	No
	the organization engage, directly Ildates for public office? If "Yes,			ehalf of or in opposition to			
Part VI	Section 501(c)(3) org	anizations only			40		
	All section 501(c)(3) orga		questions 47-49b ar	nd 52, and complete the	e tables	for lir	nes 50
	and 51 Check if the organization use	ed Schedule O to respond t	o any question in this P	art VI			_
			,			Yes	No
	:he organization engage in lobby es," complete Schedule C, Part		tion 501(h) election in	-	? 47		
48 Is th	ie organization a school as desc	rihed in section 170(h)(1)	'Δ)(μ)2 If "Yes " comple	ata Schadula F	48		
					49a		
	the organization make any trans				49b		
b If "Y	es," was the related organizatio	n a section 527 organizati	on ⁷				
	plete this table for the organization (a) who each received more						
	me and title of each employee	(b) A verage	(c) Reportable	(d) Health benefits,		tımated	amoun
		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employee benefit plans,		rcompe	ensatioi
			MISC)	and deferred			
				compensation			
				1			
f To	tal number of other employees p	raid over \$100,000			▶		
f To	tal number of other employees p	aid over \$100,000			-		
51 Com	plete this table for the organizal	tion's five highest compens		actors who each received	more th	an \$10	0,000
51 Com	. , .	tion's five highest compens on If there is none, enter "	None "	actors who each received		an \$10	
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com	plete this table for the organization	tion's five highest compens on If there is none, enter "	None "				
51 Com of co	plete this table for the organization impensation from the organization (a) Name and business addi	cion's five highest compens on If there is none, enter " ress of each independent c	None "	(b) Type of service			
51 Com of co	plete this table for the organization from the organization from the organization (a) Name and business additional from the organization (a) Name and business additional from the organization (b) Name and business additional from the organization (a) Name and business additional from the organization (b) Name and business additional from the organization (a) Name and business additional from the organization (b) Name and business additional from t	cion's five highest compens on If there is none, enter " ress of each independent c	None " ontractor g over \$100,000	(b) Type of service			
51 Com of co	plete this table for the organization impensation from the organization (a) Name and business addi	cion's five highest compens on If there is none, enter " ress of each independent c	None " ontractor g over \$100,000	(b) Type of service		Compen	sation
51 Com of co	plete this table for the organization mpensation from the organization (a) Name and business additional statement of other independent different of the organization complete Schmpleted Schedule A	cion's five highest compens on If there is none, enter " ress of each independent contractors each receiving nedule A? NOTE. All Section	none " ontractor g over \$100,000	(b) Type of service	(c) (Compens Yes	sation
d To 52 Di Coulombre pena	plete this table for the organization promises and the organization (a) Name and business additional states and the organization complete Schedule A	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section	ontractor g over \$100,000	(b) Type of service	(c) C	Yes	sation
d To 52 Di Co Juder pena	plete this table for the organization promises and the organization (a) Name and business additional states and the organization complete Schedule A	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section	ontractor g over \$100,000	(b) Type of service	(c) C	Yes	sation
d To 52 Di Co Jnder pena	plete this table for the organization promises and the organization (a) Name and business additional states and the organization complete Schedule A	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section	ontractor g over \$100,000	(b) Type of service	(c) C	Yes	sation
d To 52 Di co Juder pena knowledge. Sign	plete this table for the organization mpensation from the organization (a) Name and business additional table and the organization complete Schedule A and belief, it is true, correct, and the organization complete Schedule A	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section	ontractor g over \$100,000	(b) Type of service	(c) C	Yes	sation
d To 52 Di co Juder pena snowledge.	plete this table for the organization mpensation from the organization (a) Name and business additional states of the organization complete Schedule A Ities of perjury, I declare that I had and belief, it is true, correct, and and belief, it is true, correct, and the organization complete Schedule A	cion's five highest compension. If there is none, enter "ress of each independent contractors each receiving nedule A? NOTE. All Section we examined this return, inclicomplete. Declaration of pregonal complete.	ontractor g over \$100,000	(b) Type of service	(c) C	Yes	sation
d To 52 Di co Juder pena knowledge.	plete this table for the organization mpensation from the organization (a) Name and business additional states of the organization complete Schmpleted Schedule A lities of perjury, I declare that I has and belief, it is true, correct, and the organization complete Schedule A	cion's five highest compension. If there is none, enter "ress of each independent contractors each receiving nedule A? NOTE. All Section we examined this return, inclicomplete. Declaration of pregonal complete.	ontractor g over \$100,000 n 501(c)(3) organizatio uding accompanying schoarer (other than officer)	(b) Type of service The property of service (b) Type of service (c) Type of service (d) Type of service (e) T	(c) C	Yes	sation
d To 52 Di co Juder pena knowledge knowledge.	plete this table for the organization mpensation from the organization (a) Name and business additional value of the organization complete Schedule A State of perjury, I declare that I has and belief, it is true, correct, and selection of the organization of the organization complete Schedule A State of perjury, I declare that I has and belief, it is true, correct, and selection of the organization of	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section we examined this return, incl complete. Declaration of prej	ontractor g over \$100,000 n 501(c)(3) organizatio uding accompanying schoarer (other than officer)	(b) Type of service (b) Type of service I	(c) C	Yes	sation s No
51 Com of co	plete this table for the organization mpensation from the organization (a) Name and business additional variables additional variables and business additional variables and bus	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section we examined this return, incl complete. Declaration of prej	ontractor g over \$100,000 n 501(c)(3) organizatio uding accompanying schoarer (other than officer)	(b) Type of service (b) Type of service a continuous	(c) C	Yes	sation
d To 52 Di co Juder pena knowledge knowledge chowledge Coulons Coul	plete this table for the organization mpensation from the organization (a) Name and business additional variables additional variables and business additional variables additional variables additional variables and business additional variables additional variables additional variables and business additional variables addi	cion's five highest compens on If there is none, enter " ress of each independent c contractors each receiving nedule A? NOTE. All Section we examined this return, incl complete. Declaration of prej	ontractor g over \$100,000 n 501(c)(3) organizatio uding accompanying schoarer (other than officer)	(b) Type of service (b) Type of service I	(c) C	Yes	sation s No

DLN: 93492194000125

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED STEELWORKERS LOCAL UNION 11228 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	r-0-				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	rt II-B Complete if the organization i filed Form 5768 (election und	is exempt under section 501(c)(3) and has ler section 501(h)).	-			
For e	each "Yes" response to lines 1a through 1: below, prov	vide in Part IV a detailed description of the lobbying	(a	a)	(b)
activ	vity.		Yes	No	Amo	unt
1 a	through the use of Volunteers?	iblic opinion on a legislative matter or referendum,				
b C	Paid staff or management (include compensation Media advertisements?	n in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast stateme	nts?				
f	Grants to other organizations for lobbying purpos	ses?				
g	Direct contact with legislators, their staffs, gove	rnment officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, Other activities?	speeches, lectures, or any similar means?				
j	Total Add lines 1c through 1i		_			
2a	Did the activities in line 1 cause the organizatio					
b	If "Yes," enter the amount of any tax incurred ur			ļ		
C	If "Yes," enter the amount of any tax incurred by					
d	If the filing organization incurred a section 4912					
Par	t III-A Complete if the organization i 501(c)(6).	s exempt under section 501(c)(4), section !	5 01(c))(5), o	r sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues recei	ved nondeductible by members?			1	No
2	Did the organization make only in-house lobbyin	•			2 Ye	s
3	Did the organization agree to carry over lobbying	g and political expenditures from the prior year?			3	No
Par		s exempt under section 501(c)(4), section ! TH Part III-A, lines 1 and 2, are answered "				
1	Dues, assessments and similar amounts from m	embers	1			
2	Section 162(e) nondeductible lobbying and polit expenses for which the section 527(f) tax was p	ical expenditures (do not include amounts of political paid).				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3		1)(A) notices of nondeductible section 162(e) dues	3			
4		xceeds the amount on line 3, what portion of the excess reasonable estimate of nondeductible lobbying and	4			
5	Taxable amount of lobbying and political expend	itures (see instructions)	5			
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, (see instructions), and Part II-B, line 1 Also, comp	Part I-B, line 4 , Part I-C , line 5 , Part II-A (affiliated grou plete this part for any additional information	ıp lıst),	Part II-	A, lines	1 and
	Return Reference	Explanation				
	l I					

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Part IV	Supplemental Info	ormation (continued)	
Ret	turn Reference	Explanation	

Schedule C (Form 990 or 990EZ) 2014

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2014

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Return Reference

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
UNITED STEELWORKERS LOCAL UNION 11228

Employer identification number
48-6114105

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt III, Line 31	USW Local 11228 acts as the collective bargaining agent
Pt III, Line 31	for AGCO Corp employees at Hesston, KS The Union
Pt III, Line 31	represents employees in negotiating and contracting
Pt III, Line 31	with management regarding wages, hours, job security,
Pt III, Line 31	grievances, and promotes the best interest and welfare
Pt III, Line 31	of AGCO Corp Hesston employees
Pt III, Line 31	The Local Union continues in an ongoing effort to
Pt III, Line 31	defend and enforce the negotiated collective bargaining
Pt III, Line 31	agreement for our members' wages, benefits, and
Pt III, Line 31	working conditions The members dues, related income,
Pt III, Line 31	and expenses are used to carry out these activities
Pt III, Line 31	The Local Union is continually striving to accomplish
Pt III, Line 31	improvements for our members
Form 990EZ, Part I, Line 16	TRAVEL EXPENSES 3440 CONFERENCES/SCHOOLS EXPENSE 6117 ADMINISTRATION EXPENSES 22491 MISCELLANEOUS 195 BANK SERVICE CHARGES 339
Form 990EZ, Part II, Line 24	UTILITY DEPOSIT 150 150
Form 990EZ, Part II, Line 26	EMPLOYEE TAXES WITHHELD-NOT PAID IN 2117 2461 UNION DUES WITHHELD-NOT PAID IN 0 1293