As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492068000261 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax **2020** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury **Public** Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020 **B** Check if applicable: C Name of organization D Employer identification number United Steelworkers International Local Union 11228 ☐ Address change ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 116 W Smith St ☐ Final return/terminated (620) 327-2642 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Hesston, KS 67062 F Group Exemption ☐ Application pending Number ▶ 0260 Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization:  $\square$  Corporation  $\square$  Trust  $\square$  Association  $\square$  Other Labor Organization 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 2 3 3 133,034 4 20,023 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c c 8 Other revenue (describe in Schedule O) . . . 8 2,484 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 155,541 10 10 Grants and similar amounts paid (list in Schedule O) . 7,484 11 11 Benefits paid to or for members 12 12 60,595 Salaries, other compensation, and employee benefits . Expenses 13 13 Professional fees and other payments to independent contractors . 14 11,020 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 16 34,715 17 Total expenses. Add lines 10 through 16 17 113.814

18

19

Net Assets 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the separate instructions.

Excess or (deficit) for the year (Subtract line 17 from line 9)

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) . . . . . . . . . . . . . . .

Cat. No. 10642I

Form **990-EZ** (2020)

41,727

341,431

383,158

18

19

21

01111 990-L2	(2020)						Page 2
Part II	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedule		atian in this Da				
	Check if the organization used Schedule	O to respond to any q	uestion in this Pa			• •	· · · · · · · ☑
22 C			<u> </u>	(A) B	eginning of year	22	(B) End of year
	/ings, and investments		· · · · ⊢		274,424		316,151
	buildings		· · · · ⊢		58,072 8,935	-	58,072
	sets (describe in Schedule O)				*		8,935
	sets		⊢		341,431		383,158
	bilities (describe in Schedule O)		<del></del>			26	
	ets or fund balances (line 27 of column	· · ·			341,431	27	383,158
Part <b>Ⅲ</b>	Statement of Program Service					<sub>(D</sub>	<b>Expenses</b> equired for section 501(c)
M/hat is the	Check if the organization used Schedule organization's primary exempt purpose?	O to respond to any o	question in this Pa	art III			and 501(c)(4)
Collective Ba						-	janizations; optional for
measured by	organization's program service accomplise expenses. In a clear and concise manne and other relevant information for each programs.	r, describe the service				otr	ners.)
28	al Data Table	-					
					. $\square$		
(Grants \$ )	If this amoun	t includes foreign gran	its, check here .	• •	. ▶ ⊔	28a	
29						29a	
					_		
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here .		. ▶ ⊔		
30						30a	
(Grants \$ )	If this amoun	t includes foreign gran	nts check here .		. ▶ □		
. ,				•			
•	ogram services (describe in Schedule O)						
(Grants \$ )		t includes foreign gran				31a	
	ogram service expenses (add lines 28a		/I:-b			32	ations for Deat DA
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule	O to respond to any o	(list each one even Juestion in this Pa	if not co art IV.	mpensated — see the	instru	ctions for Part IV)
			,				· · · <u>-</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportal compensatio (Forms W-2/10 MISC) (if not p enter -0-)	on 099- <b>paid,</b>	(d) Health ben contributions to er benefit plans, deferred comper	nploye and	(e) Estimated amount of other compensation
Glenn Davis		005.00		, 6,043			
			_	-,			
President							
Christian Tra	mmell	003.00		0			
Vice Presider	nt						
Ann Byrd		002.00		7,084			
D							
Recording Se	•	005.00		F 000			
Roberto Delg	ado	005.00	1	5,000			
Financial Sec	retary						

Pai	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	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		Yes	No
33	detailed description of each activity in Schedule O	33		No
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		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
	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		
С	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		No
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. ▶ 37a			
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 <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
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			
b	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			
	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		No
	List the states with which a copy of this return is filed. ▶  The organization's books are in care of ▶ Roberto Delgado  Telephone i		101 227 '	2642
42a			·	2042
	Located at ▶ 116 W Smith St Hesson , KS ZIP + 4 ▶	67062		
		ı		
h	At any time during the calendar year did the expaniantian have an interest in or a cignature or other authority ever a		Yes	No
D	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		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			
c	Accounts (FBAR).  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: ▶			-110
/2 ¢	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
	<u> </u>		Vaa	Na
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	Yes	No 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
С	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		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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		No
				L

6 Did th	a averagination angres diverthy av indiv	sativ in molitical communication	un nativitiaa an hal	alf of our i	iti t	_		Yes	No
	e organization engage, directly or indire lates for public office? If "Yes," complet					o O	46		No
	Section 501(c)(3) Organization	-	47 40h	F2					
	All section 501(c)(3) organizations Check if the organization used Schedul	s must answer question of the control of the contro	ons 47- 490 and Juestion in this Part	VI	complete tr	e tables	or III	[	and 5
								Yes	No
	e organization engage in lobbying activ s," complete Schedule C, Part II	ties or have a section 5	01(h) election in e	ffect durin	g the tax year	r? 	47		
	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes " complete	Schedule	 F		48		
	e organization make any transfers to ar	. , , , , , ,			- 		49a		
	," was the related organization a section	,					49b		
<b>0</b> Compl	ete this table for the organization's five	highest compensated e	mployees (other th	nan officer	s, directors, t	rustees a	nd key	employ	ees)
	ach received more than \$100,000 of co Name and title of each employee	mpensation from the org	ganization. If there (c) Reportable		enter "None." <b>d)</b> Health ber	efits.	(e) Es	timated	amou
(=)	The same same same same same same same sam	hours per week devoted to position	compensation (Forms W-2/109 MISC)	cont	ributions to e benefit plans, ferred compe	mployee and			
ONE									
<b>1</b> Compl	I number of other employees paid over ete this table for the organization's five ensation from the organization. If there	highest compensated in	· · · · · · · · · · · · · · · · · · ·	ctors who	each received	►	an \$10	0,000 o	<u></u>
1 Compl	ete this table for the organization's five	highest compensated ir is none, enter "None."	· 		each received			0,000 o	
1 Compl	ete this table for the organization's five ensation from the organization. If there	highest compensated ir is none, enter "None."	· 						_
1 Compl	ete this table for the organization's five ensation from the organization. If there	highest compensated ir is none, enter "None."	· 						_
1 Compl	ete this table for the organization's five ensation from the organization. If there	highest compensated ir is none, enter "None."	· 						
1 Compl	ete this table for the organization's five ensation from the organization. If there	highest compensated ir is none, enter "None."	· 						
1 Comple	ete this table for the organization's five ensation from the organization. If there	highest compensated ir is none, enter "None." each independent contr	actor	(b)	Type of servic				_
1 Comple	ete this table for the organization's five insation from the organization. If there (a) Name and business address of	highest compensated ir is none, enter "None." each independent control of the con	\$100,000	(b)	Type of servic				_
1 Comple compe	ete this table for the organization's five ensation from the organization. If there (a) Name and business address of	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of servic	e (c)	Compe	ensation	
d Tota  Did com  der penaltowledge a	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of Inumber of other independent contract the organization complete Schedule A:  pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service	e (c)	Compe	s Vr	
d Tota  Did com  der penaltowledge a	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of  I number of other independent contract the organization complete Schedule A? pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service	e (c)	Compe	s Vr	
d Tota 2 Did com der penalt owledge a s any know	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of  I number of other independent contract the organization complete Schedule A? pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service  ach a  seand statements and statem	e (c)	Compe	s Vr	
d Tota 2 Did com owledge a s any know	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of  I number of other independent contract the organization complete Schedule A? pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service	e (c)	Compe	s Vr	
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d Tota 2 Did com noder penalt nowledge a as any knowledge a aid reparer	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of  I number of other independent contract the organization complete Schedule A? The pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service  ach a   as and statements and	e (c)	Compe	s Vr	
d Tota 2 Did com order penalt lowledge a sany know ere	ete this table for the organization's five ensation from the organization. If there  (a) Name and business address of  I number of other independent contract the organization complete Schedule A? The pleted Schedule A	highest compensated ir is none, enter "None." each independent control of the con	\$100,000 c)(3) organizations	(b)	Type of service  ach a  ach a  as and statements are statements and statements and statements and statements and statements ar	e (c)	Compe	s Vr	

## **Additional Data**

**Software ID:** 20011406

**Software Version:** 20.0.2.0 **EIN:** 48-6114105

40 0114105

Name: United Steelworkers International Local Union 11228

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization services, as measured but number of persons bene	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
<b>28</b> The Local Union enforced t and Provide REpresentation	he Collective Bargaining Agreement to Better the Working Conditions of the Local Union n to its Members	28a	
(Grants \$ )	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$		

efile GRAPHIC print - DO NOT PROCESS					DLN	DLN: 93492068000261		
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.  Supplemental Information to Form 990 or 990-EZ  Form 990 or 990-EZ  Attach to Form 990 or 990-EZ.  Supplemental Information to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  To provide information to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ  Form 990 or 990-EZ  Observation to Form 990 or 990-EZ					ions on on.	OMB No. 1545-0047  2020  Open to Public Inspection		
						ification number		
Return Reference				Explanation				
Form 990- EZ, Part I, Line 8, Other Revenue	Reimbursment of ov	erpayment 109						

Return Explanation
Reference

Revenue

Form 990-EZ, Part I, Line 8, Other

Return Explanation
Reference
Form 990- Shirts 2,370

EZ, Part I, Line 8, Other Revenue

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Travel 549 EZ, Part I, Line 16,

Other Expenses

Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

Return Reference Explanation

Form 990- Supplies 8,384

Expenses

Form 990-EZ, Part I, Line 16, Other

Return
Reference

Explanation

Form 990Office Expense 10,423

EZ, Part I,
Line 16,
Other
Expenses

Return Reference

Form 990- Dues Remitted 1,488

Expenses

Form 990EZ, Part I,
Line 16,
Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Direct Taxes 10,543

Form 990- Direct Taxes 10,543

EZ, Part I,
Line 16,
Other

Expenses

Return Explanation

Other Assets

Form 990EZ, Part II,
Line 24.

Office Equip Beginning of year 8,935, End of year 8,935