# COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Legislative hearing on: **H.R. 4293** (Cramer), "Natural Gas Gathering Enhancement Act" and **H.R. 1587** (Marino), "Energy Infrastructure Improvement Act." June 20, 2014

For Individuals:

1. Name:

2. Address:

- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Jeffrey Soth
- 2. Name of Organization(s) You are Representing at the Hearing: International Union of Operating Engineers
- 3. Business Address: 1125 17th Street, NW, Washington, DC 20036
- 4. Business Email Address: [Information Redacted for Privacy]
- 5. Business Phone Number: [Information Redacted for Privacy]

# For all Witnesses

Name/Organization: Jeffrey Soth, International Union of Operating Engineers

Title/Date of Hearing: Legislative hearing on: H.R. 4293 (Cramer), "Natural Gas Gathering Enhancement Act" and H.R. 1587 (Marino), "Energy Infrastructure Improvement Act." / June 20, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Representative of workers who possess extensive qualifications, training, and skills in the construction and pipeline industries.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None.

# Witnesses Representing Organizations

Name/Organization: Jeffrey Soth, International Union of Operating Engineers

Title/Date of Hearing: Legislative hearing on: H.R. 4293 (Cramer), "Natural Gas Gathering Enhancement Act" and H.R. 1587 (Marino), "Energy Infrastructure Improvement Act." / June 20, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Legislative and Political Director.

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

	<b>g</b> qn	•
Form	330	

Department of the Treasury

Internal Revenue Service

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

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



OMB No. 1545-0047

- 17

> The organization may have to use a copy of this return to satisfy state reporting requirements.

AF	or the 2	2011 calendar year, or tax year beginning and e	ending								
	heck if plicable:	C Name of organization INTERNATIONAL UNION OF OPERATING	_	D Employer identific	ation number						
Address ENGINEERS											
	Name Change	Doing Business As	53-00	088590							
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
$\boxed{1125 17 \text{TH STREET, N.W.}}$											
	Amende return		_	G Gross receipts \$	113,254,001.						
	Applica-	WASHINGTON, DC 20036		H(a) Is this a group re							
	pending	F Name and address of principal officer: JAMES T. CALLAHAN		for affiliates?	Yes X No						
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? 🔤 Yes 🛄 No						
IT	ax-exer	npt status: 501(c)(3) 🛛 501(c)( 5 ) ◄ (insert no.) 4947(a)(1) c	or 📃 52	If "No," attach a	list. (see instructions)						
J٧	Vebsite	₩WW.IUOE.ORG		H(c) Group exemption	number 🕨						
KF	orm of o	rganization: Corporation Trust X Association Other >	L Year	of formation: 1896 N	State of legal domicile: DC						
Pa	nt I 🕴	Summary									
ຍ	1 B	riefly describe the organization's mission or most significant activities: $ { m SEE} $	SCHED	JLE O							
Governance											
- us	2 C	heck this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	sets.						
0V€	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	21						
8 0		umber of independent voting members of the governing body (Part VI, line 1b)			0						
es		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			124						
iviti	6 T	otal number of volunteers (estimate if necessary)		6	0						
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
	b N	et unrelated business taxable income from Form 990-T, line 34	<u></u>		0.						
				Prior Year	Current Year						
é		ontributions and grants (Part VIII, line 1h)		0.	0.						
Revenue		rogram service revenue (Part VIII, line 2g)		48,208,425.	49,997,687.						
Be		westment income (Part VIII, column (A), lines 3, 4, and 7d)		14,662,934.	17,703,145.						
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ſ	2,232,894.	2,192,796.						
·		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,104,253.	<u>69,893,628.</u>						
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		· 0.	0.						
	1	enefits paid to or for members (Part IX, column (A), line 4)		2,174,449.	2,297,667.						
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,956,658.	35,241,728.						
ens	{	rofessional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.						
Expenses		otal fundraising expenses (Part IX, column (D), line 25) 🛛 🕨									
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,099,149.	14,066,906.						
÷	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	57,230,256.	<u>51,606,301.</u>						
	19 F	evenue less expenses. Subtract line 18 from line 12	<u></u>	7,873,997.	<u>18,287,327.</u>						
ID Ce	•			eginning of Current Year	End of Year						
Sse Bala	20 T	otal assets (Part X, line 16)		327,642,168.	329,469,915.						
Fund Balances	21 T	otal liabilities (Part X, line 26)		78,524,848.	41,596,295.						
		let assets or fund balances. Subtract line 21 from line 20	<u></u>	<u>249,117,320.</u>	287,873,620.						
	art II	Signature Block									
		ies of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is						
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepari	er has any knowledge.							

Sign	Signature of officer	Date
Here	BRIAN E. HICKEY, GEN SEC/TREAS	· · ·
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	JOANN WOODSON Alm Woodson 11/91	2 self-employed P01293745.
Preparer	Firm's name CALIBRE CPA GROUP PLLC	Firm's EIN 47-0900880
Use Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST	· · ·
	BETHESDA, MD 20814	Phone no. (202)331-9880
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
132001-01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	INTERNATIONAL UNION OF OPERATING 990 (2011) ENGINEERS	53-008859	0 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO ELEVATE THE TRADE OF OPERATING ENGINEERS TO IT	S PROPER POSITIC	<u>N IN</u>
• •	ALL INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZE	D WORKERS.	
	· · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significant program services during the year which were not list	ted on	•
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
З.	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	Yes LA_ No
	If "Yes," describe these changes on Schedule O.	•	
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	te amount of grants and allocation	ons to
	others, the total expenses, and revenue, if any, for each program service reported.	<u> </u>	······
4a	(Code:) (Expenses \$ including grants of \$ TO ORGANIZE ALL WORKERS FOR THE ECONOMIC MORAL AN	) (Revenue \$ TD	MENT /
	OF THEIR CONDITION.	ID SOCIAL ADVANCE	SPILSINI
;			
			·
	· · · · · · · · · · · · · · · · · · ·		
			······································
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
			•
			·
			<u>-</u>
		<u></u>	
	•		···.
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	J
	· · · · · · · · · · · · · · · · · · ·		
		······	
•		· ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$) (Revenue \$	)	•
4e	Total program service expenses		
<u> </u>		Fc	orm <b>990</b> (2011)
13200 02-09		•	
-	2		
091	108 712177 32370 2011.04040 INTERNATIONAL	JUNION OF OPER 3	2370

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Form	<u>990 (2011) ENGINEERS 53-0088</u>	590	P	age 3
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	• •	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1 1		•
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			•
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
÷	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> -
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	X	
ċ	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	•	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		-	000	

Form 990 (2011)

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Forn	<u>990 (2011) ENGINEERS 53-008</u>	<u>3590</u>	Pa	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	.Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
•	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		•
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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	i i i i i i i i i i i i i i i i i i i			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? 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	20		
~1	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	21		
20				1
•	instructions for applicable filing thresholds, conditions, and exceptions):	200	x	
â		28a 28b	- 23	X
t		280	<u> </u>	
C		00-	-	X.
~~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		┨───	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			•
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>· X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			ļ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<u>x</u>	
35a		<u>35a</u>		X ·
ł				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>	<u> </u>	X
36	Section 50.1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		}	
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O		X	
		Form	990	(2011)

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	990 (2011) ENGINEERS		53~0088	590	P	age 5
Par			•			
	Check if Schedule O contains a response to any question in this Part V		<u></u>			
					Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ļ
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		: .	2	1.1
	filed for the calendar year ending with or within the year covered by this return	2a	124			1.11.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a				3a	·	Х
b				3b	•	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	Х	
b	If "Yes," enter the name of the foreign country: > CANADA		7	-		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		l l	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a			1			
	any contributions that were not tax deductible?	-		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
~	were not tax deductible?		-	6b		
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 and se	rvices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	uas rec	uired			
Ŭ	to file Form 8282?			7c		
d		7d		10		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		 ct?	7e	•	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file F		800 as required?	 7g		1.
h	If the organization received a contribution of qualined intellection property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			<u>79</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		-	<u></u>		
U	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8	•	ŀ
0		tany ti	ne upring me year:	<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.			<u></u>		
	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••••		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1.0	1			
∵a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gröss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ļ	.
11	Section 501(c)(12) organizations. Enter:	1	1			
a	Gross income from members or shareholders	<u>11a</u>	<u> </u>			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			·	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	<b> </b>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	├	-
	Note. See the instructions for additional information the organization must report on Schedule O.					· .
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1		· -	
	organization is licensed to issue qualified health plans	13b		-		ì
C					<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?			<u>14a</u>	<b> </b> -	X
<u>-b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O_		14b	L	
			-	· Form	990	(2011)

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### INTERNATIONAL UNION OF OPERATING ENGINEERS

:

Form 990 (2011)

53-0088590 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response to any question in this Part VI	<u></u> .	<u></u>	
ect	tion A. Governing Body and Management			
			Yes	Ι
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			ſ
	If there are material differences in voting rights among members of the governing body, or if the governing		÷ .	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			Į
۱.				
				ł
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		ŀ
	officer, director, trustee, or key employee?	_2		+
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Ì.
	of officers, directors, or trustees, or key employees to a management company or other person? *	3		Ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Ľ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	Х	Τ
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			T
		7a	х	
	more members of the governing body?	<u>1a</u>	<u></u>	$\dagger$
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ì.
	persons other than the governing body?	7b		4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	· . ·		ł
а	The governing body?	8a	<u>X</u>	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Ι
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
00	tor E. Tonoico (mis Section B requests mormation about policies not required by the internat nevenue Code.)		Vaa	t
_	· · · · · · · · · · · · · · · · · · ·	40	Yes	╈
	Did the organization have local chapters, branches, or affiliates?	10a	X	╉
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ł		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	Ļ
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> -</u>	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ľ
	Did the organization have a written conflict of interest policy? If "No," go to line 13	i2a	X	
-	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	Ì
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		<u> </u>	t
C		10-	x	
-	in Schedule O how this was done	12c		╀
3	Did the organization have a written whistleblower policy?	13	X	+-
4	Did the organization have a written document retention and destruction policy?	14	X	+
5	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	· ·	1	1
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u>├</u> ──.	1
~				
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	1	Ì
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
iec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
-	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availak		
8	•	u v cancal		
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request		•	
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id final	ncial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition: 🕽		_
20	THE ORGANIZATION - (202)429-9100			
20				
20	1125 17TH CTREFT N W WACHINGTON DC 20036			
3200		Form	000	10
•	6	Form	1 <b>990</b>	)(

ENGINEERS

Form 990 (2011)

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any, See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

· List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(C)					(D)	(E)	(F) .	
Name and Title	Average	Position					Reportable	Reportable	Estimated ·	
	hours per	box,	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)			r/trus	tee)	from	from related	other
	(describe	irecto						the	organizations	compensation
•	hours for	0 rg	e			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	I trus		맖	ngen		(W-2/1099-MISC)		organization  and related
	in Schedule	Jual t	tiona		nplay	st cor yee	_			organizations
• .	0)	individual trustee or director	Institutional trustee	Officer	Keyer	Highest compensated employee	Former			organizatione
(1) GIBLIN, VINCENT J.										
GENERAL PRESIDENT	40.00	X		Х				472,535.	0.	132,938.
(2) HANLEY, CHRISTOPHER										
FORMER GENERAL SECRETARY TREASURER	40.00	X		Х			1	249,206.	0.	102,483.
(3) CALLAHAN, JAMES T.										
GENERAL SECRETARY TREASURER	40.00	X		Х		1		85,708.	0.	26,341.
(4) BURNS, RUSSELL		ļ	i l		ļ					
VICE PRESIDENT	40.00	X		Х	L			75,686.	0.	26,341.
(5) GALLAGHER, MICHAEL										
VICE PRESIDENT	40.00	X		X			<u> </u>	54,087.	0.	19,023.
(6) HAMILTON, JOHN M.						Ì				
VICE PRESIDENT	40.00	X		Х	<u> </u>		<u> </u>	86,815.	0.	26,341.
(7) HEENAN, ROBERT T										
VICE PRESIDENT	40.00	X		Х		-		96,021.	0.	26,029.
(8) HICKEY, BRIAN E.	10.00	]								
VICE PRESIDENT	40.00	X		Χ	┣			85,686.	0.	26,341.
(9) HOLLIDAY, GUY M.	10.00			*7				00 114		26 241
VICE PRESIDENT	40.00	X		X	–	<u> </u>		88,114.	0.	26,341.
(10) KALMAR, JERRY L.	40.00			v		İ		75 606	0.	26 241 .
VICE PRESIDENT	40.00	X	<u> </u>	Х	┣		-	75,686.	0.	26,341.
(11) KAMINSKA, RODGER	40.00	x	ļ	x				88,114.	0.	26,341.
VICE PRESIDENT	40.00	<u> </u> ^		<u> </u>		<u> </u>	<u> </u>	00,114.		20,341.
(12) KONOPASKI, DAREN VICE PRESIDENT	40.00	X.		х		ł		53,279.	0.	16,014.
(13) LALEVEE, GREG	10:00			<u> </u>			1			10/0110
VICE_PRESIDENT	40.00	x		х				42,485.	0.	13,118.
(14) MCGRAW, DANIEL	10.00							12,105		
VICE PRESIDENT	40.00	x		х			ļ	53,769.	0.	16,040.
(15) SINK, PATRICK L.							1		· ·	
VICE PRESIDENT	40.00	x	Į	x	Į	ļ	ļ	88,114.	0.	26,341.
(16) SWEENEY, JAMES					<u> </u>					
VICE PRESIDENT	40.00	X		х				85,667.	0.	26,341.
(17) WAGGONER, WILLIAM C.		Γ			<u> </u>					
VICE PRESIDENT	40.00	X		X			1	96,021.	0.	
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Form 990 (2011) ENGINEE									53-00	88	<u>590</u>	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd ł	High	est	Compensated Employ	ees (continued)		n	
(A) Name and title	(B) Average hours per week	(do	not c , unle		C) ition more rson i	) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Esti amo	(F) mated bunt of ther
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orgai and	ensation m the nization related nizations
(18) AHERN, JOHN	40.00							26.214		~		010
TRUSTEE (19) BROWN, KUBA J	40.00	<u> </u>	┼─		<u> </u>		-	26,214.		0.	/	,819.
TRUSTEE	40.00	x			 			26,503.		0.	7	<u>,819.</u>
(20) HOLLIDAY, JOHN M. TRUSTEE	40.00	x						28,258.		0.	7	,819.
(21) MCGOWAN, TERRANCE TRUSTEE	40.00	x						19,836.		ο.	6	,439.
(22) MOFFATT, BRUCE TRUSTEE	40.00	x	1					13,472.		0.	4	,754.
(23) LOUGHRY, JOHN W.			<del> </del>		<u>}</u>	x				0.	_	,445.
CFO (24) POUPORE, RAYMOND J.	40.00	$\left  \right $		+			$\vdash$	253,716.		0.		,445.
NCA II DIRECTOR	40.00		ļ			x	-	255,792.		0.	94	,926.
(25) GRIFFIN, RICHARD GENERAL COUNSEL	40.00				<u> </u>	x		255,241.		ο.	107	<u>,155.</u>
(26) FIEDLER, JEFFREY	40.00	Ì				x	ł	245,085.	к.	Ο.	75	,910.
SPECIAL INITIATIVES DIRECTOR 1b Sub-total			J		I		1	3,001,110.		0.	_	001 141.
c Total from continuation sheets to Par						►		222,125.		0.	87	,730.
d Total (add lines 1b and 1c)							bo r	3,223,235.	000 of reportabl	0.	1,	088 871.
compensation from the organization		1056	3 1151	eu a	000	e) w	101	eceived more man \$100		c		- 59
								<u></u>	<u></u>			Yes No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo											3	<u> </u>
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportat	ole c	omp	bens	atior	n an	d ot	ther compensation from	the organization		4	x
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," c	omplete Schedu	ile J	for s	such	per	son	<u>,</u>		····		5	<u> </u>
Section B. Independent Contractors  Complete this table for your five highest	compensated in	ndep	end	ent o	cont	ract	ors	that received more than	\$100,000 of com	ipens	ation fr	 om
the organization. Report compensation	for the calendar	year	end	ling	with	or v	vithi	n the organization's tax	year.			
(A) Name and busing	ess address						İ	(B) Description of s	services	C	(C) ompen	
CAREFIRST BCBS						···						
PO BOX 79749, BALTIMORE CAREMARK INC	, MD 212	79						<u>HEALTH INSUR</u> PRESCRIPTION		1	<u>,887</u>	7,930.
2211 SANDERS ROAD, NORT	HBROOK ,	$^{IL}$	6	00	62			PROVIDER	DRUG		913	3,340.
TMA RESOURCES INC, 1919 SUITE 400, VIENNA, VA 2	GALLOWS							COMPUTER CON	SULTING		_603	3,754.
STANDARD INSURANCE COMP 920 S.W. SIXTH AVENUE,		),	OR	. 9	72	04		LIFE INSURAN	ICE		<u>45</u> 2	2,107.
JAMES ZAZZALI 13 HANCE ROAD, RUMSON,							-	LEGAL			_	D <sup>.</sup> ,000.
2 Total number of independent contracto	rs (including but		limit	ed to				· · · · · · · · · · · · · · · · · · ·	nore than	•		
\$100,000 of compensation from the orc SEE PART VII, SECTI		זייד ד	NT	ידי בן		4	SH	IEETIS			Form	90 (2011)
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Form 950 (2011) ENGINER Part VII Section A. Officers, Directors,	Trustees, Key E	nplo	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	<u>53 – 008</u> ees (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)				1		<b>(D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099·MISC)	other compensation from the organization and related organizations
27) WALL, MICHAEL E. EGIONAL DIRECTOR	40.00				ł	x		222,125.	0.	87,730.
	40.00					123		222,123.	0.	
······································				 						-
······································		1								· · · ·
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		+	-		+ -	╞─	$\left  \right $	<u> </u>		
•										
Total to Part VII, Section A, line 1c			<u> </u>	J	1	1	I	<u> </u>		87,730.

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# INTERNATIONAL UNION OF OPERATING

n 990							<u>53-0088590</u> Pag			
art VI	II 	Statement of Rever	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
1 1 a	1	Federated campaigns	1a		2 <sup>61</sup>	1				
		Membership dues				-				
c		Fundraising events				-	·			
d		Related organizations								
e		Government grants (contribut								
f		All other contributions, gifts, grant								
•		similar amounts not included above	ve 1f		· ·			•		
g	j	Noncash contributions included in lines	1a-1f: \$					·		
h	<u> </u>	Total, Add lines 1a-1f	<u></u>	<b>&gt;</b>		·	· · · · · · · · · · · · · · · · · · ·			
		,		Business Code	a standard and					
2 a		MEMBERSHIP DUES		900099	49,997,687.	49,997,687.				
۰b	)									
c	;	· · · · · · · · · · · · · · · · · · ·		 						
d	1		·······							
. e	•	<u></u>			<u> </u>					
		All other program service reve					·	· · · · · ·		
		Total. Add lines 2a-2f			49_997_687.			· · · · · · · · · · · · · · · · · · ·		
3		Investment income (including					]			
		other similar amounts)			13,198,314.			13,198,314		
4		Income from investment of tax	• •		1011587.					
5		Royalties			1011307.			1,011,587		
<u> </u>	_	Cross rests	(i) Real 969491.	(ii) Personal		· .	• •	1		
		Gross rents			· ·			· ·		
		Less: rental expenses Rental income or (loss)	969491.							
с -		Net rental income or (loss)			969,491.		1 . · ·	969,491		
7 0		Gross amount from sales of	(i) Securities	(ii) Other	<u> </u>	· · · ·		<u> </u>		
10	-	assets other than inventory	47.728.647.			•				
. н		Less: cost or other basis	47,720,047,	•						
		and sales expenses	43,223,816,			· .		•		
		Gain or (loss)		•						
		Net gain or (loss)		·	4504831.			4,504,831		
		Gross income from fundraisin								
		including \$			· · ·	· .				
•		contributions reported on line		1		•				
		Part IV, line 18								
b		Less: direct expenses								
		Net income or (loss) from fund				· · ·				
9 a	a	Gross income from gaming ad	ctivities. See							
		Part IV, line 19	a			· · ·	·			
t		Less: direct expenses			ľ		1			
c	2	Net income or (loss) from gam	ning activities							
10 a		Gross sales of inventory, less						ľ.		
l		and allowances			<u>]</u> .	]				
1		Less: cost of goods sold			· · · · ·					
	<u> </u>	Net income or (loss) from sale			-2,089.	-2,089.		<u> </u>		
ļ		Miscellaneous Revenu	ne	Business Code		]	-	010 000		
11 a	a	SUNDRY	···	900099	213,807.			213,807		
l t	b	·		L						
	С									
. C	d	All other revenue		L			<u>  .`                                    </u>			
	e <sub>.</sub>	Total. Add lines 11a-11d			213,807.					
12		Total revenue. See instructions.	<u></u>	<u></u>	69 893 628	49,995,598		Form <b>990</b> (201		

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		77	-		_

#### 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) but are not required to complete columns (B), (C), and (D). Check if Schedule O contains a response to any guestion in this Part IX (D) Fundraising expenses (B) (A) Total expenses  $\overline{(C)}$ Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 1. organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 2,297,667. 4 5 Compensation of current officers, directors, trustees, and key employees 2,663,244 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 9,767,336. 7 Pension plan accruals and contributions (include 8 19,782,817 section 401(k) and section 403(b) employer contributions) 2,172,358 9 Other employee benefits 855,973. Payroll taxes 10 11 Fees for services (non-employees): Management а 984,170. b Legal ..... 174.265. Accounting С d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees f 406,077. Other ..... a 2,641 Advertising and promotion 12 1,410,365 Office expenses 13 Information technology 220,543. 14 Royalties 15 735,224 16 Occupancy 923,092 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 157,475 19 1,695. 20 Interest ..... Payments to affiliates 3,545,359. 21. 1,944,206. Depreciation, depletion, and amortization 22 164,201 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 632,966. ORGANIZATION & EDUCATIO 1. а 732,500. POLITICAL EDUCATION h CONTRIBUTIONS 634,778. С d JOURNAL EXPENSES 205,554. 191,795. e All other expenses 51,606,301. 25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)

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Form 990 (2011)

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Form 990 (2011) ENGINEERS
Part X Balance Sheet

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	- <u> </u>		902,726.	1	2,891,368.
	2	Savings and temporary cash investments	•••••		18,256,925.	2	3,620,406.
	3	Pledges and grants receivable, net			10,230,5231	3	5,020,1000
	4	Accounts receivable, net	•••••		7,123,128.	4	6,355,113.
• •	5	Receivables from current and former officers, di	rectors	trustees kev	1,120,120.	<u> </u>	0,000,110.
		employees, and highest compensated employee					
		of Schedule L			• • • ·	5	l i su va su is is is is l
	6	Receivables from other disqualified persons (as.					
		4958(f)(1)), persons described in section 4958(c			· · ·		
		employers and sponsoring organizations of sect			2		
	Į	employees' beneficiary organizations (see instru		• • • •	· · ·	6	-
ets	7	Notes and loans receivable, net				7	•
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			764,439.	9	592,082.
	10a		1				
	•	basis. Complete Part VI of Schedule D	10a_	32,731,938.		1.11	
	Ь	Less: accumulated depreciation		12,517,561.	21,899,498.	10c	20,214,377.
	11	Investments - publicly traded securities			230,327,316.	11	246,076,457.
:	12	Investments - other securities. See Part IV, line	11		48,160,291.	12	49,705,997.
	13	Investments - program-related. See Part IV, line	11			13	·
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			207,845.	15	14,115.
<u></u>	16	Total assets. Add lines 1 through 15 (must equ	al line 3	<u>}4)</u>	327,642,168.	16	329,469,915.
	17	Accounts payable and accrued expenses			2,111,078.	17	1,450,007.
	18	Grants payable				18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	 	19	 		
•	20	Tax-exempt bond liabilities				20	
ies	21	Escrew or custodial account liability. Complete			 	21	 
Liabilities	22	Payables to current and former officers, director					
Lial	·	highest compensated employees, and disqualifi	ed pers	sons. Complète Part II			· ·
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			)	23	
	24	Unsecured notes and loans payable to unrelate			ļ	24	<u> </u>
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines				1	-
				•	76,413,770.	25	40,146,288.
	26				78,524,848.		41,596,295.
				X and complete			11,000,200.
s		lines 27 through 29, and lines 33 and 34.					· ·
e nice	27	Unrestricted net assets			249,117,320.	27	287,873,620.
Fund Balances	28	Temporarily restricted net assets				28	
ц Ц				······		29	
'n		Organizations that do not follow SFAS 117, c					
٥	}	complete lines 30 through 34.				] .	
Net Assets or	30	Capital stock or trust principal, or current funds				30	
1ss(	31	Paid in or capital surplus, or land, building, or ea				31	
et∤	32	Retained earnings, endowment, accumulated in				32	
Ż	33	Total net assets or fund balances			249,117,320.		287,873,620.
	34	Total liabilities and net assets/fund balances			327,642,168.	34	329,469,915.

Form 990 (2011)

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		INTERNATIONAL UNION OF OPERATING					
<u>Fo</u>	rm	990 (2011) ENGINEERS	<u>53-0</u>	088	<u>590</u>	Pac	<sub>ge</sub> 12
P	ar	t XI Reconciliation of Net Assets					
		Check if Schedule O contains a response to any question in this Part XI					
1		Total revenue (must equal Part VIII, column (A), line 12)	1		,89		
2		Total expenses (must equal Part IX, column (A), line 25)	2	<u>    51                                </u>	,60	<u>5,3</u>	01.
3		Revenue less expenses. Subtract line 2 from line 1	3	<u>18</u>	,28	<u>7,3</u>	<u>27.</u>
4		Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	249	,11	<u>7,3</u>	20.
5		Other changes in net assets or fund balances (explain in Schedule O)	5	20	,46	<u>8,9</u>	<u>73.</u>
_6		Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	287	,87	3,6	20.
P	ar	t XII Financial Statements and Reporting					
		Check if Schedule O contains a response to any question in this Part XII	· · · · · · · · · · · · · · · · · · ·	<u></u>			X
					, T	Yes	No
1		Accounting method used to prepare the Form 990: Cash X Accrual Other					
	v	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	,			
2	a	Were the organization's financial statements compiled or reviewed by an independent accountant?			_2a		X
	b	Were the organization's financial statements audited by an independent accountant?		•	2b <sup>-</sup>	X	
	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			•	
		review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				į
	d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	dona		. *	ļ	ĺ
		separate basis, consolidated basis, or both:				-	; } .
		Separate basis X Consolidated basis Both consolidated and separate basis		·			
13	Ba	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
		Act and OMB Circular A-133?			_3a		Χ.
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		Ĺ

Form 990 (2011)

132012 01-23-12

	onteal oampaign	and Lobbying	g Activities	OMB No. 1545-0047
Form 990 or 990-EZ) For Or	ganizations Exempt From Incom	e Tax Under section 50	)1(c) and section 527	2011
epartment of the Treasury ernal Revenue Service	te if the organization is describe See separa	ed below. Attach to ate instructions.	Form 990 or Form 990-I	EZ. Open to Public Inspection
the organization answered "Yes" to Section 501(a)(2) experience (or			46 (Political Campaign A	Activities), then
<ul> <li>Section 501(c)(3) organizations: Co</li> <li>Section 501(c) (other than section 5</li> </ul>			Do not complete Part I-B.	
Section 527 organizations: Comple				
the organization answered "Yes" to				
<ul> <li>Section 501(c)(3) organizations that</li> <li>Section 501(c)(3) organizations that</li> </ul>				
the organization answered "Yes" to	1			
<ul> <li>Section 501(c)(4), (5), or (6) organization</li> <li>TNTERNA</li> </ul>			Emp	over identification number
ENGINE	ATIONAL UNION OF ( ERS	JPERATING	(Emp	53-0088590
	ganization is exempt und	er section 501(c) o	r is a section 527 o	
			<b>D</b>	•
<ol> <li>Provide a description of the organ</li> <li>Political expenditures</li> </ol>	•		•	
3 Volunteer hours				
1 Enter the amount of any excise ta	ganization is exempt und x incurred by the organization und			· · · · · · · · · · · · · · · · · · ·
2 Enter the amount of any excise ta				·
3 If the organization incurred a secti				
4a Was a correction made? b If "Yes," describe in Part IV.				Yes No
	ganization is exempt und	er section 501(c), e	except section 501	(c)(3).
1 Enter the amount directly expende				·
2 Enter the amount of the filing orga		•		
exempt function activities3. Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120 POL.	►\$	,
line 17b				
4 Did the filing organization file Form	n 1120-POL for this year?			Yes No
5 Enter the names, addresses and e made payments. For each organiz	employer identification number (Eil		lical organizations to whic	
	ation listed, enter the amount paid	d from the filing organiza	tion's funds. Also enter th	
	ation listed, enter the amount paid promptly and directly delivered to a	a separate political organ	nization, such as a separa	ne amount of political
political action committee (PAC). I	promptly and directly delivered to a f additional space is needed, prov	a separate political organ de information in Part IV	nization, such as a separa /.	ne amount of political ate segregated fund or a
	promptly and directly delivered to a	a separate political organ	nization, such as a separa	ne amount of political
political action committee (PAC). I	promptly and directly delivered to a f additional space is needed, prov	a separate political organ de information in Part IV	nization, such as a separa /. (d) Amount paid from	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly
political action committee (PAC). I	promptly and directly delivered to a f additional space is needed, prov	a separate political organ de information in Part IV	nization, such as a separa /. (d) Amount paid from filing organization's	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
political action committee (PAC). I (a) Name	promptly and directly delivered to a f additional space is needed, prov (b) Address	a separate political organ de information in Part IV	nization, such as a separa /. (d) Amount paid from filing organization's	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate
political action committee (PAC). I	promptly and directly delivered to a f additional space is needed, prov	a separate political organ de information in Part IV	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0.	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
political action committee (PAC). (a) Name (a) Name PEC NY EDUCATION UND PEC SEPARATE	wASHINGTON, DC WASHINGTON, DC	a separate political organ ide information in Part IV (c) EIN 76-0833676	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
political action committee (PAC). (a) Name (a) Name CPEC NY EDUCATION UND	wASHINGTON, DC 20036 WASHINGTON, DC 20036	a separate political organ ide information in Part IV (c) EIN	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. 600,000	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
political action committee (PAC). (a) Name (a) Name PEC NY EDUCATION UND PEC SEPARATE	wASHINGTON, DC WASHINGTON, DC	a separate political organ ide information in Part IV (c) EIN 76-0833676	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.
political action committee (PAC). (a) Name (a) Name PEC NY EDUCATION UND PEC SEPARATE DUCATION FUND	WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	a separate political organide information in Part IV (c) EIN 76-0833676 13-4312872	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.
political action committee (PAC). (a) Name (a) Name EPEC NY EDUCATION FUND EPEC SEPARATE EDUCATION FUND	WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	a separate political organide information in Part IV (c) EIN 76-0833676 13-4312872	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.
political action committee (PAC). (a) Name (a) Name EPEC NY EDUCATION FUND EPEC SEPARATE EDUCATION FUND	WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	a separate political organide information in Part IV (c) EIN 76-0833676 13-4312872	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.
political action committee (PAC). (a) Name (a) Name EPEC NY EDUCATION FUND EPEC SEPARATE EDUCATION FUND	WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	a separate political organide information in Part IV (c) EIN 76-0833676 13-4312872	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. <u>600,000</u>	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.
political action committee (PAC). (a) Name (a) Name PEC NY EDUCATION PUND PEC SEPARATE EDUCATION FUND EPEC EDUCATION FUND	wASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC 20036	a separate political organ ide information in Part IV (c) EIN 76-0833676 13-4312872 52-2256381	nization, such as a separa /. (d) Amount paid from filing organization's funds. If none, enter-0. 600,000. 132,500. 50,000.	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. if none, enter -0. 0. 0.
political action committee (PAC). (a) Name (a) Name EPEC NY EDUCATION FUND EPEC SEPARATE EDUCATION FUND	wASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC 20036	a separate political organ ide information in Part IV (c) EIN 76-0833676 13-4312872 52-2256381 52-2256381	nization, such as a separa (d) Amount paid from filing organization's funds. If none, enter-0. 600,000 132,500 50,000 Schedule C	te amount of political ate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. 0.

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	INTER	NATION	IAL UNION OF	OPERATING		
Schedule C (Form 990 or 990-EZ) 2011					<u> </u>	088590_Page 2
Part II-A Complete if the or			mpt under sectio	on 501(c)(3) and file	ed Form 5768	
(election under se	ection 501	(h)).				
A Check 🕨 🛄 If the filing organiz	zation belon	gs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sh	are of exces	s lobbying	expenditures).			
B Check 🕨 🛄 if the filing organiz	zation check	ed box A a	nd "limited control" pr	ovisions apply.		
Lin	nits on Lobi	nuina Evne	nditures	•	(a) Filing	(b) Affiliated group
			unts paid or incurred.	)	organization's totals	totals
			- <u></u>			<u></u>
1a Total lobbying expenditures to in						<u></u>
b Total lobbying expenditures to in						ļ
c Total lobbying expenditures (add		d 1b)		 	<del>_</del>	
d Other exempt purpose expenditu						<u>'</u>
e Total exempt purpose expenditu						
f Lobbying nontaxable amount. Er	T				<del></del>	
If the amount on line 1e, column (a)	) or (b) is:		bying nontaxable an		•	
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,0			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1			00 plus 10% of the ex			· · · · ·
Over \$1,500,000 but not over \$1	7,000,000		00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,				
		( V== 10	<u> </u>		11 - 14 	
g Grassroots nontaxable amount (						······································
h Subtract line 1g from line 1a. If z						
<ul> <li>Subtract line 1f from line 1c. If ze</li> <li>j If there is an amount other than a</li> </ul>						
						Yes No
reporting section 4911 tax for th	is year?		eraging Period Under		<u></u>	
(Some organ	nizations the			n do not have to comp	lete all of the five	
				es 2a through 2f on pa		
· · · · · · · · · · · · · · · · · · ·	Lobl	bying Expe	nditures During 4-Ye	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	
·			<u> </u>			
Calendar year (or fiscal year beginning in)	(a)	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
(or inscar year beginning in)						
2a Lobbying nontaxable amount						
b 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))			<u> </u>			
f Grassroots lobbying expenditure	es		<u> </u>		·	<u> </u>

Schedule C (Form 990 or 990-EZ) 2011 • • •

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Schedule C (Form 990 or 990 EZ) 2011 ENGINEERS Part II-B Complete if the organization is exempt under section 501(c)(3) and h	- NOT	53-0	08859	0 Page 3
(election under section 501(h)).	as NOT 1		n 9768	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(	b)
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>		+	· · · · · ·	•
d Mailings to members, legislators, or the public?		·	· ·	
e Publications, or published or broadcast statements?	······			
f Grants to other organizations for lobbying purposes?				•
g Direct contact with legislators, their staffs, government officials, or a legislative body?			· ·	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ļ			
i Other activities?	<u> </u>	<u> </u>		
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<ul> <li>b) If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>				<u> </u>
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		·] .'		<u>.                                    </u>
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	)(5), or se	ection	
· ·			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			<u> </u>	ļ
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?				<u>X</u>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), secti			otion	<u> </u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			•
expenses for which the section 527(f) tax was paid).				
a, Current year	•••••	<u>2a</u>		•
b Carryover from last year c Total		<u>2b</u> 2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex</li> </ul>				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?			<u>`</u>	
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P this part for any additional information. <u>PART I-C CONTINUATION</u> FOR INCOMPLETE NAME/ADDRESS INF			ne 1. Also,	complete
EPEC NY EDUCATION FUND				
÷				
<u>1125 17TH STREET NW WASHINGTON, DC 20036</u>	·			
				·····
EPEC SEPARATE EDUCATION FUND	<u>~ ,</u>		·	
1125 17TH STREET NW WASHINGTON, DC 20036			000 53	-
132043 01-27-12	Sched	ule C (Form	1 990 or 99	90-EZ) 2011
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Schedule C (Form 990 or 990 EZ) 2011 ENGINI Part IV Supplemental Information (cc	EERS		53-0088	3590 Page 4
EPEC EDUCATION FUND			<u> </u>	
1125 17TH STREET NW WASHII	NGTON, DC 20036			· · · · · · · · · · · · · · · · · · ·
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•			·····	
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2011			

(Form 990)

# Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Inspection Internal Revenue Service INTERNATIONAL UNION OF OPERATING Name of the organization Employer identification number ENGINEERS 53-0088590 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements b 2b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure d listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear 🍉 Number of states where property subject to conservation easement is located 🕨 👘 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **>** \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No » and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_ > \$ (ii) Assets included in Form 990, Part X 👘 💺 💺 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a' Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_ 🕨 \$ b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2011 132051 18 2011.04040 INTERNATIONAL INTON OF OPER 30370 08091108 712177 32370

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	dule D (Form 990) 2011 ENGINEE						0088590	
Par								
3	Using the organization's acquisition, access	on, and other records	s, check any of the	e following that	are a sign	ificant use of	its collection	items
	(check all that apply):		<u> </u>					
a	Public exhibition	d		change progra				
b	Scholarly research	e	] Other		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
с	Preservation for future generations							
4	Provide a description of the organization's c						Part XIV.	
5	During the year, did the organization solicit of							
i m	to be sold to raise funds rather than to be m							No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "	Yes" to Fo	rm 990, Part	IV, line 9, or	
•	reported an amount on Form 990, Pa			<u> </u>			,,,,	
1a	Is the organization an agent, trustee, custod		-					
	on Form 990, Part X?						└── Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:				<u>-</u>	
							Amount	
С	Beginning balance					_1c		
_d	Additions during the year	••••••				1d		<u> </u>
е	Distributions during the year					le		
f	Ending balance						-	-
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		•••••		Yes	No No
	If "Yes," explain the arrangement in Part XIV							
Pa	t V Endowment Funds. Complete	f the organization an:	swered "Yes" to F	orm 990, Part I	V, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	s back 🛛 (d)	Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships			1	1		- · · · ·	
	Other expenditures for facilities	·····	·····	-{			· ·	
Ŷ	and programs			1				
f	Administrative expenses							
							-	-
g	End of year balance		- //	(-)) hatal ani	<u> </u>			
2	Provide the estimated percentage of the cur	•		(a)) neid as:				
·a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
¢	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	red for the	organization	ſ	1
	by:							es No
	(i) unrelated organizations							<u> </u>
-	(ii) related organizations							1
b	If "Yes" to 3a(ii), are the related organization					••••	<u>3b</u>	
4	Describe in Part XIV the intended uses of th							
Pa	t VI Land, Buildings, and Equip	····		F	<b>a</b>			<u> </u>
	4 Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Acc	umulated	(d) Book	value
		basis (investri	nent) basi	s (other)	depre	ciation	-	
1a	Land		7	04,775.		1. A. A.		,775
	Buildings		22,3	82,288.	7,74	7,447.	14,634	,841.
	Leasehold improvements				•			
	Equipment		9,6	44,875.	4,77	70,114.	4,874	,761
	Other						,	
	I. Add lines 1a through 1e. (Column (d) must o		X column (B) line	10(c))			20,214	.377
LDIS								

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INTERNATIONAL	UNION	OF	OPERATING
ENGINEERS			

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Schedulé D (Form 990) 2011 ENGINEERS		······································	53-0088590 Page 3
Part VII Investments - Other Securities. s	See Form 990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method	of valuation:
(including name of security)	(b) BOOK Value	Cost or end-of-y	ear market value
(1) Financial derivatives			
(2) Closely held equity interests			الي
(3) Other		<u> </u>	
(A) AFL-CIO HOUSING	-+		
	40 705 007		
(B) INVESTMENT TRUST	49,705,997.	END-OF-YEAR MAL	KET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(i) .			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	49,705,997.		
Part VIII Investments - Program Related.		······································	······································
Tart viir investments - Program Related.	See Form 990, Part X, line 13		of unlighted to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
(a) Description of investment type	(b) Book value		of valuation: ear market value
(1) .		. <u> </u>	· · · · · · · · · · · · · · · · · · ·
(2)			·
(3)			
(4)			
(5)			
(6)			
(7)		······································	-
(8) .			
<u>(9)</u> -		· · · · · · · · · · · · · · · · · · ·	
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, lir		·	
	a) Description		(b) Book value
(1) .			
(1)			
(1) (2) (2)			
(1) (2) (3)			
(1) (2) (3) (4)			······································
(1) (2) (3) (4) (5)			·
(1) (2) (3) (4) (5) (6)			
(1) (2) (3) (4) (5) (6) (7)			
(1) (2) (3) (4) (5) (6) (7) (8)			
(1) (2) (3) (4) (5) (6) (7)			
(1) (2) (3) (4) (5) (6) (7) (8)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Ii			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Ii	X, line 25.	b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li [Part X] Other Liabilities. See Form 990, Part 3 1. (a) Description of liability	X, line 25.	b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part 1 1. (a) Description of liability (1) Federal income taxes	X, line 25.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part 1 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT	X, line 25.	1,137,991.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part 1 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS	X, line 25.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B	x, line 25. S SENEFIT	1,137,991. 507,437.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B (5) COST	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B	x, line 25.	1,137,991. 507,437.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B (5) COST	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT E (5) COST (6) ACCRUED SEVERENCE PLAN C	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. See Form 990, Part 3 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8)	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9)	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED. POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9) (10)	x, line 25.	1,137,991. 507,437. 6,924,988.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9) (10) (11)	x, line 25.	1,137,991. 507,437. 6,924,988. 1,575,872.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) l FIN 48 (ASC 740) Footnote. In Part XIV. provide the text of the footnote	x, line 25.	1,137,991. 507,437. 6,924,988. 1,575,872.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) l (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) l 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot	x, line 25.	1,137,991. 507,437. 6,924,988. 1,575,872.	for uncertain tax positions under
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED SEVERENCE PLAN C (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) l FIN 48 (ASC 740) Footnote. In Part XIV. provide the text of the footnote	x, line 25.	1,137,991. 507,437. 6,924,988. 1,575,872.	

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Part XI       Reconciliation of Change in Net Assets from Form 990 to A         1       Total revenue (Form 990, Part VIII, column (A), line 12)         2       Total expenses (Form 990, Part IX, column (A), line 25)         3       Excess or (deficit) for the year. Subtract line 2 from line 1         4       Net unrealized gains (losses) on investments         5       Donated services and use of facilities         6       Investment expenses         7       Prior period adjustments         8       Other (Describe in Part XIV.)         9       Total adjustments (net). Add lines 4 through 8			1	emen	69,	893,	620
<ul> <li>Total expenses (Form 990, Part IX, column (A), line 25)</li> <li>Excess or (deficit) for the year. Subtract line 2 from line 1</li> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Investment expenses</li> <li>Prior period adjustments</li> <li>Other (Describe in Part XIV.)</li> </ul>						893.	ี 6 ว (
<ul> <li>3 Excess or (deficit) for the year. Subtract line 2 from line 1</li> <li>4 Net unrealized gains (losses) on investments</li> <li>5 Donated services and use of facilities</li> <li>6 Investment expenses</li> <li>7 Prior period adjustments</li> <li>8 Other (Describe in Part XIV.)</li> </ul>			2				
<ul> <li>4 Net unrealized gains (losses) on investments</li> <li>5 Donated services and use of facilities</li> <li>6 Investment expenses</li> <li>7 Prior period adjustments</li> <li>8 Other (Describe in Part XIV.)</li> </ul>						606,	
<ul> <li>5 Donated services and use of facilities</li> <li>6 Investment expenses</li> <li>7 Prior period adjustments</li> <li>8 Other (Describe in Part XIV.)</li> </ul>				<u> </u>	<u>18,</u>	287,	327
Investment expenses     Prior period adjustments     Other (Describe in Part XIV.)					<u> </u>	219,	055
7 Prior period adjustments 8 Other (Describe in Part XIV.)							
8 Other (Describe in Part XIV.)			6				
Other (Describe in Part XIV.)     Total adjustments (net). Add lines 4 through 8			7				
<ol> <li>Total adjustments (net) Add lines 4 through 8</li> </ol>			8			<u>688</u> ,	
			9			468,	
<u>D</u> Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Part XII Reconciliation of Revenue per Audited Financial Statemen				Dotur		756,	300
	_					861,	470
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • • • • • • • • •	•••••				001	470
a. Net unrealized gains on investments	2a	_0 2	19,055				
	2a 2b	<u>_</u>	<u>1,055</u>	<b>-</b>	ļ		ι.
*				-			. :
c Recoveries of prior year grants	2c	0 1	06 007	-	-	-	
d Other (Describe in Part XIV.)	_2d		86,897	<u> </u>	-	020	1 ह 4
e Add lines 2a through 2d						<u>032</u> ,	
3 Subtract line 2e from line 1			•••••	3	<u>רמ</u> ,	, <u>89</u> 3,	020
4 Arhounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					-	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a			_ ` :			
b Other (Describe in Part XIV.)	_4b			_l · .	Į		
c Add lines 4a and 4b				4c	<u> </u>		(
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>		5		893,	62
Part XIII Reconciliation of Expenses per Audited Financial Statement	nts V	/ith Exp	enses pe	r Retu	ur <b>n</b>		
1 Total expenses and losses per audited financial statements				1	53	,045,	22
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a Donated services and use of facilities	2a						
b Prior year adjustments	2b			- <b>1</b> '			
	2c		·····	-1			
c Other losses		1 1	38,928	-			
d Other (Describe in Part XIV.)	·				1	,438,	02
e Add lines 2a through 2d							
3 Subtract line 2e from line 1	••••••		· · · · · · · · · · · · · · · · · · ·	3	<u>Γ 2 τ</u> ,	,606,	30.
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	4a	<u></u> *					
b Other (Describe in Part XIV.)	_ <u>4</u> b			<u> </u> `	-		
c Add lines 4a and 4b					<u> </u>		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>			5	<u>51</u>	,606,	30
Part XIV Supplemental Information							
omplete this part to provide the descriptions required for Part 1I, lines 3, 5, and 9; Part III, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple							4; Pa 
ART XI, LINE 8 - OTHER ADJUSTMENTS:							
DOPTION OF FASE STATEMENT NO. 158			<u> </u>	···· •••• ··· ·	3	,047,	89
AIN ON TERMINATION OF PENSION PLAN					_32	,735,	92
OTAL TO SCHEDULE D, PART XI, LINE 8					<u>29</u>	,688,	02
ART XII, LINE 2D - OTHER ADJUSTMENTS:							
NCOME OF PAC					2	,067,	,68
•				Sche	dule D	(Form 9	90) 2
<sup>12054</sup> -23-12 · · · · · · · · · · · · · · · · · · ·							

INTERNATIONAL UNION OF OPERATING Schedule D (Form 990) 2011 ENGINEERS Part XIV Supplemental Information (continued)	53-0088590 Page
COST OF GOOD SOLD	136,557
NATIONAL CHARITY FUND INCOME	- 8,117
EDUCATION FUND PAC CONTRIBUTIONS	-50,000
LOSS ON DISPOSAL OF EQUIPMENT	24,536
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,186,897
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF PAC	2,028,41
COST OF GOODS SOLD	136,557
NATIONAL CHARITY FUND EXPENSES	. 53,746
NATIONAL CHARITY FUND CONTRIBUTIONS	-71,828
PAC FUND CONTRIBUTIONS	-732,50
LOSS ON DISPOSAL OF EQUIPMENT	24,53
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,438,92
	······································
· · ·	
, •	
· · ·	
· · ·	
· _	
132055 ··	Schedule D (Form 990) 2

to Form 990, Part <b>For grantmakers</b> . Does to the grantees' eligibility for <b>For grantmakers</b> . Descri- United States. <b>Activities per Region</b> . (Th	<b>mation on A</b> IV, line 14b. the organizatior r the grants or a ibe in Part V the	OPERATIN ctivities Out maintain record assistance, and t e organization's p i l, line 3 table ca	side the United States. Compl to substantiate the amount of its gra- the selection criteria used to award the procedures for monitoring the use of it in be duplicated if additional space is r (d) Activities conducted in region	ete if the orgar ants and other grants or assi s grants and o needed.)	Employer identifi	0 Yes" Yes 🔲 No
INTERNATIONAL UN SNGINEERS Part I General Inform to Form 990, Part 1 For grantmakers. Does to the grantees' eligibility for 2 For grantmakers. Descri- United States. 3 Activities per Region. (Th	mation on A IV, line 14b. the organizatior r the grants or a be in Part V the e following Part (b) Number of offices	ctivities Out maintain record assistance, and t e organization's p I, line 3 table ca (c) Number of employees,	side the United States. Compl to substantiate the amount of its gra- the selection criteria used to award the procedures for monitoring the use of it in be duplicated if additional space is r (d) Activities conducted in region	ants and other grants or assi s grants and o needed.)	53-008859 nization answered "` assistance, stance?	0 Yes" Yes No
Part I       General Inform         to Form 990, Part         1       For grantmakers. Does to the grantees' eligibility for         2       For grantmakers. Description         2       For grantmakers. Description         United States.       3         3       Activities per Region. (The states)	IV, line 14b. the organization r the grants or a be in Part V the e following Part (b) Number of offices	n maintain record assistance, and t e organization's p I, line 3 table ca (c) Number of employees,	ts to substantiate the amount of its gra he selection criteria used to award the procedures for monitoring the use of it in be duplicated if additional space is r (d) Activities conducted in region	ants and other grants or assi s grants and o needed.)	assistance, stance?	Yes No
to Form 990, Part For grantmakers. Does the grantees' eligibility for For grantmakers. Description United States. Activities per Region. (Th	IV, line 14b. the organization r the grants or a be in Part V the e following Part (b) Number of offices	n maintain record assistance, and t e organization's p I, line 3 table ca (c) Number of employees,	ts to substantiate the amount of its gra he selection criteria used to award the procedures for monitoring the use of it in be duplicated if additional space is r (d) Activities conducted in region	ants and other grants or assi s grants and o needed.)	assistance, stance? ther assistance out	Yes No
<ul> <li>the grantees' eligibility for</li> <li>For grantmakers. Descriunited States.</li> <li><u>Activities per Region. (Th</u></li> </ul>	r the grants or a be in Part V the e following Part (b) Number of offices	e organization's p l, line 3 table ca (c) Number of employees,	he selection criteria used to award the procedures for monitoring the use of it in be duplicated if additional space is r (d) Activities conducted in region	grants or assists grants and o	stance?	
United States. 3 Activities per Region. (Th	e following Part (b) Number of offices	I, line 3 table ca (c) Number of employees,	n be duplicated if additional space is r (d) Activities conducted in region	needed.)		
· · · · · · · · · · · · · · · · · · ·	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region			Y
\$	Ū	independent	(by type) (e.g., fundraising, program services, investments, grants to	is a pro	vity listed in (d) gram service, specific type	(f) Total expenditures for and
		contractors in region	recipients located in the region)		ce(s) in region	investments in region
				TO ORGANIZE	ALL WORKERS	
. [					NOMIC, MORAL ADVANCEMENT	
IORTH AMERICA	1	12	PROGRAM SERVICES	1	NDITION AND	1,446,371
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3 a Sub-total	1	12				1,446,37
b Total from continuation sheets to Part I		0				
c Totals (add lines 3a						1 446 27
LHA For Paperwork Reducti	on Act Notice,	see the Instruc	tions for Form 990.	<u> </u>	Schedule F	<u> </u>
			DLUMN (E) DESCRIPTIO	NS		

### INTERNATIONAL UNION OF OPERATING • ENGINEERS

53-0088590

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2011

1 (-) Nome of organization	plicated if additional (b) IRS code section and EIN (if applicable)	(a) Paging	(d) Purpose of • grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
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the IRS, or for which t	he grantee or couns	el has provided a section	ecognized as charities by the 501(c)(3) equivalency letter					
132072	oner organizations (	•					Sched	ule F (Form 990) 2011
01-23-12	,		24					•

Schedule	F (Fc	orm !	990)	2011	
Part III				Other	Ass

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III Grants and Other Assistance to Part III can be duplicated if additi a) Type of grant or assistance	ional space is needed		ates. Complete i (d) Amount of cash grant	f the organization answered "Yes (e) Manner of cash disbursement	to Form 990, Part ( (f) Amount of non-cash assistance	V, line 16. (g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
) Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	cash disbursement	non-cash	non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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	Schedule F (Form 990) 2011

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Sche Par	duie F (Form 990) 2011 ENGINEERS	<u>53-0088590</u> Page 4
[Fai	TIV Foreign Forms	
1	. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes 🔀 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes 🔀 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes X No
<b>5</b> .	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes X No
		Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 ENGINEE	FIONAL UNION OF OPERATING	<u>53-0088590</u> Page
Part V Supplemental Information	1	• •
	information required by Part I, line 2 (monitoring of fun iditures per region); Part II, line 1 (accounting method)	
	s), as applicable. Also complete this part to provide an	
•		
PART I, LINE 3, COLUMN	(E):	
REGION: NORTH AMERICA		· · · · · · · · · · · · · · · · · · ·
(E) SPECIFIC TYPES OF SI	ERVICES IN REGION: TO ORGAN	TZE ALL WORKERS FOR
THE ECONOMIC, MORAL AND	SOCIAL ADVANCEMENT OF THEI	R CONDITION AND STATUS.
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132075 01-23-12		Schedule F (Form 990) 20
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SCHEDULE J	Compensation Information		MB No.	1545-00	47
(Form 990)	m 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         Complete if the organization answered "Yes" to Form 990, Part IV, line 23.         isernus Swice       Attach to Form 990.         e of the organization answered "Yes" to Form 990, Part IV, line 23.         isernus Swice       Attach to Form 990.         Part IV, line 23.         isernus Swice       ENG INEERS         rt I       Questions Regarding Compensation         Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Forn         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel       Imay Housing allowance or residence for perturbed in the organization and gross-up payments         Istaindemnification and gross-up payments       Health or social club dues or initiation for the organization follow a written policy regarding payment or reimbursement or provision of all of the expense described above? If "No," complete Part III to explain         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, or trustees, and the CEO/Executive Director. regarding the items checked in line 1a?         Indicate which, if any, of the following the filing organization used to establish the compensation of the ceo/executive Director. Explain in Part III.         Compensation committee       Written employment contract <td< td=""><td></td><td>20</td><td>11</td><td></td></td<>		20	11	
Department of the Treasury	Complete if the organization answered "Yes" to Form 990,		Dpen to	Publi	ic
Internal Revenue Service			Inspe	ction	<u>.</u>
Name of the organizatio	INTERNATIONAL UNION OF OPERATING	Employer iden	tificati	on nui	mber
r		53-008	<u>859</u>	0	
Part I Question	is Regarding Compensation		·		
			·	Yes	No
		990,	2.25		
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				#121 A	
Discretionary	spending account [X] Personal services (e.g., maid, chauffeur, o	:hef)	•	·	
	a construction of the second second second second second second second second second second second second second		(. ) . I	<i>.</i>	l
• .			4	·	
			<u>1b</u>	<u>_X</u>	·
-				x	
trustees, and the c	EC/Executive Director, regarding the items checked in line 1a?	••••	2	_ <u>_</u>	j
3 Indicate which, if a	ow of the following the filing organization used to establish the componentian of the graphization	ation's	• -!		1 **
			. "		
· · ·			• •		l
		committee	· · .	a anti-s	1
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4 During the year, di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1		
			{ I		
•			4a		Х
b Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
c Participate in, or re	eceive payment from, an equity-based compensation arrangement?		4c		X
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				n 'n
					1.
Only section 501(	c)(3) and 501(c)(4) organizations must complete lines 5-9.				
		'n	1	[· .	1
-					.*
a The organization?	·		-5a	Ļ	L
			<u>5b</u>	ļ	
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. a The organization?			<u>6a</u>	<u> </u>	
	zation?		<u>6b</u>		
	or 6b, describe in Part III.	-			
	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment		_	1	}
	nes 5 and 6? if "Yes," describe in Part III		7.	<u> </u>	<u> </u>
•	s reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		-		
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		<u> </u>
	lid the organization also follow the rebuttable presumption procedure described in		-	)	-
	n 53.4958-6(c)?		9		
LHA For Paperwork F	Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2011

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Schedule J (Form 990) 2011

## ENGINEERS

53-0088590

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

· · · · · · · · · · · · · · · · · · ·		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(Ė)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable , benefits	Total of columns · (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	440,516.	0.	32,019.	115,638.	17,300.	605,473.	0.
1 GIBLIN, VINCENT J.	(ii)	0.	.0.	0.	0.	0.	0.	0.
	(i)	247,308.	0.	1,898.	81,612.	20,871.	351,689.	0.
2 HANLEY, CHRISTOPHER	(ii)	0.	0.	0.		0.	0.	0.
	(i)		0.	<u>4,308</u> . 0.	82,565.	<u>16,880.</u> 0.	<u>353,161.</u> 0.	0.
3 LOUGHRY, JOHN W.	(ii)	<u> </u>	0.	7,910.	80,341.	14,585.	350,718.	0.
4 POUPORE, RAYMOND J.	(i) (ii)	0.	0.		00,541.		0.	0.
4 FOULORE, RAIMOND D.	(i)	246,813.	0.	8,428.	86,284.	20,871.	362,396.	0.
5 GRIFFIN, RICHARD		0.	0.	0.	0.	0.	0.	0.
	(i)	233,765.	0.	11,320.	75,828.	82.	320,995.	0.
6 FIEDLER, JEFFREY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	215,251.	0.	6,874.	70,850.	16,880.	309,855.	0.
7 WALL, MICHAEL E.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				·····			
8	_ <u>_(ii)</u>							
	(i)							; 
9	(ii)							
40	(i) (ii)						·	
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	(i)							
14	(ii)					<u> </u>	······································	<u> </u>
	(i)	•						
15	(ii)				·			
10	(i) (ii)							·
16	1001				···		Schedu	le J (Form 990) 2011
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Schedule J (Form 990) 2011 Part III Supplemental Informa	ENGINEERS	·	53-0088590	Page :
		Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, an	d for Part II. Also complete this part for any	-,
additional information.				
	· · · · · · · · · · · · · · · · · · ·		· · ·	
PART I, LINE 1A:	THE UNION PROVIDES FOR THE	PERSONAL USE A UNION OWNED	· · · · · · · · · · · · · · · · · · ·	
TOWNHOUSE AND REL	ATED CLEANING SERVICES FOF	ITS GENERAL PRESIDENT. THE	•	
			•	
UNION ALSO PROVID	ED FOR TAX INDEMNIFICATION	AND GROSS-UP OF THE RELATED T	AX	
PAYMENTS.				
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	ons Wit	h Inte	erested Pers	sons	-		. ОМВ	No. 1545-	0047		
Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,									201	1
partment of the Treasury srnal Revenue Service	► Attacl			D-EZ, Part V, line 38a or 40b. Form 990-EZ. ► See separate instructions.					Open To Public Inspection		
EN		OF OPERATING				Employer identification nun 53-0088590					
<u> </u>		•			a 501(c)(4) organizatio ine 25a or 25b, or Fo			i V line 40	15		
1 -			OIL FORM 990	, Faitiv s				v, mie 40		(c) Cor	rectec
(a) Name of dis	squalified perso				(b) Description	of transa	Ction		<b></b>	Yes	No
					· · · · · · · · · · · · · · · · · · ·		·				
	·····							· · ·	<u> </u>		
Cotor the amount of tou im-	and an the er			dicaustre	d parcons during the		dor				<u> </u>
2 Enter the amount of tax imp section 4958		-	=			-		▶ \$	-		
3 Enter the amount of tax, if a											:
\$* · · ·											
Part II Loans to and/o	-			Devel NV	5	7 0	/ Itala (5)			•	
(a) Name of interested	(b) Loan to		(c) Original (		line 26, or Form 990-E (d) Balance due		<u>, iine 3</u> i In	(f) Ap	proved	(a) W	/ritten
, person and purpose	the organization?		amount			default?		by board or committee?		agree	ment
		From				Yes	<u>No</u>	Yes	No	Yes	No
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Part III Grants or Assi					Ş.	_l		. <b>.</b>		J	
Complete if the org	anization answe	ered "Yes"	on Form 990	), Part IV,	line 27.		_			_	
			(b) Relations	tionship between interested person and the organization				(c) Amount and type of assistance			
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
· · · · · · · · · · · · · · · · · · ·				Yes	No
RANCIS HANLEY	FATHER OF GST	31,793.	DEFERRED CC	<u> </u>	x
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Part V Supplemental Information		<u></u>		•	<u>.                                    </u>
Complete this part to provide add	itional information for responses to questions	on Schedule L (see	instructions).		
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32132		9	chedule L (Form 990	or 990-	EZ) 2

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OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ) 21 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Department of the Treasury Attach to Form 990 or 990-EZ. Inspection ..... Internal Revenue Service INTERNATIONAL UNION OF OPERATING Name of the organization Employer identification number 53-0088590 ENGINEERS FORM .990 PART Ι. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO EVALUATE THE TRADE OF OPERATING ENGINEERS TO ITS PROPER POSITION IN ALL INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZED WORKERS FORM 990, PART VI SECTION A, LINE 6: THE ORGANIZATION HAS VOTING MEMBERS FORM 990, SECTION A, LINE 7A: THE ORGANIZATION HAS VOTING PART VI MEMBERS WHO ELECT MEMBERS OF THE GOVERNING BODY. SECTION B. LINE 11: THE INDEPENDENT ACCOUNTANT PREPARES FORM 990, PART VI. THE FORM 990. CFO AND OFFICERS REVIEW THE FORM PRIOR TO FILING. PART VI, SECTION B. LINE 12C: THE ORGANIZATION ACTIVELY MONITORS FORM 990, ENFORCEMENT OF ITS CODE OF ETHICS BY INVESTIGATING COMPLAINTS, REFERRALS AND POTENTIAL CONFLICTS FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION FILES ITS GOVERNING DOCUMENTS ALONG WITH ITS FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT WITH THE U.S. DEPARTMENT OF LABOR AND THEY ARE THUS AVAILABLE THE PUBLIC. THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS FORM 990, PART XI, LINE<sup>5</sup>, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -9,219,055. -3,047,896. ADOPTION OF FASE STATEMENT NO. 158 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 33 - 1

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2011.04040 INTERNATIONAL UNION OF OPER 32370\_

Name of the organization INTERNATIONAL UNION OF OPERATING ENGINEERS	Employer identification number 53-0088590
GAIN ON TERMINATION OF PENSION PLAN	32,735,924.
TOTAL TO FORM 990, PART XI, LINE 5	20,468,973.
	·
FORM 990, PART_XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FRAOM THE PRIOR YEAR.	
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SCHEDULE R (Form 990) Con Department of the Treasury Internal Revenue Service	*Related Organization nplete if the organization answered Attach to Form 990.		line 33, 34, 35, 36,	'or 37.		OMB No. 1545- 2011 Open to Pu	l ublic
	L UNION OF OPERATI	NG				dentification nu 088590	ımber
Part I Identification of Disregarded Entities (Comp	plete if the organization answered "Y	es" to Form 990, Part IV, line 3	3.)	,	ĩ		
(a) Name, address, and EIN of disregarded entity	(b) , Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	(d) , or Total inco	1 .	assets D	(f) lirect controlling entity	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.)	izations (Complete if the organizatio	on answered "Yes" to Form 990	), Part IV, line 34 bi	ecause it had one o	r more related ta	x-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity	ting (g) Section 51 control entity Yes	olled
IUOE GENERAL PENSION PLAN         4115 CHESAPEAKE STREET, N.W.         WASHINGTON, DC 20016	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(2)		<u> </u>		x
IUOE HEADQUARTERS PENSION PLAN           1125 17TH STREET, N.W.							· .
WASHINGTON, DC 20036 EPEC NY EDUCATION FUND - 76-0833676 1125 17TH STREET, N.W.	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA			······································		<u> </u>
WASHINGTON, DC 20036 EPEC SEPARATE EDUCATION FUND - 13-4312872	COMMITTEE	DISTRICT OF COLUMBIA	p2/				<u> </u>

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## INTERNATIONAL UNION OF OPERATING ENGINEERS

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<u>53-0088590</u>

Part II Continuation of Identification of Related Tax-Exempt Organizations

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Schedule R (Form 990)

EPEC_COULTREAMY_ETHINO         -52-228593         POLITICAL EDUCATION         2           U125_177H_STREET_N.M.         POLITICAL EDUCATION         2         2           OPERATING ENCINCERENT NOTAL_CHARITY_FUND         2         2         2           2         103_177E         PIESTRICT OF COUNDIA 527         2           2         2         2         2         2           2         2         2         2         2           2         2         2         2         2           2         2         2         2         2         2           2         2         2         2         2         2           2         2         2         2         2         2         2           2         2         2         2         2         2         2           2         2         2         2         2         2         2         2           2         2         2         2         2         2         2         2           2         2         2         2         2         2         2         2         2         2         2         2         2	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling ' entity	cont	<b>g)</b> 512(b)(13) rolled ization?
1125 1771 STREET_N_MFOULTICAL EDUCATION     2       OPERATING ENGLISES MATIONAL CHARITY FUND					501(c)(3))	•	Yes	No
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# INTERNATIONAL UNION OF OPERATING

#### Schedule R (Form 990) 2011 ENGINEERS

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### 53-0088590 Page 2

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

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(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop ate alloc	ortion-		managing partner?	(k) Percent owners
í		country)	+	sections 512-514)		····	Yes	No	'K-1 (Form 1065)	Yes No	<b> _</b>
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organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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art V Transactions With	n Related Organizations (Complete if the organization	answered "Yes" to For	m 990, Part IV, line 34, 35,	35a, or 36.)	-	- 14
	entity is listed in Parts II, III, or IV of this schedule.		······································	•	Ye	s No
	the organization engage in any of the following transact					
a Receipt of (i) interest (ii)	) annuities (iii) royalties or (iv) rent from a controlled ent	ify	•••••••••••••••••••••••••••••••••••••••	·		X
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	ipment, mailing lists, or other assets with related organi					
n Sharing of paid employe	es with related organization(s)	•••••••••••••••••••••••••••••••••••••••			<u>1n X</u>	tite taxes
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# INTERNATIONAL UNION OF OPERATING

Schedule R (Form 990) 2011 ENGINEERS

# 53-0088590 Page

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

' (a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end of year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
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	For calendar year 2011, or tax year beginning, 2011, and	d ending	, 20	2011
Department of the Treasury	For use with Forms 990, 990-EZ, 990-PF, 11 See instructions.	20-POL, and 8868		
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Part I Type of	Return and Return Information (Whole Dollars Only)		•	
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than one line in Part I. 1a Form 990 check here	a 🕨 🔀 🛛 b Total revenue, if any (Form 990, Part Vill, colum	ın (A), line 12)	1b	698936
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(direct debit) er taxes owed on Treasury Financ institutions invo	U.S. Treasury and its designated Financial Agent to initiate an Au try to the financial institution account indicated in the tax prepa this return, and the financial institution to debit the entry to this cial Agent at 1-888-353-4537 no later than 2 business days prior plyed in the processing of the electronic payment of taxes to rec ues related to the payment.	ration software for p account. To revoke to the payment (set	ayment of the a payment, i n tlement) date.	e organization's federal nust contact the U.S. I also authorize the fina
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For	" <b>99(</b>	Return of Organization Exemp Under section 501(c); 527, or 4947(a)(1) of the Internal			омв. №. 1545-0047 2012	
	rtment of the T	Freasury benefit trust or private found	dation)	ion)		
	al Revenue Se			porting requirements,	Inspection	
	mention in the second second second second second second second second second second second second second second		nd ending			
Ba	heck if ppliceble:	Name of organization		D Employer identificat	tion number	
ſ÷-	Address change	ENGINEERS				
Ē	Name change	Doing Business As		53-008	38590	
	Initial Ireturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	in the second second second second second second second second second second second second second second second	
	]Termin-	1125 17TH STREET, N.W.			429-9100	
:	Amended return	City, town, or post office, state, and ZIP code	2 	G Gross receipts \$	80,046,211.	
Ļ	Applica- tion pending	WASHINGTON, DC 20036		H(a) Is this a group retu		
	F	Name and address of principal officer JAMES T. CALLAHAN		for affiliates?		
	anninun initiation farm	SAME AS C ABOVE		H(b) Are all affiliates includ		
	axexempt	status:501(c)(3) _ X501(c) ( 5 _ ) ◀ (insert no.)4947(a)( WWW.IUOE.ORG		If "No," attach a list		
******	orm of organ			H(c) Group exemption n formation: 1896 M S		
	rt I Su					
		ly describe the organization's mission or most significant activities: SEE	SCHEDUI	<u>TE O</u>		
Activities & Governance		,		<u>eren an den de la constance de la constance de la constance de la constance de la constance de la constance de</u> La constance de la constance de	anna an an an an an an an an an an an an	
erna	2 Chec	ck this box 🕨 🛄 if the organization discontinued its operations or dis	posed of more 1	than 25% of its net asse	ts.	
NO.	3 Num	ber of voting members of the governing body (Part VI, line 1a)	والمعادية والمتراوية والمتروية والمعادية		21	
2	4 Num	ber of independent voting members of the governing body (Part VI, line 1)	b)			
lies	5 Total	number of individuals employed in calendar year 2012 (Part V, line 2a)	نې د ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورونو ورو	.5	119	
tivil	6 Total	number of volunteers (estimate if necessary)		6 7a	0.	
¥.		unrelated business revenue from Part VIII, column (C), line 12			0.	
	DINETU	Inrelated business taxable income from Form 990-T, line 34	<u> aintininterreterreterreter</u> reterreter	Prior Year	Current Year	
	8 Conti	ributions and grants (Part VIII, line 1h)		0.	0.	
Revenue		ram service revenue (Part VIII, line 2g)		19,997,687.	51,822,836.	
eve	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)	]	.7,703,145.	13,197,607.	
œ		rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,192,796.	2,509,653.	
		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		59,893,628.	67,530,096.	
		ts and similar amounts paid (Part IX, column (A), lines 1-3)		0.2,297,667.	0. 2,533,725.	
		fits paid to or for members (Part IX, column (A), line 4)		35,241,728.	35,006,955.	
ses		ies, other compensation, employee benefits (Part IX, column (A), lines 5-1	a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	0.	0.	
Expense		essional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25)	0.			
ŭ.		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,066,906.	17,704,553.	
		expenses Add lines 13-17 (must equal Part IX, column (A); line 25)		51,606,301.	55,245,233.	
		nue less expenses, Subtract line 18 from line 12		18,287,327.	12,284,863.	
Fund Balances			Beg	inning of Current Year	End of Year	
alan	20 Total	assets (Part X, line 16)			353,489,039.	
		liabilities (Part X, line 26)	ceaveàseatiene	41,596,295.	41,957,163.	
<u>ع</u> ا		issets or fund balances. Subtract line 21 from line 20		37,873,620.	311,531,876.	
Ра		gnature Block If perjury, I declare that I have examined this return, including accompanying sched		ate and to the best of my ke	nowladge and helief it is	
inae	r penaities o	complete Declaration of preparer (other than officer) is based on all information of	f which preparer h	nis, and to the best of my ki	iomedge and bench reis	
iue,			r millin proparoi i	1 10/21	ीरू ।	
Sign		Signature of officer		Date		
lere	47	BRIAN E. HICKEY, GEN SEC/TREAS				
		Type or print name and tille			· · · · · · · · · · · · · · · · · · ·	
	Print	/Type preparer's signature	Da	ite Check	PTIN	
aid		ANN WOODSON		if self-employed	P01293745	
	i interiorietter	s name SCALIBRE CPA GROUP PLLC		Firm's EIN 🦕 🤞	17-0900880	
rep		s address 7501 WISCONSIN AVENUE, SUITE 1	200 WEST			

orm 990 (2012)

Form	INTERNATIONAL UNION OF OPERATING ENGINEERS 53-0088590	Page <b>2</b>
	art III Statement of Program Service Accomplishments	Page Z
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO ELEVATE THE TRADE OF OPERATING ENGINEERS TO ITS PROPER POSITION ALL INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZED WORKERS.	IN
	THE INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZED WORKERS.	
2	Did the organization undertake any significant program services during the year which were not listed on	<u>`````````````````````````````````````</u>
		s 🗶 No
~	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	s 🛣 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a		)
	TO ORGANIZE ALL WORKERS FOR THE ECONOMIC MORAL AND SOCIAL ADVANCEME OF THEIR CONDITION.	ENT
	OF INEIR CONDITION.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
		·
		<u>,</u>
		<u>`</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		,
		·····, ····,
		<u> </u>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
_ <u>4e</u>		<b>90</b> (2012)
232002 12-10-	12	2012)
591	2 .001 712177 32370 2012.04010 INTERNATIONAL UNION OF OPER 323	70 1

INTERNATIONAL UNION OF OPERAT	LNG
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Form	1 990 (2012) ENGINEERS 53-0088	590	P	age 3
Pa	rt IV Checklist of Required Schedules			<u>a-</u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	风调	5064	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	•	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	ļ
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
				·

Form 990 (2012)

232003 12-10-12

## INTERNATIONAL UNION OF OPERATING ENGINEERS

53-0088590 Page 4
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	990 (2012) ENGINEERS 53-0088	590	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		[	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
v	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) or ganizations. Did the organization engage in an excess benefit transaction with a	2.70		•
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabaduda I. Dant I.	25b		
26				
20	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		<u> </u>
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	07		x
•••	of any of these persons? If "Yes," complete Schedule L, Part III	27	255 F 35	
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):		X	a anti anna anna
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	 
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2012)

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Part W         Statements Regarding Other IRS Filings and Tax Compliance Creck if Schedule O contains a response to any question in this Part V         Image: Creck if Schedule O contains a response to any question in this Part V           1a         Enter the number of Forms W2 Clinchoded in line 1a. Enter-0 if not applicable         1a         52           5         Enter the number of Forms W2 Clinchoded in line 1a. Enter-0 if not applicable         1a         52           6         Dithe organization comply with backup withholding rules for reportable gammats to window and reportable gammats.         1a         52           2a         Enter the number of entropy with ackup withholding rules for reportable gammats.         1a         52           2a         Enter the number of applicable         1a         52         1a           2a         Enter the number of entropy with ackup within olding rules gar covered by this return.         2a         Xi           3a         Dit the organization have unrelated business gross income of 51,000 or more during the year?         3a         3b           3a         Dit the organization for how and "10 or rows and "10 or rows and "10 or rows and "10 accounts.         3a         Xi           3a         Dit the organization for how and "10 or PO32.1, Report of Forsing Bank and Financial accounts.         5a         Xi           3b         Did a protabile data schout onetoneset.         5a         5a	_	INTERNATIONAL UNION OF OPERATING																								
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Check if Schedule C contains a response to any question in this Part V         Yes           1a         Enter the number of forms W-26 included in line ta. Enter -0 incl applicable         1a         52           b         Exter the number of approves exported on Form V-3, Transmittal of Wage and Tax Statements, the other organization comply with backup withholding unless for resportable payments to vendors and reportable gaming (gamthing) winning as apported on the year ording with or within the year covered by this return         2a         11.9           b         If a lation or apported in line ta. 2, dit the organization file all required federal employment tax returns?         2a         11.9           b         If a lation or apported in the year or overed by this return         2a         11.9           b         If a lation or apported in the year ording with on year ording ording the year?         3a           b         At any time the name of the forgin country.         2a         X           b         If Yes, "nast if Red a form 900 To rhis year? If Xe," provide an explication a Schedule O         3a           b         If Yes, "nast if Red a forgin country.         CANDA         4a         X           b         If Yes, "nast if Red a forgin country.         CANDA         Se         Se           b         If Yes, "in the file and year of the organization that it was on a party ta prohibited tax shelter transaclion?         Se         Se </th <th>and the second second</th> <th></th> <th></th> <th>53-0088</th> <th>590</th> <th>F</th> <th>Page 5</th>	and the second second		
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| 1a         Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable         1a         52           b         Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable         1b         0           c         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gamtaling witners?         1c         X           2a         Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable         1c         X           2b         If the term of the stan shores?         2a         119         X           2b         If the stan one is reported on line 2a, did the organization file all required fedaral employment tax returns?         2a         X           3a         Did the organization have unrelated busines gross income of \$1.000 or more during the year?         3a         3b           3b         If "hes," notif the name of the foreign country.         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| 1a         Enter the number efforms W26 Cinculade in the at. Enter 0. If not applicable         1a         52           b         Enter the number of oms/Vec8 Cinculade in the at. Enter 0. If not applicable         1b         0           2         Enter the number of oms/Vec8 reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with not whin the year covered by this return.         2a         119           2         Enter the number of ems/Vec8 reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year and Tax 3d to the granization file all quice federal employment to returns?         2a         119           2         At any time 2a, did the organization file all quice federal employment to returns?         2a         X           Note. If thes in and 2a is greater than 250, you may be required to e-ffe (see instruction)         3a         3a           3         Did the organization have unification thereas in rot as alphark on or the francial account?         4a         X           b         If Yes, 'near the name of the origo country. For CANDAD         See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.         5a           5a         Was the organization have annual gross receign solitation an express statement that such contributions crights         5a           5a         Did any taxabilitation an express statement that such contrubutions crights         5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    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| C bill the organization comply with backup withholding nulse for reportable payments to vendors and reportable gaming [gambling) withings to price wirmer? Instructions [2]     C and the organization reported on Form W3. Transmittal of Wage and Tax Statements.     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [1]     [2]     [2]     [1]     [2]     [2]     [1]     [2]     [2]     [1]     [2]     [1]     [2]     [2]     [1]     [2]     [2]     [1]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     [2]     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| Image: Set in the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.       119         2a       Enter the number of employees reported on file 20, dif the organization file all required fideral employment tax returns?       2a       119         b If at least one is reported on line 20, dif the organization file all required fideral employment tax returns?       2a       X         3a       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         b If Yes, "nate file all car OSD For this year?       3a       3a       3a       3a         b If Yes," nate file all car OSD For this year?       3a       3a       3a       3a       3a         c If Yes," and the organization have an interest in, or a signature or other authority over, a financial accountin, a ording country br CANADA       X       3a       3a         See histicuctions for filing requirements for form TD F 90.22.1, Report of foreign 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| 2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.       119         2b       If at least on es reported on line 2a, dith terr quirele detail employment tax refurms?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the file (see instructions)       3a       3a         Did the organization have undired to durine spream for the system?       3a       3a         Dif "Yes," has it filed a form 90-17 for this year? If "Wo," provide an explanation in & Schedule 0       3a         At any time during the calendar year, dift the organization have an interset in, or a signature or other authority over, a       4a       X         bi "Yes," entor the name of the foreign country (such as a bank account, securities account, or other financial accounts.       5a       5b         See instructions for filing requirements for form TO F 90:221. Report of Foreign Bank and Financial Accounts.       5a       5b       5c         Su State organization have annual gross receives that are normally greater than \$100,000, and did the organization section that way to a prohibited tas shelter transaction?       5b       5c         ci Did any contributions that way or a so a contribution an expreas statement that such contributions or gifts were not tax deductible contributions?       5a       5b         7 Organization neve anyment nexces of 55 made party as a contribution or aprices provided 7       7b       7c       7c      <                                                                                                                                                                                                                                                                                                                                                                                                                                  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| The calendar year ending with or within the year covered by this neturn     La     119       b If at least one is reported on ine 24, of the organization file all required fedral emplyment tax returns?     2b     X       3a Do the organization nave unrelated bosiness gress income of \$1,000 or more during the year?     3a     3a       b If Yes, 'nate the aname of the foreign country (W / No', provide an explanation in Schedule O     3a     3a       b If Yes, 'nate the name of the foreign country (W / No', provide an explanation in Schedule O     3a     3b       b If Yes, 'nate the name of the foreign country (W / No', provide an explanation in Schedule O     3a     3b       b If Yes, 'nate the name of the foreign country.     CANADIA     5a       See instructions for filing requirements for Form 105 90-21, Report of Foreign Bank and Financial Accounts.     5a       5a Was the organization have annual gross recipts that are normally greater than \$100,000, and did the organization solid any contributions that were nort tax deductible?     5a       c If Yes, 'to line Ea or Sh, did the organization file Form 88851?     6b     5a       c If Yes, 'to line Ea or Sh, did the organization mater than statuch contributions or gifts were not tax deductible?     5a       c If Yes, 'to line Ea or Sh, did the organization neider schartable contributions or gifts     5a       c If Yes, 'to line Ea or Sh, did the organization file Form 8892?     5a       d If Yes, 'to line Ea or Sh, did the organization file Form 8892 as required?     7                                                                                                                                                                                               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| b       If a least one is reported on line 2a, did the organization file all required federal employment tax returns?       2a       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file Gee instructions)       3a       3a         b       If "Yes," has It filed a Form 990-11 for this year? If "No," provide an explanation nor Schedulo O       3a         b       If "Yes," has It filed a Form 990-11 for this year? If "No," provide an explanation nor schedulo O       3a         b       If "Yes," near the name of the foroign ocurnty year as bank account, securities account, or other authority over, a       filed in the regenization have unter the name of the foroign ocurnty.       4a       X         b       If "Yes," near the name of the foroign ocurnty.       Can ADA       See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.       So       So         5a       Was the organization have unal gross recise that are normally greater than \$100,000, and id the organization second any time during the tax year?       So       So         61       Dot any taxable pary notify the organization have unal gross recise that are normally greater than \$100,000, and id the organization second any to a prohibited tax sheler transaction?       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| Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       Image: Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 251, Section 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| 3a     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a       b     If Y'es, ' has if lied a Form 990-T for this year? if 'No,' provide an explanation in Schedule 0       c     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 bark account, securities account, or other financial account)?     If 'Ne,' reter the name of the foreign country (such as a bark account, securities account, or other financial accounts.       5a     Was the organization have annual prose receipts that are norphibited tax sheller transaction?     Sb       5a     Did any taxable party notify the organization file form 828-17     Sc       6a     Does the organization new annual gross receipts that are norphibited tax sheller transaction?     Sb       6f 'Y'es,' to line 5a or 5b, did the organization file form 828-17     Sc       6a     Does the organization new annual gross receipts that are norphibited tax sheller transaction?     Sb       7b     I''yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Sc       7c     Toganization new any funds, directly or indirectly, to appressive approximation receive any funds, directly or indirectly, to appressive any any funds, directly or indirectly, to a personal benefit contract?     7e       7d     T/d     T/d     T/d       7d     T/es     T/d     T/d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b                                                                                                                                                                                                                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| b     If "Yes," has it filed a Form 590°T for this year? If "No," provide an explanation in Schedule O     3b       4a     At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country;      CANADA       b     If "Yes," entor the name of the foreign country;      CANADA       See instructions for filing requirements for Form TD F 502.21, Report of Foreign Bank and Financial Accounts.     5a       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       5b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a       6a     Did any taxable party notify the organization file form 6886-1?     5a       6a     Did any taxable party notify the organization file form 6886-1?     6a       6a     Did any taxable party notify the organization include with every solicitation an express statement that such contributions or 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| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)?       4a X         b If Yee,* enter the name of the foreign country; <b>P CANDDA</b> 5a         See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.       5a         So Was the organization aparty to a prohibited tax shelt ransaction at any time during the tax year?       5a         b Did any taxable party notify the organization file if was or is a party to a prohibited tax shelt ransaction at any time during the tax year?       5a         c If Yee,* to line Sa or Sb, did the organization file Form 888:71       5c       5a         D Obes the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section <b>170</b> (c).       6b         D If Yee,* (id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section <b>170</b> (c).       7a         D D the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7b         D D the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t         If Yes,* indicate the number of Forms 8282 filed during the year       Td       7d         If the organization receive any funds, dinectly or indirectly, to pay premiums on a personal b                                                                                                                                                                                                                                                                                                                                                                                      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| inancial 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: ► CANADA       See instructions for filling requirements for Form TD 5 90221, Report of Foreign Bank and Financial Accounts.       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b D d any travable party notify the organization file Form 8898.1?       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charatible contributions?       6a         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatible contributions and party for goods and services provided to the part of the code or parkies provide?       7a         7 Organization statin may receive deductible contributions under section 170(c).       2b       1' ***         9 If "Yes," did the organization notify the donor of the value of the goods or services provide?       7b       1c         10 If "Yes," did the organization notify the donor of the value of the goods or services provide?       7c       7c         10 If wes, "Indicate the number of Forms 12822 filed during the year       7d       7d       7d         10 If the organization receive a contribution of qualified intelectual property, did the organizations. Enter t                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| b       If Yes,* enter the name of the foreign country.       ► CANADA         See instructions for filing requirements for Form TD 90:22.1, Report of Foreign Bank and Financial Accounts.       Sa         So Was the organization aparty to a prohibited tax shelt ransaction at any time during the tax year?       Sa         D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt ransaction?       Sb         If Yes,* to line Sa or SD, did the organization file Form 808677       Ga         Ga Does the organization nave enot tax deductible as charitable contributions?       Ga         JI If Yes,* id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga         Or organizations that may receive deductible contributions under section 170(c).       Ta       Ga         D If Yes,* id the organization notify the donor of the value of the gobds or services provided to the payer?       Ta       Ta         T/ Yes,* id did no conganization adjuict or indirecity, to pay premiums on a personal benefit contract?       Te       Ta         D If the organization neceive any funds, directly or indirecity, to pay premiums on a personal benefit contract?       Te       Te         JI the organization neceive any funds, directly or indirecity, to pay premiums on a personal benefit contract?       Te       Te         JI the organization neceive any funds, directly orindirecity, apy payering organization. Bid the suppo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       Sa         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sc         6a Does the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Sc         6a Did the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solicit any contributions or gifts were not tax deductible?       Sc         7 Organization stat ware not tax deductible contributions under section 170(c).       Bid the organization notify the donor of the value of the goods or services provided?       Zc         7 bid the organization notify the donor of the value of the goods or services provided?       Zc       Zd         7 bid the organization notify the donor of the value of the goods or services provided?       Zd       Zd         7 bid the organization receive any premiums, directly or indirectly, to pay premiums, directly or indirectly or ndirectly for goods and services provided?       Ze         9 If the organization received a contribution of qualified intellectual propery, did the organization files form 0898-2 as required? </td <td></td> <td></td> <td>l accou</td> <td>nt)?</td> <td>4a</td> <td><b>A</b></td> <td>and the state of the</td>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c       11 "Nes," to like 5a or 5b, did the organization file Form 8886-17?       5c         c       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?       6a         d       If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       a         Did the organization sective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a         d       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d       7c         f       Did the organization received a contribution of qualified intellectual property, ind it to organization file Form 8899 as required?       7t       7t         f       Did the organization maked number of Forms 8282 filed during the year       7d       7h </td <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>14</td>                                                                                                                                                                                                                                                                                                                                                                                                                 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| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c         G       Dest 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         b       If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or gifts were not tax deductible?       6b         7       Organization stat may receive deductible contributions under section 170(c).       a       Did the organization notify the donor of the value of the goods or services provided 7       7a         7       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d         7       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099 C7       7h       7e         9       Did the organization make a distribution of cars, boats, airplanes, or other vehicles, did the erganization file a Form 1099 C7       7h       7g         9       Sponsoring organizations maintaining door advised funds.       9a       9b       9b       9b       9b       9b       9b       9b       9b       9b <td></td> <td></td> <td></td> <td></td> <td></td> <td>an an td> <td>200 A</td>                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         7       Organizations that may receive deductible contributions under section 170(c).       7a         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c         c       Did the organization notify the donor of the value of the goods or services provided?       7c         c       If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization receive a contribution of qualified fuellectual property, did the organization file Form 8899 as required?       7d         f       If the organization neceive any funds, directly or indirectly, on apersonal benefit contract?       7e         f       If the organization and sixe dual and section 596(a)(a) supporting organization file Form 1098-C?       7h         go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Ga       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?       Ga         B       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Grganization solicit the every solicitation and express statement that such contributions or gifts were not tax deductible?       Grganization solicit the every solicitation and partly for goods and services provided to the payor?       To         Organization solicit the organization notify the donor of the value of the goods or services provided?       To       To         C       Did the organization receive apyment in excess of \$75 made partly sa a contribution and partly for goods and services provided to the payor?       To       To         C       Did the organization neceive apyment in excess of \$75 made partly sa a contribution and partly for goods and services provided?       To       To         C       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       Td         G       H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       Th       Th         S ponsoring organization make any taxable distributions under section 4966?       9a       9b       9a       9b       9a       9b       9a       9b       9a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      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| any contributions that were not tax deductible as charitable contributions?       6a         b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gitts       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         a Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof       7a         b If "Yes," idid the organization notify the donor of the value of the goods or services provided?       7a         c Did the organization selie, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         g Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7d         g If the organization maintaining door a dvised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining door advised funds.       8         g Did the organization maintaine do a spensoring organization.       9a       9a         g Did the organization maintaining door advised funds.       9a       9a         g Did the organizations maintaining doora advised funds.       9a       9a </td <td></td> <td></td> <td></td> <td></td> <td><u>5c</u></td> <td></td> <td>-</td>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                               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| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7a         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         f       Did the organization receive any function of cars, boats, airplanes, or other velices, did the organization for eceive any function of cars, boats, airplanes, or other velices, did the organization for 8090 as required?         f       Did the organization receive a contribution of cars, boats, airplanes, or other velices, did the organization for 8090 as required?         f       If the organization receive a contribution of cars, boats, airplanes, or other velices, did the organizations. Totage any taxable distributions under section 496(2)         Sponsoring organizations maintaining door advisor, or related person?       9b         9       Sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. 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| were not tax deductible?     6b       7     Organizations even deductible contributions under section 170(c).     6b       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c       c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e       f Did the organization receive a contribution of qualified intellectual property, did the organization flow of a contribution of cars, boats, airplanes, or other vehicles, did the organization flow serequired?     7h       f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining doner advised funds and section 509(a) supporting organizations. Did the supporting organization, or a donr advised funds. have excess business holdings at any time during the year?     8       9     Sponsoring organizations maintaining donor advised funds.     10a     10a       10     and the organization make any taxable distributions under section 4966?     9a       b Did the organization make any taxable distributions under section 4966?     9b       10     Gross income from members or shareholders     11a       a Gross income from ther sources (Do not net amounts due or pald to other sources against amounts due or received from them.)     12a       1                                                                                                                                                                                                                                                                                                                                                                                                                   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| 7       Organizations that may receive deductible contributions under section 170(c).       7         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7         b If *Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7         f He organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7         f He organization received a contribution of acrs, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7         g If the organization make any taxable distributions under section 4966?       9       9         b Did the organization make a distribution to a donor divised fund.       10       10       1         g Initiation fees and capital contributions included on Part VIII, line 12.       10       10       9       9         b Did the organization make a distribution to a donor, donor advised fund maintained by a sponsoring organization make any taxable distribu                                                                                                                                                                                                                                                                                                                                                                                                                                             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| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7b         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7c         e Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?       7d       7g         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       7g       7d         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07       7d       7d         g sponsoring organization maintaining doorn advised funds and section 509(a)(3) supporting organization, and and section 509(a)(3) supporting organization.       8a         a Did the organization make any taxable distributions under section 4966?       9a       9a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or so shareholders       11a       10a         1       Section 501(c)(21) organizations. 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| 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?       7d       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       7c         e       Did the organization, during the year, pay premiums, directly or indirectly, or pay premiums on a personal benefit contract?       7c       7c         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.       7d       7d <td>7</td> <td colspan="10"></td>                                                                                                                                                                                                                                                               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| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       7c         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7d       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       7d       7d<                                                                                                                                                                                                                                                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| to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, on pay premiums on a personal benefit contract?       7e         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds.       7g         8 Sponsoring organizations maintaining donor advised funds.       10d the organization make any taxable distributions under section 4966?       9a         9 Did the organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b         11 Section 501(c)(12) organizations. 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| d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Te         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       Th         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966?       9a         9       Sponsoring organizations. Enter:       10a       10a         10       Initiation fees and capital contributions. Enter:       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       11b         12       Gross income from members or shareholders       11a       10b       12a         14       Section 501(c)(12) organizations. Enter:       11b       11b       12a         13       Section 601(c)(20) organizations. 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| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       a bid the organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations. Enter:       a linitation fees and capital contributions included on Part VIII, line 12       10a         10       Section 501(c)(7) organizations. Enter:       a Gross income from members or shareholders       11a         10       B       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(2) gualified nonprofit health insurance issuers.       a lis the organization like adoinal information the organization file organization file again advised funds       13a         13       Section 501(c)(2) gualified nonprofit health plans in more than one state?       13a       13a         14a       Did th                                                                                                                                                                                                                                                                                                                                                                                                                                        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| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. File Form 8899 as required?       7h       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization are a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?       9a         9       Did the organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         12       Gross income from members or shareholders       11a       12a         12       Section 501(c)(12) organizations. 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| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         9 Sponsoring organizations maintaining donor advised funds.       0       0       0         a Did the organization make any taxable distributions under section 4966?       9a       9a       9b         9 Did the organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a       12a         13 Gross income from members or shareholders       11a       11b       12a       12a       12a         14 bill "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a       13a <t< td=""><td>e</td><td></td><td></td><td></td><td></td><td> </td><td><b> </b></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e                                                                            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| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the organization make a distributions under section 4966?       9a         9       Did the organization make a distributions included on Part VIII, line 12       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       10a       10b         12       Gross income from members or shareholders       11a       10b         13       Section 4947(a)(1) non-exempt charitable trusts, Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14       Information licensed to issue qualified health plans in more than one state?       13a         13       Section 501(c)(29) qualified health plans in organization must report on Schedule O.       13a         14       Did the organization licensed to issue qua                                                                                                                                                                                                                                                                                                                                                                                                          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| 8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?         9       Sponsoring organizations maintaining donor advised funds.         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b       12a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12b       12a         12       Section 501(c)(2)9 qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(2)9 qualified nonprofit health plans in more than one state?       13a       13a       13a         14       Did the organization is licenseed to issue qualified health                                                                                                                                                                                                                                                                                                                                                                                                          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| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         a       Gross income from members or shareholders       11a       11b       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Extern 501(c)(2)9 qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(2)9 qualified nonprofit health plans in more than one state?       13a       13a         14a       13b       13c       13a       13a         14a       13b       13c                                                                                                                                                                                                                                                                                                                                                                                         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| 9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         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:       10a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8                                                                                 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| a Did the organization make any taxable distributions under section 4966?       9a         b Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a         a Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       14a       14a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves on hand       13c       13a       13a         c       Enter the amount of reserves on hand       13c       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? 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| 10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         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:       10a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13c       13b         c       Enter the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | а                                           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| a Initiation fees and capital contributions included on Part VIII, line 12       10a         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:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       13a         14a       14a       14a         14a       14a       14a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10                                                                                                                                                                                                                                                                                                                                                                 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| 11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | а                                                                                                                                                                                                     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| a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b                                                                                                                                                                                                                                                                                                                                                                                                                                   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| b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? 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| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | а                                                                                      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| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b                      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| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>12</b> a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Section 4947(a)(1) non-exempt charitable trusts. 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| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       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| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b If "Yes," has it filed a Form 720 to report these payments? 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Form 990 (2012)

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INTERNATIONAL	UNION	OF	OPERATING

Form	990 (2012) ENGINEERS	5	53-0088	8590	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b belo	w, and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	. See instructi	ions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	(	)	in de la	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any oth	ier			
	officer, director, trustee, or key employee?	-		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct super	rvision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.,	)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affilia	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing	the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by independ	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1.385
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a (		<u>X</u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501	(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	in Schedule (	))			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of intere	st policy, ar	ıd finar	icial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books an	nd records of	the organiza	tion: 🕨	<u></u>	
	THE ORGANIZATION - (202)429-9100					
	1125 17TH STREET, N.W., WASHINGTON, DC 20036					
12-10-	12			Form	990	(2012)
	6					
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Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	
	Employees, an	d Independe	ent Contra	ctors			

Check if Schedule O contains a response to any question in this Part VII ....

ENGINEERS

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

T.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(8)			(C				(D)	(E)	(F)
Name and Title	Average	(do	not ch	<sup>D</sup> OSi	ition	l than	nne	Reportable	Reportable	Estimated
	hours per	box,	untes	s pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer and	oad	recto	n/trus	(88)	from	from related	other
	(list any	recto						the	organizations	compensation from the
	hours for	or di	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related organizations	ustee	trust		99	npen		(1099-10130)		and related
	below	lual ti	tional		ploy	st cor			:	organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) CALLAHAN, JAMES T.	40.00			<u> </u>	-		<u>u</u>			
GENERAL PRESIDENT		Х		X				491,304.	0.	121,700.
(2) HICKEY, BRIAN E.	40.00									
GENERAL SECRETARY TREASURE		X		$\mathbf{X}^{\cdot}$				129,812.	0.	41,659.
(3) BURNS, RUSSELL	40.00							,		
GENERAL VICE PRESIDENT		X		Х				76,311.	Ο.	26,573.
(4) GALLAGHER, MICHAEL	40.00									
GENERAL VICE PRESIDENT		X		Х				85,000.	0.	26,573.
(5) HAMILTON, JOHN M.	40.00								_	
GENERAL VICE PRESIDENT		X		X				60,577.	0.	18,155.
(6) HEENAN, ROBERT T	40.00	]							0	
GENERAL VICE PRESIDENT		X		Х				96,743.	0.	26,573.
(7) HOLLIDAY, GUY M.	40.00							20.200	0	0 700
GENERAL VICE PRESIDENT		X		Х		<u> </u>		32,386.	0.	8,783.
(8) KALMAR, JERRY L.	40.00								0.	26 572
GENERAL VICE PRESIDENT	10.00	X		X			<b> </b>	77,451.	0.	26,573.
(9) KAMINSKA, RODGER	40.00	1						00 700	0.	26 573
GENERAL VICE PRESIDENT	10.00	X		X				88,762.	0.	26,573.
(10) KONOPASKI, DAREN	40.00								0.	26,573.
GENERAL VICE PRESIDENT	1 10 00	X		Х				85,569.	0.	20,373.
(11) LALEVEE, GREG	40.00	x		x		·		85,570.	0.	26,573.
GENERAL VICE PRESIDENT	40.00			<b>A</b>				05,570.		20,575.
(12) MAIERLE, MARK GENERAL VICE PRESIDENT	40.00	x		х				13,017.	0.	4,466.
(13) MCGOWEN, TERRANCE	40.00	1			- ·	┢				
GENERAL VICE PRESIDENT		x		х				86,311.	0.	26,573.
(14) MCGRAW, DANIEL	40.00									
GENERAL VICE PRESIDENT		<b>x</b>		Х		ľ		86,311.	0.	26,573.
(15) RASETTA, LOUIS G	40.00	1								
GENERAL VICE PRESIDENT		] X [		Х			<u> </u>	57,731.	0.	17,790.
(16) SINK, PATRICK L.	40.00									
GENERAL VICE PRESIDENT		X		Х				88,762.	0.	26,573.
(17) SWEENEY, JAMES	40.00	1								
GENERAL VICE PRESIDENT		X		Х		1		86,311.	0.	26,573.
232007 12-10-12						7				Form <b>990</b> (2012)

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2012.04010 INTERNATIONAL UNION OF OPER 32370\_\_1

# INTERNATIONAL UNION OF OPERATING

Form 990 (2012) ENGINEER	S								53-008	8590 Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C) (D) (E) (F)										
Name and title	Average	(do	not c	Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	(do not check more that box, unless person is be officer and a director/tru					n an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	or/trust	(66)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	ordi	8			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	truste		a	suada		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploye	/ee /ee	-			organizations
	line)	Individual trustee or director	institutional trustee	Officer	(ey em	Highest compensated employee	Former			organizations
(18) WAGGONER, WILLIAM C.	40.00				-					
GENERAL VICE PRESIDENT		X		Х				96,743.	0	. 26,573.
(19) AHERN, JOHN	40.00									
TRUSTEE		X						26,409.	0	. 7,888.
(20) BROWN, KUBA J	40.00									
TRUSTEE		X						26,701.	0	. 7,888.
(21) HOLLIDAY, JOHN M.	40.00	. ·								
TRUSTEE		X						20,831.	0	. 5,573.
(22) KUTZ, JAMES T.	40.00									
TRUSTEE		X						26,409.	0	. 7,888.
(23) MOFFATT, BRUCE	40.00							0.5.0.50	•	0.010
TRUSTEE	10.00	X						25,863.	0	. 8,313.
(24) SHANAHAN, JOSEPH	40.00									0.000
TRUSTEE		X						7,716.	0	. 2,233.
(25) LOUGHRY, JOHN W.	40.00							0.5.5.01.5		100.000
CF0	10.00					X		275,215.	0	. 106,023.
(26) POUPORE, RAYMOND J.	40.00							202 707	•	100 250
EXECUTIVE VP- NCAII		L				X		303,707.	0	
1b Sub-total		•••••	•••••	· · · · · ·				2,537,522.	0	
c Total from continuation sheets to Part V								938,554.	0	
d Total (add lines 1b and 1c)								3,476,076.		• 1,096,355.
2 Total number of individuals (including but r	ot limited to th	iose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable	58
compensation from the organization										Yes No
										100000 1000 100000
3 Did the organization list any former officer,										3 X
line 1a? If "Yes," complete Schedule J for s								·····		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4 X
										4 11 1.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5 X									
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A) (B) (C)										
Name and business address Description of services Compensation										
JAMES ZAZZALI										
	3 HANCE ROAD, RUMSON, NJ 07760 LEGAL 360,000.									
CALIBRE CPA GROUP PLLC,							1			
AVENUE, SUITE 1200 W, BE	THESDA,	MI	) 2	208	314	1	ļ	ACCOUNTING		133,362.

TMA RESOURCES INC, 1919 GALLOWS ROAD, SUITE 400, VIENNA, VA 22182 COMPUTER CONSULTING 131,796. PITTA & GIBLIN, LLP, 120 BROADWAY, SUITE 130,510. 2801, NEW YORK, NY 10271 LEGAL BRADY, MCQURE & STEINBERG P.C., 303 SOUTH

123,585. BROADWAY, SUITE 234, TARRYTOWN, NY 10591 LEGAL 2 Total number of independent contractors (including but not limited to those listed above) who received more than g \$100,000 of compensation from the organization 🕨 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2012)

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INTERNAT	5.								53-008	8590
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	es, a	nd l	High	iest	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		n		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	[		•			<u> </u>	from	from related	other
	week					Highest compensated employee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organization
	related	ustee	truste		8	pens		· ·		and related
	organizations below	ual tr	ional		ploye	tcorr				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ighes	Former			
	40.00		=	0	×	<b></b>	<u> </u>			
(27) JAMES, TIMOTHY	40.00	ł						240 225	0	101 070
DIRECTOR- LEGISLATIVE	10.00				ļ	X	<u> </u>	240,235.	0.	101,276.
(28) FIEDLER, JEFFREY	40.00								<u>^</u>	00 561
DIRECTOR- INIATIVES			L	<b></b>	<u> </u>	X	<b> </b>	275,724.	0.	82,561.
(29) HANLEY, CHRISTOPHER	40.00									
DIRECTOR- PENSIONS						Х		251,020.	0.	103,743.
(30) GIBLIN, VINCENT J.	0.00									
FORMER PRESIDENT						1	X	139,782.	0.	11,595.
(31) HANLEY, FRANCIS X	0.00									
PRESIDENT EMERITIS							x	31,793.	0.	11,595.
·						<u> </u>				
						1				
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								· · · · · ·		
·										
			استحد			·				•
Total to Part VII, Section A, line 1c								938,554.		310,770.
Total to Fait Vir, Section A, and TC					•••••	•••••		2001224		

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INTERNATIONAL	UNION	OF	OPERATING
ENGINEERS			

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								53-0088	590 Page 9
Pa	rt VI	II Statement of Rever	nue						
<del></del>		Check if Schedule O cont	ains a re	sponse	to any question				
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns		1a					
Gra	t	Membership dues		1b		]			
ts, ( Arr	c	Fundraising events		1c		]		Sec. 1	
, Gif				1d	·····				
Sir		e Government grants (contribut		1e					
her	T	<ul> <li>All other contributions, gifts, gran similar amounts not included above</li> </ul>		1f					
d di	c			<u> </u>					
aŭ	-	Total. Add lines 1a-1f			····· •	aan			
					Business Code				
ice	2 a	MEMBERSHIP DUES			900099	51,822,836.	51,822,836.	<u>.</u>	
ue v	b	)		<u> </u>		·			
Other Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amour Revenue and Other Similar Amour Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Program Service Contributions, Gifts, Gran Progra	C								·
	1 	·					·		
F	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f			►	51,822,836.			
		Investment income (including							
		other similar amounts)			►	12,315,299.			12,315,299.
	4	Income from investment of tax		•					
	5	Royalties				1,333,502.	anter metricipies and faither for	ala mata di tau di sasa.	1,333,502.
	6 -	Cross costs	(i) R	eal 3,350.	(ii) Personal				
		Gross rents Less: rental expenses		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Sec. Sec. Sec.			
		Rental income or (loss)	99:	3,350.					
					<b>&gt;</b>	993,350.	ide la contra de la La contra de la contr	Malahadan tarah Germanya (Berlanda) Malahadan	993,350.
		Gross amount from sales of	(i) Seci		(ii) Other				2011 (S. 1997)
		assets other than inventory	13,23	5,702.	·				
	b	Less: cost or other basis							
		and sales expenses	12,35						
		Gain or (loss)		2,308.	L				892 208
	α Ω ο	I Net gain or (loss)		 /n.at	P	882,308.	a na ann an tha ann an th	1月在2月1日中國各部國際	882,308.
nu	υu	including \$	g events of	f					
eve		contributions reported on line	1c). See	•					
er B		Part IV, line 18						ter i sedare	
Ê	b	Less: direct expenses		b					
		Net income or (loss) from fund	-	1	<u></u>	No. of the second second			
	9 a	Gross income from gaming ac							
		Part IV, line 19							
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gam</li> </ul>	ing activi	b				and the second second second second second second second second second second second second second second second	
		Gross sales of inventory, less i	-		i <b>&gt;</b>				
		and allowances		а	139,626.				
	b				162,721.				
ļ	c	Net income or (loss) from sales	s of inver	ntory		-23,095.	-23,095.		
ļ		Miscellaneous Revenue	e		Business Code				
	11 a	SUNDRY			900099	205,896.	205,896.	-	
						· ·			
		All other revenue							
	e	<b>—</b> . <b>.</b>		-	►	205,896.			
		Total revenue. See instructions.				67,530,096.	52,005,637.	0.	15,524,459.
232009 12-10-	) 12								Form 990 (2012)

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### INTERNATIONAL UNION OF OPERATING

ENGINEERS

Form 990 (2012) 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 to any question in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Management and Fundraising Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 2,533,725. 6 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,724,570 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,990,719. Other salaries and wages 7 Pension plan accruals and contributions (include 8 19,303,189 section 401(k) and 403(b) employer contributions) 2,118,867. Other employee benefits a 869,610. 10 Payroll taxes Fees for services (non-employees): 11 Management а 795,635. b Legal 134,112. с Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 326,051. column (A) amount, list line 11g expenses on Sch 0.) 9,775. Advertising and promotion 12 1,322,109. Office expenses 13 195,009. 14 Information technology 15 Royalties 731,087. 16 Occupancy 1,076,063. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 41,005. 19 20 Interest 3,353,592. Payments to affiliates 21 1,832,825 22 Depreciation, depletion, and amortization 153,656. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ORGANIZATION & EDUCATIO 2,886,222. а CONTRIBUTIONS 2,484,618. h POLITICAL EDUCATION 1,296,000. с 563,965. JOURNAL EXPENSES d 502,829. All other expenses е 55,245,233. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)

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2012.04010 INTERNATIONAL UNION OF OPER 32370\_\_1

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Form 990 (2012)

# INTERNATIONAL UNION OF OPERATING ENGINEERS

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Form 990 (	2012)	
Part X	Balance	Sheet

	tannin - 197	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing	2,891,368.	1	1,460,542.
	2	Savings and temporary cash investments	3,620,406.	2	4,014,796.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,355,113.	4	7,300,791.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	(a) and it will cannot state which interaction and constant of the experimental encounter fills.	5	a and white the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st
	6	Loans and other receivables from other disgualified 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 instr). Complete Part II of Sch L	ne a fairte ann an ann ann ann ann ann ann ann ann	6	n " an tala". A digina a sang ng kang sa dina sing kang ng kang I
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges	592,082.	9	502,965.
	10a	Land, buildings, and equipment: cost or other	Carl Star Star Star Star Star Star Star		de centre source suit
		basis. Complete Part VI of Schedule D 10a 32,824,253.			
	ь	Less: accumulated depreciation 10b 14,350,384.		10c	
	11	Investments - publicly traded securities	246,076,457.	11	271,987,517.
	12	Investments - other securities. See Part IV, line 11	49,705,997.	12	49,748,559.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,115.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	329,469,915.	16	353,489,039.
	17	Accounts payable and accrued expenses	1,450,007.	17	1,825,247.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
lab		key employees, highest compensated employees, and disqualified persons.			
-		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	40,146,288.	25	40,131,916.
	26	Total liabilities. Add lines 17 through 25	41,596,295.	26	41,957,163.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	287,873,620.	27	311,531,876.
Bala	28	Temporarily restricted net assets		28	
. pu	29	Permanently restricted net assets		29	
μ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🛄			
õ		and complete lines 30 through 34.	C. C. C. C. C. C. C. C. C. C. C. C. C. C	an cata.	and the second second second second second second second second second second second second second second second
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	
łet	32	Retained earnings, endowment, accumulated income, or other funds		32	211 524 076
~	33	Total net assets or fund balances	287,873,620.	33	311,531,876.
	34	Total liabilities and net assets/fund balances	329,469,915.	34	353, 489, 039. Form <b>990</b> (2012)

Form 990 (2012)

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INTERNATIONAL	UNION	OF	OPERATING
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	1990 (2012) ENGINEERS	53-0	1088230	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,24		
3	Revenue less expenses. Subtract line 2 from line 1	3	12,28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	287,87	3,6	20.
5	Net unrealized gains (losses) on investments	5	9,42	1,5	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	•		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,95	1,8	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	311,53	1,8	76.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			<u>28</u> 2	
2a	<b>o i i i i i i i i i i</b>		2a	No. 163600	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1	
	separate basis, consolidated basis, or both:		- 1998		
	Separate basis Consolidated basis Both consolidated and separate basis		States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States and States		629
b	Were the organization's financial statements audited by an independent accountant?		2b	X	an distance
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1.2		
	consolidated basis, or both:		283		
	Separate basis IConsolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		<u> </u>	200	All Care I. Manazarta
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	retaint for 14
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi			5 ∰
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990 (	2012)

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 See separate instructions.

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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization INTERNA	TIONAL UNION OF O	PERATING	Emplo	over identification number
	ENGINEE				53-0088590
Pa	rt I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527 or	rganization.
<b></b>		· · · · · · · · · · · · · · · · · · ·			
1	Provide a description of the organiz	zation's direct and indirect political	campaign activities in	Part IV.	
2	Political expenditures	•		Ν.	
3	Volunteer hours				
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶ \$	
2	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes " describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c), o	except section 501(	c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	tion 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b			▶\$	
4	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
EPEC NY EDUCATION	WASHINGTON, DC			
FUND	20036	76-0833676	695,000.	0.
EPEC SEPARATE	WASHINGTON, DC			
EDUCATION FUND	20036	13-4312872	695,000.	0.
EPEC EDUCATION FUND	WASHINGTON, DC 20036	52-2256381	0.	0.
· · · · · · · · · · · · · · · · · · ·			<u> </u>	

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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 LHA
 SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

**Open to Public** 

Inspection

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INTERNATIONAL UNION OF OPERATING	INTERNATIONAL	UNION	OF	OPERATING
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5	3	-0	0	8	8	5	9	0	Page <b>2</b>
-	-	~	~	~	v	~	~		raucz

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the ord (election under sed	ganization is exe	mpt under sectio	n 501(c)(3) and fil		0000000 Page 2
A Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check  Check	ation belongs to an aff are of excess lobbying			group member's nam	e, address, EIN,
Lim	its on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	fluence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to inf					
c Total lobbying expenditures (add					
d Other exempt purpose expenditu	res				
e Total exempt purpose expenditur					
f Lobbying nontaxable amount. En		e following table in bot	h columns.	tara di tarang tarang dan 199	and the second and the state of the second second second second second second second second second second second
If the amount on line 1e, column (a)		obying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (e	nter 25% of line 1f)	·	·····	14 Stringer States, and a star for a star of the states.	
h Subtract line 1g from line 1a. If ze		· · · · · · · · · · · · · · · · · · ·			
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than z					
reporting section 4911 tax for this					Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organi c	olumns below. See tl	section 501(h) election he instructions for line	es 2a through 2f on pa	age 4.)	
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		r
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			and the second second second second second second second second second second second second second second second		
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount	ant of the second second second second second second second second second second second second second second s				8
e Grassroots ceiling amount (150% of line 2d, column (e))				A Carlo State	
				The second second second second second second second second second second second second second second second s	
f Grassroots lobbying expenditure	s				
	<u>- t</u>			Schedule C (Form	990 or 990-EZ) 2012

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## INTERNATIONAL UNION OF OPERATING

# 53-0088590 Page 3

# Schedule C (Form 990 or 990 EZ) 2012 ENGINEERS 53-008855 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(	b)
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or			64 253	
local legislation, including any attempt to influence public opinion on a legislative matter		# 		
or referendum, through the use of:		14 500 (1997) 1997 - 1997 - 1997		
a Volunteers?		a a anna a' t- 12060 an 16100 an 1620 an		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				a Carlo and
c Media advertisements?	·		ł	
d Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?	·		ļ	
f Grants to other organizations for lobbying purposes?	·			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	·			
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		an an the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		Station of the
b If "Yes," enter the amount of any tax incurred under section 4912	2187.334	A BARA		<u>11. e. 2005 (. 19.</u>
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1. S.		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			Constants	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ection	
501(c)(6).				
1 Were substantially all (90% or more) dues received nondeductible by members?			Yes X	No
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>	•••••	1		x
<ul> <li>Did the organization make only influese lobbying expenditures of \$2,000 of less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> </ul>				X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."			, 	
1 Dues, assessments and similar amounts from members		<b>1</b>		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).		2003 1933 (* 4.		
a Current year		2a		
b Carryover from last year				
		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	-	2014년 8		
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I and Part II-B, line 1. Also, complete this part for any additional information.			list); Part II-	A, line 2;
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	FORMATI	ON:		
EPEC NY EDUCATION FUND				
1125 17TH STREET NW WASHINGTON, DC 20036				
EPEC SEPARATE EDUCATION FUND				

# 1125 17TH STREET NW WASHINGTON, DC 20036

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Schedule C (Form 990 or 990-EZ) 2012

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Schedule Part I	e C (Form V Sup	990 or 990-E plemental	Z) 2012 Infor	ENGINEERS mation (continued)	•			53-0088590	Pag
		·····							
EPEC	EDUC	ATION F	UND			· ·			
1125	17TH	STREET	NW	WASHINGTON,	DC	20036		······································	
		·····							
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		PLIE 1 1 <sub>100</sub>				· ·			
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				<b></b>					
232044 01-07-13						······	Sche	dule C (Form 990 or 990-I	EZ) 2

# SCHEDULE D

Department of the Treasury

-					
(F	or	m 9	90	)	

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form.990. ► See separate instructions.



lame Part			1.990. See separate instructions.		
Part	of the organizati	ENGINEERS		Employer identification 53-008855	90
سيد مير من م	I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts.Complete if the	9
	organizatio	n answered "Yes" to Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and other accoun	its
1 7	otal number at er	nd of year			
	** *	utions to (during year)			
3 A	ggregate grants	from (during year)			
		t end of year			
		on inform all donors and donor advisors in			
		on's property, subject to the organization's			└── Ì No
		on inform all grantees, donors, and donor a			
		oses and not for the benefit of the donor			
Part	mpermissible priv	ate benefit? ation Easements. Complete if the or	reprinction approach "Yes" to Form 990		L No
				, Fart IV, inte 7.	
1 F		servation easements held by the organizat		historically important land area	
		of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	ertified historic structure	
		f natural habitat	L Fleselvation of a co		
•		n of open space through 2d if the organization held a qual	Kind apparentian contribution in the for	m of a conservation easement on th	ne last
			med conservation contribution in the for	In of a conservation casement on a	ie last
Ĺ	lay of the tax yea	1.		Held at the End of the	Tax Year
	Fotal number of o	onservation easements			
		ricted by conservation easements			
	-	vation easements on a certified historic st			
		vation easements included in (c) acquired			
		nal Register			
, 1 E	sted in the Nation	vation easements modified, transferred, re	eleased extinguished or terminated by	·····	
	/ear 🕨	valion casements modified, italistened, it			
		where property subject to conservation ea	asement is located		
		tion have a written policy regarding the pe		_ of	
	-	forcement of the conservation easements			
		er hours devoted to monitoring, inspecting			
		ses incurred in monitoring, inspecting, and			
8 [	Does each conser	vation easement reported on line 2(d) abo	ove satisfy the requirements of section 1	70(h)(4)(B)(i)	
		)(4)(B)(ii)?		Vee	No No
		be how the organization reports conserva			ind
		ble, the text of the footnote to the organiza			
	conservation ease				
Part	III Organiz	ations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.	
Alexandre de d		f the organization answered "Yes" to Form			
1a		elected, as permitted under SFAS 116 (A		tement and balance sheet works of	art,
		s, or other similar assets held for public ex			
		tnote to its financial statements that desc			
		elected, as permitted under SFAS 116 (A		ent and balance sheet works of art,	historica
	treasures, or othe	r similar assets held for public exhibition, e	education, or research in furtherance of	public service, provide the following	amount
	relating to these it	•			
	•	luded in Form 990, Part VIII, line 1		> \$	
		received or held works of art, historical tr	easures, or other similar assets for finan	cial gain, provide	
2 1		unts required to be reported under SFAS			
	-			<b>&gt;</b> \$	
1		a in Form 990, Part VIII, inte 1			
t a l	Assets included in			• \$	
t a l	Assets included in	n Form 990, Part X		Schedule D (Form S	

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	INTERNA	TIONAL UNI	ON OF OPEF	RATING				
Sche	dule D (Form 990) 2012 ENGINEE					53-	0088590	Page <b>2</b>
	t III Organizations Maintaining C	Collections of A	rt. Historical Ti	easures.	or Other			
3	Using the organization's acquisition, accessi							
-	(check all that apply):		is, check any of the	Tonowing the	ar arç a sigi	inicant use o		noma
а	Public exhibition							
	Scholarly research	, c		change progra				
b		e						
c	Preservation for future generations	- 11 + 1					Deat Mill	
4	Provide a description of the organization's c						Part XIII.	
5	During the year, did the organization solicit c							<b>—</b>
Da	to be sold to raise funds rather than to be m tIV Escrow and Custodial Arran						Yes	└── No
Γd	till Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	on answered	"Yes" to Fo	orm 990, Part	IV, line 9, or	
4-								<u> </u>
та	Is the organization an agent, trustee, custod						<u> </u>	<u> </u>
	on Form 990, Part X?				•••••	••••••	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing table:			I		<u> </u>
							Amount	
	Beginning balance					10		,
	Additions during the year							
e	Distributions during the year					1e		
f	Ending balance	•••••••				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	tV Endowment Funds. Complete i	f the organization ar	nswered "Yes" to Fo	orm 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back 🛛 (d	) Three years b	ack 🛛 (e) Four y	/ears back
<b>1</b> a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs		5	· ·				
f	Administrative expenses							
	End of year balance	· · · ·		1				
2	Provide the estimated percentage of the cur		ce (line 1a, column (	a)) held as:				
_ a	Board designated or quasi-endowment	•	%	u)) (1010 001				
	Permanent endowment	%						
	Temporarily restricted endowment	%		-				
ç	The percentages in lines 2a, 2b, and 2c should be the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco							
2-	Are there endowment funds not in the posse	-	ation that are hold a		and for the	organization		
Ja		ssion of the organiz	auon mat are neio a	and administe		organization	5	Yes No
	by:	-					r	res NO
	(i) unrelated organizations						<u>3a(i)</u>	
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizations	•			••••••		3b	
4	Describe in Part XIII the intended uses of the	the second second second second second second second second second second second second second second second s						
Pai	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o		t or other	• •	umulated	(d) Book	value
<u></u>		basis (investr	i	(other)		eciation		
1a	Land					S NO S		,775.
	Buildings		22,40	9,083.	8,22	25,458.	14,183	,625.
с	Leasehold improvements							
d	Equipment		9,71	.0,395.	6,12	24,926.	3,585	,469.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			18,473	,869.
			anna an an an an an an an an an an an an					

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## INTERNATIONAL UNION OF OPERATING ENGINEERS

Schedule D (Form 990) 2012 ENGINEERS			53	-0088590 Page 3
Part VII Investments - Other Securities. See				· · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) AFL-CIO HOUSING (B) INVESTMENT TRUST	<u> </u>			
	49,748,5	$\frac{59}{END-OF}$	YEAR MARKET	VALUE
(C)				
(D)				······
(E)				
(F)				
(G)				
<u>(H)</u>				
(I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	10 7/9 5	59.	Sector Contraction of the	Madage & Contractor Contractor
Part VIII Investments - Program Related. See	49,740,5	<u> </u>		
(a) Description of investment type	(b) Book value	line 13.	valuation: Cost or end	lofvear market value
(1)	(b) BOOK Value		Valuation, Cost of end	roryear market value
(1)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •
(5)				
(6)				······
(7)				
(8)	••••••••••••••••••••••••••••••••••••••			
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		AND STORES	KARTA MANA	
Part IX Other Assets. See Form 990, Part X, line 1	5.		<u>ai - 1960 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -</u>	<u> </u>
(a) D	escription			(b) Book value
(1)		· ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)	·			
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities. See Form 990, Part X, lin	ie 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		1 000 000		
(2) ACCRUED ORGANIZING GRANTS		1,726,694	• <b> </b>	
(3) ESTIMATED DEATH CLAIMS		507,437	• <b> </b>	
(4) ACCRUED POSTRETIREMENT BEN	EFIT	26 561 702		
(5) COST	m	36,561,783		
(6) ACCRUED SEVERENCE PLAN COS	·T.	1,336,002	•	and a second second second second second second second second second second second second second second second
(7)			-	
(8)				
(9)			-	
(10)			-	
(11) Tetel (Column (b) must equal Form 000, Part X, col. (P) line	251	40,131,916		
Total. (Column (b) must equal Form 990, Part X, col. (B) line :				n an
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	or the roothote to t	ne organization's financi	ai statements that rep	orts the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ł Schedule D (Form 990) 2012

232053 12-10-12

	INTERNATIONAL UNION OF OPER	ITTAS	١G						
Sche	dule D (Form 990) 2012 ENGINEERS						53-	0088590	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th R	eve	nue	per l	Retur	n	
1	Total revenue, gains, and other support per audited financial statements						1	80,566	,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						2000		
а	Net unrealized gains on investments	2a	9	,42	1,	551	•		
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	3	,61	4,	453			
е	Add lines 2a through 2d						2e	13,036	,004.
3	Subtract line 2e from line 1						3	67,530	,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				•••••		2.25		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)			1 a 1 a					
с	Add lines 4a and 4b						4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)								67,530	,096.
Pa	t XII. Reconciliation of Expenses per Audited Financial Stateme	ents W	ith I	Expe	nse	es per	r Reti		
1	Total expenses and losses per audited financial statements						1	63,065	,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments						- 		
с	Other losses								
d	Other (Describe in Part XIII.)		7	,81	9,	784.	1		
е	Add lines 2a through 2d						2e	7,819	
3	Subtract line 2e from line 1						3	55,245	,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						1999 - 1999 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		
b	Other (Describe in Part XIII.)						]		
с	Add lines 4a and 4b						4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						5	55,245	,233.
Par	t XIII Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and	4; Pa	rt IV	lines 1	lb and	2b; Part V, line	4; Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p								

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF PAC	3,031,976.
COST OF GOOD SOLD	162,721.
NATIONAL CHARITY FUND INCOME	419,756.
EDUCATION FUND PAC CONTRIBUTIONS	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,614,453.

Schedule D (Form 990) 2012

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15591001 712177 32370

INTERNATIONAL UNION OF OPERATING Schedule D (Form 990) 2012 ENGINEERS Part XIII Supplemental Information (continued)	53-0088590 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	·
EXPENSES OF PAC	8,414,566.
COST OF GOODS SOLD	162,721.
NATIONAL CHARITY FUND EXPENSES	1,180,747.
NATIONAL CHARITY FUND CONTRIBUTIONS	-548,250.
PAC FUND CONTRIBUTIONS	-1,390,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,819,784.
	······
	.,
······································	
232055 12-10-12 22	Schedule D (Form 990) 2012

15591001 712177 32370 2012.04010 INTERNATIONAL UNION OF OPER 32370\_\_1

SCHEDULE F (Form 990)		Complete if the	ivities Outside the Ur e organization answered "Yes" to For Part IV, line 14b, 15, or 16.		ates –	<b>2012</b>
Department of the Treasury Internal Revenue Service			Open to Public			
Name of the organization INTERNATIONAL ENGINEERS	UNION OF	OPERATIN	IG		Employer ident	ification number 9 ()
Part I General I	nformation on A	Activities Ou	tside the United States. Compl	ete if the organ		
	Part IV, line 14b.	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
			the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. [ United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	itside the
	n. (The following Par	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			· ·	FOR THE ECC	2 ALL WORKERS DNOMIC, MORAL ADVANCEMENT	
NORTH AMERICA	1	10	PROGRAM SERVICES		NDITION AND	1,761,294.
· · · · · · · · · · · · · · · · · · ·						
•			·			
	·····			[ 	· · · · · · · · · · · · · · · · · · ·	
			· · ·			
3 a Sub-total	1	10		t Statistics		1,761,294.
b Total from continuat sheets to Part I		0				0.
c Totals (add lines 3a and 3b)		10				1,761,294.
LHA For Paperwork Rec	Juction Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2012

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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# INTERNATIONAL UNION OF OPERATING ENGINEERS

		on of of Didifino	
Schedule F (Form 990) 2012	ENGINEERS	53-0088590	Page 2
Part II Grants and Other As	ssistance to Organizations or Entities	Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 15, for any
recipient who receive	d more than \$5,000. Part II can be duplie	cated if additional space is needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		· · · · · · · · · · · · · · · · · · ·						

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

232072 12-10-12

Schedule F (Form 990) 2012	INTERNATIONAL ENGINEERS	J UNION C	F OPERAT		3-0088590		Page 3
Part III Grants and Other Assist	ance to Individuals Outsid if additional space is need		ates. Complete	if the organization answered "Yes"	to Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					·		-
· · · · · · · · · · · · · · · · · · ·						indf 2014-112-112 ₩ 4- 2012 - 1	

Schedule F (Form 990) 2012

232073 12-10-12

### INTERNATIONAL UNION OF OPERATING

	lule F (Form 990) 2012 ENGINEERS	53-0088590	Page 4
Part	N Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

232074 12-10-12

INTERNATIONAL	UNION	$\mathbf{OF}$	OPERATING
ENGINEERS			

Part V	Suppleme	ntal Infor				· · · · · · · · · · · · · · · · · · ·				3590	Page 5
	Complete this	part to prov	vide the i	information re-	quired by Part	I, line 2 (mor	nitoring of func	s); Part I, line (	3, column (f) (ac nting method); a	counting :	method;
							to provide any				
PART	I, LINE (	3, COLI	UMN	(E):				·			
REGI	ON: NORTH	AMERI	CA								
(E)	SPECIFIC !	FYPES (	OF SI	ERVICES	IN REG	ION: TO	) ORGANI	ZE ALL	WORKERS	FOR	
THE	ECONOMIC,	MORAL	AND	SOCIAL	ADVANC	EMENT C	)F THEIF	CONDIT	ION AND	STAT	US.
		<u> </u>		····.						···· ·	
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			. <u></u>								
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232075 12-	- 10- 12	· · · · · ·				27			Schedule	F (Form 9	90) 2012

SC	CHEDULE J Compensation Information	OMB No.	1545-0	047	
(F	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	2040			
	Compensated Employees	ZU			
Dep	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	Open t	o Pub	lic	
Inte	rnal Revenue Service Attach to Form 990. See separate instructions.	and the second difference	ectior	- M. J 10320.48	
Na	me of the organization INTERNATIONAL UNION OF OPERATING Employe	r identificat	ion nu	umber	
	ENGINEERS 53	-008859	90		
P	art I Questions Regarding Compensation				
		•	Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	558		10002	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	19 M			
	X First-class or charter travel				
	Travel for companions Payments for business use of personal residence	19			
	Tax indemnification and gross-up payments				
	Discretionary spending account I Discretionary spending account		1.2.3	1000 C	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		1		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	5400			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant			Constant A Distant	
	Form 990 of other organizations				
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
4		No.			
а	4a	Х			
b	4b		X		
С	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5					
а	a The organization?				
b	Any related organization?	5b			
	If "Yes" to line 5a or 5b, describe in Part III.			STR.	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a			
b	Any related organization ?	6b			
-	If "Yes" to line 6a or 6b, describe in Part III.	(22)			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
-	not described in lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		T		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		T		
	Regulations section 53.4958-6(c)?	9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche	dule J (Forn	ר <del>9</del> 90)	2012	

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53-0088590 ENGINEERS Page 2 
 Schedule J (Form 990) 2012
 ENGINEERS
 53-0088590

 Part II<sup>3</sup> Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenta		in prior Form 990
(1) CALLAHAN, JAMES T.	(i)	352,101.	0.	139,203.	100,263.	21,437.	613,004.	0.
GENERAL PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HICKEY, BRIAN E.	(i)	117,580.	0.	12,232.	41,153.	506.	171,471.	0.
GENERAL SECRETARY TREASURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LOUGHRY, JOHN W.	(i)	243,283.	13,000.	18,932.	88,285.	17,738.	381,238.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) POUPORE, RAYMOND J.	(i)	266,898.	8,000.	28,809.	90,612.	17,738.	412,057.	0.
EXECUTIVE VP- NCAII	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES, TIMOTHY	(i)	218,110.	10,000.	12,125.	79,839.	21,437.		0.
DIRECTOR- LEGISLATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FIEDLER, JEFFREY	(i)	223,430.	10,000.	42,294.	81,701.	860.	358,285.	0.
DIRECTOR- INIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HANLEY, CHRISTOPHER	(i)	235,160.	0.	15,860.	82,306.	21,437.		0.
DIRECTOR- PENSIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GIBLIN, VINCENT J.	(i)	139,782.	0.	0.	0.	11,595.		0.
FORMER PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(9) HANLEY, FRANCIS X	(i)	0.	0.	31,793.	0.	11,595.		0.
PRESIDENT EMERITIS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)		-					
	(ii)							
	(i)					<u> </u>		
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							ule J (Form 990) 201:

232112 12-12-12

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ule J (Form 990) 2012

INTERNATIONAL UNION OF OPERATING Schedule J (Form 990) 2012 ENGINEERS Part III Supplemental Information	53-0088590	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for F additional information.	Part II. Also complete this part for ar	у 
PART I, LINE 1A: THE UNION PROVIDES FOR THE PERSONAL USE A UNION OWNED		
TOWNHOUSE AND RELATED CLEANING SERVICES FOR ITS GENERAL PRESIDENT. THE	· · · · · · · · · · · · · · · · · · ·	
UNION ALSO PROVIDED FOR TAX INDEMNIFICATION AND GROSS-UP OF THE RELATED TAX		<u> </u>
PAYMENTS. THE UNION HAS PROVIDED FIRST-CLASS ON VARIOUS OCCASIONS DEPENDING		
ON CIRCUMSTANCES.	······································	
PART I, LINE 4A: VINCENT GIBLIN RECEIVED A SEVERANCE PAYMENT OF		
\$139,782 DURING THE YEAR.		
·		<u>_</u>
· · · · · · · · · · · · · · · · · · ·		
	Schedule J (For	m 990) 2012
<sup>232113</sup> 12-10-12 30		

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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## **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

# Employer identification number 53-0088590

\$

\$

OMB No. 1545-0047

Open To Public

Inspection

	ENGINEERS	3
Part	Excess Benefit Transact	io

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

INTERNATIONAL UNION OF OPERATING

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b.

1 (a) Name of discussified norman	(b) Relationship between disqualified	(-) Dependenting of transporting	(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
		· · · · · · · · · · · · · · · · · · ·		
2 Enter the amount of tax incurred b	y the organization managers or disqualifie	d persons during the year under	<u>.</u>	

section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
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Total					> \$		18 8 6	2.22.0		890 ( S	10.00	

Part III

#### III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	· · · · · · · · · · · · · · · · · · ·			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

53-0088590 Page 2

	ered "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
RANCIS HANLEY	FATHER OF GST	31 793.	DEFERRED CC	Yes	N X
		<u> </u>			
			<u></u>		-
				[	
			L		
Part V Supplemental Information	itional information for responses to questions	on Schodulo I. (con	instructions)		
Complete this part to provide add		OIT SCHEDUIE L (SEE	instructionsj.		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Name of the organization INTERNATIONAL UNION OF OPERATING ENGINEERS Employer identification number 53-0088590

OMB No. 1545-0047

Open to Public

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO EVALUATE THE TRADE OF OPERATING ENGINEERS TO ITS PROPER POSITION IN

ALL INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZED WORKERS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS VOTING

MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS VOTING MEMBERS WHO ELECT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE INDEPENDENT ACCOUNTANT PREPARES THE FORM 990. CFO AND OFFICERS REVIEW THE FORM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ACTIVELY MONITORS ENFORCEMENT OF ITS CODE OF ETHICS BY INVESTIGATING COMPLAINTS, REFERRALS, AND POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION FILES ITS GOVERNING DOCUMENTS ALONG WITH ITS FORM LM-2, LABOR ORGANIZATION ANNUAL REPORT, WITH THE U.S. DEPARTMENT OF LABOR AND THEY ARE THUS AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADOPTION OF FASB STATEMENT NO. 158

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 33

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Comp	or 37.	2012 Open to Public Inspection						
Name of the organization	INTERNATIONAL ENGINEERS	UNION OF OPERATIN	NG				ployer identifi 53-00885		umber
Part I Identification of I	Disregarded Entities (Comple	ete if the organization answered "Y	es" to Form 990, Part IV, line 33	3.)					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Dr Total inco	(e) me End-of-year	assets	Direct c	(f) controlling ntity	g
		-							
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	· · · · · · · · · · · · · · · · · · ·								
							***		
Part II Identification of F		ations (Complete if the organization	n answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one o	r more i	related tax-exer	npt	
Name, add	(a) ress, and EIN organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	cont	g) 512(b)(13) zolled tity?
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
IUOE GENERAL PENSION P									
4115 CHESAPEAKE STREET	r, n.w.								
WASHINGTON, DC 20016		PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)					X
IUOE HEADQUARTERS PENS		4							
1125 17TH STREET, N.W.	•	4						ļ	x
WASHINGTON, DC 20036		PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)					<u> </u>
EPEC NY EDUCATION FUND		4		1					
1125 17TH STREET, N.W.	,	POLITICAL EDUCATION							x
WASHINGTON, DC 20036		COMMITTEE	DISTRICT OF COLUMBIA	527				<b> </b>	<u> </u>
EPEC SEPARATE EDUCATIO		4							
1125 17TH STREET, N.W.		POLITICAL EDUCATION		L					
WASHINGTON, DC 20036	ct Notice, see the Instructio	COMMITTEE	DISTRICT OF COLUMBIA	<b>5</b> 27			Schedule R (		X

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Schedule R (Form 990) ENGINEERS					53-0088	590		
Part II Continuation of Identification of Related Tax-I	Exempt Organizations	•						
(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section	(f) Direct controlling entity	cont organi	(g) tion 512(b)(13) controlled rganization?	
EPEC VOLUNTARY FUND - 52-2298629 1125 17TH STREET, N.W. WASHINGTON, DC 20036 OPERATING ENGINEERS NATIONAL CHARITY FUND -	POLITICAL EDUCATION COMMITTEE	DISTRICT OF COLUMBIA	527	501(c)(3))		Yes	No X	
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## INTERNATIONAL UNION OF OPERATING ENGINEERS

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#### ENGINEERS Schedule R (Form 990) 2012

#### 53-0088590 Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)		(e)		(f)		(g)	()	ר)	(i)		(j)	(k	
Name, address, and EIN of related organization	dominicine another		Direct controlling entity	ng Predominant income Share of to (related, unrelated, excluded from tax under sections 512-514)		e of total			Disproportion-		Code V-UBI		ineral or maging	Percer	ntage	
or related organization		(state or foreign	entity	excluded f	rom tax under		Jone	as	sets	ate allo		amount in b 20 of Sched K-1 (Form 10		anaging artner?	owner	snip
		country)		sections	5 5 12-5 14)					Yes	No	K-1 (Form 10	55) Ye	es No		
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Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a	as a Corpo	oration or Trust (C	omplete if t	he organizat	tion answ	wered "Yes	s" to For	m 990, Pa	art IV, I	ine 34	because it ha	d one	or mo	re relat	ed
(a)		Ig the tax	(b)	(c)	(b)		(1)		10	<u> </u>	1	(g)	(1		6	
	IN	Primary activity		Legal domicile (state or foreign		rolling Type of entity	(f) tity Share of total				(h) ercentage	(i) Secti 512(b) contro entit	00			
Name, address, and E of related organizatio	'n				trolling Type of entity ty (C corp, S corp, or trust)	p, income			owne	rship	contro	illed y?				
				country)			or tru	ust)				assets			Yes	
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Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 ENGINEERS

53-0088590 Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		TY	/es	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par	rts II-IV?	19 28	100	Sor
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a			X
b Gift, grant, or capital contribution to related organization(s)	1b		x	
c Gift, grant, or capital contribution from related organization(s)	1c	_	$\neg$	X
d Loans or loan guarantees to or for related organization(s)	1d	T		х
e Loans or loan guarantees by related organization(s)	1e	T		Х
		<u>e 70</u>		1
f Dividends from related organization(s)	1f			X
g Sale of assets to related organization(s)	1g			Х
h Purchase of assets from related organization(s)	1h			Х
i Exchange of assets with related organization(s)	11			Х
j Lease of facilities, equipment, or other assets to related organization(s)				Х
		$\frac{1}{2}$	1	Se
k Lease of facilities, equipment, or other assets from related organization(s)	1k			Х
I Performance of services or membership or fundraising solicitations for related organization(s)	11			Х
m Performance of services or membership or fundraising solicitations by related organization(s)				Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
Sharing of paid employees with related organization(s)	10	2	Х	
		6	24	A.
p Reimbursement paid to related organization(s) for expenses				Х
q Reimbursement paid by related organization(s) for expenses	19			Х
			-45 L	
r Other transfer of cash or property to related organization(s)			X	
s Other transfer of cash or property from related organization(s)				Х

	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
232163 12-10-12		38		Schedule B (Form 990) 2012

Schedule R (Form 990) 2012

## INTERNATIONAL UNION OF OPERATING ENGINEERS

Schedule R (Form 990) 2012 ENGINEE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

53-0088590

Page 4

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end of year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
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								Schedule	R (Form	1 990) 2012

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Part VII       Supplemental Information       Dis 00000000         Complete this part to provide additional information for responses to questions on Schwidule R (see instructions).       Image: Complete this part to provide additional information for responses to questions on Schwidule R (see instructions).	Schedule R (Form 990) 2012	INTERNATIONAL ENGINEERS	UNION OF	OPERATING	53-0088590 <sub>Pa</sub>
Complete this part to provide additional information for responses to guestions on Schwidule R (see instructions).	Part VII Supplemental I	nformation	····		
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		For calendar y	ear 2012, or tax year beginning	. 2012	, and ending		20	2	012
Department of Internal Reven	ue Service			990, 990-EZ, 990-PF,		868			
Name of e	xempt organizatior	n INTERI ENGINI	NATIONAL UNI	ON OF OPERA	TING	Er		identificati	
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whichever	is applicable, blank	k (do not ent	mount on that line of th er -0-). If you entered -0	e return being filed wit	h this form was bla	ank, then I	leave line	e 16, 26, 36	, 4b, or 5i
than one lir	ne in Part I.			on the return, then e	nter -u- on the appl	icable line	below.	Do not con	nplete moi
	90 check here 🕨		Total revenue, if any (F	orm 990, Part VIII, col	umn (A), line 12)		Тb		6753(
	90-EZ check here	e 🟲 🛄	b Total revenue, if an	ny (Form 990-EZ, line 9	)		2b		
	120-POL check h		b Total tax (Form 1	120-POL, line 22)		·	35		
	90-PF check here 868 check here		b Tax based on investigation	<b>stment income</b> (Form	990 PF, Part VI, Iir	ne 5)	4b		
	BOB CHECK Here	b i	Balance due (Form 886	58, Part I, line 3c or Pa	rt II, line 8c)			·	
Dart	1 D		<u></u>						······
Part II	] Declaration	of Office	r						
6	authorize the U.S.	Treasury and	d its designated Financ	ial Agent to initiate an	Automated Clearin			ootropio 6 -	أستناف أنشاه
	nd resolve issues r		ssinu or me electronic:	payment of taxes to re	ceive confidential	informatio	on neces	sary to ans	wer inquir
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			led with a state agency re consent contained v		es as part of the IR	S Fed/Sta	te progr	am, I certifi	that I
(a	s specifically identi	ified in Part	above) to the selected	state agency(les).	ig disclosure by it	10 11 3 01		1990/990-6	2/990-PF
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statements, and	of perjury, I declare that I to the best of my knowle	I am an officer o	the above named organization	and that I have every and a	opy of the organization's	2012 electro	onic return a	and accompany	ring schedule
electronic return.	I consent to allow my in	tormadiate servi	ich provider transmitter or elec	and that I have examined a c plete. I further declare that the	amount in Part I above i	is the amoun	t shown on		
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If I am als g schedules and s based on all infor 's aname (or s if self-employed), ess, and ZIP code Purply, roacura mar in hard to based on all infor Print/Type preparer Firm's name	CALIBR 7501 W Calibrian Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Conten	Dic Return Origin price Return Origin price Return Origin ganization's return and t responsible for review med this form before I s er requirements in Pub. Preparer, under penaltie and to the best of my k hich I have any knowled RE CPA GROUP VISCONSIN AV DA, MD 2081 me anova return and accompare the preparer was any knowled	and that I have examined a coplete. I further declare that the control retruin origination (ERO) rany delay in processing the declare that the entries on For ing the return and only submit the return. I will a 4163, Modernized end that the return is will be return and only submit the return for the return is a control of the declare the nowledge and belief, the declare the control of the submit the return is the declare the declare the control of the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare the declare	Benount in Part labove to send the organization' return or refund, and (c) the main of the organization' return or refund, and (c) the main of the organization' Title and Preparer (s) m 8453-EO are con- declare that this f give the officer a co- declare that this f give the officer a co- ile (MeF) Information that I have examined hey are true, corre Check if also paid preparer (x) (c) 1200 WES'	is the amount of the date of an is return to it he date of an I SEC , see instruct mplete, an corm accut copy of all on for Aut ed the about copy of all copy of all copy of all for for Aut ed the about copy of all for for Aut ed the about copy of all for for Aut ed the about copy of all for for Aut ed the about for for Aut ed the about for for Aut ed the about for for Aut ed the about for for Aut ed the for for Aut ed the for for for Aut ed the for for Aut ed the for for Aut ed the for for Aut for for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for for Aut ed the for fo	t shown on le IRS and the y refund. / TREA / TRAA / TRAA	the copy of the oreceive from S.S. It to the best flects the d nd informal RS e- <i>file</i> Ph nization's n This Paid F ** SSN or PTIN 0 1 2 9 3 7 - 0 9 0 0 8 ) 3 3 1 - 9 ney an mode of PTIN	st of my ata on the ion to be roviders eturn and Preparer 745 80

Form	.9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		-		ОМВ No. 1545-0047
	•	the Treasury	benefit trust or private foundation)				Open to Public
		ue Service	The organization may have to use a copy of this return to satisfy s	state re	porting requirem	ents.	Inspection
<u>A</u> F	or the		lar year, or tax year beginning and endin	~~~			
B c at	heck if oplicable ]Addres		forganization RNATIONAL UNION OF OPERATING		D Employer ide	ntific	ation number
<u> </u>	_ change T Name		NEERS		53		088590
- <u> </u>	_lchange ]Initial		usiness As r and street (or P.O. box if mail is not delivered to street address) Room/	Jouita			
	Termin 	1125	17TH STREET, N.W.	/Suite	E Telephone nu		)429-9100
	Amend Ireturn	Uity or t	own, state or country, and ZIP + 4	- F	G Gross receipts \$		94,143,813.
	Applica Ution pendin	I MUDI	INGTON, DC 20036		H(a) is this a gro		turn Yes X No
	pending       F Name and address of principal officer: GIBLIN, VINCENT J.       for affiliates?         SAME AS C ABOVE       H(b) Are all affiliates include						
		empt status:	501(c)(3) X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or	527	lf "No," atta	ch a	list. (see instructions)
JΥ	Vebsit	e: 🕨 WWW .	IUOE.ORG		H(c) Group exen		
κF	orm of	organization:	Corporation Trust 🔀 Association Other ► L	Year of	f formation: 189	6 N	State of legal domicile: DC
Pa	rt I	Summary					
e	1	Briefly descrit	be the organization's mission or most significant activities: SEE SCH.	EDUI	LE O		·
Governance		<u> </u>					<u> </u>
ern.			>  if the organization discontinued its operations or disposed of			et as	sets.
Ň	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	21
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)			4	0
Activities &			of individuals employed in calendar year 2010 (Part V, line 2a)			5	135
iviti			of volunteers (estimate if necessary)			6	0
Act	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7a	<u>0.</u>
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	<u></u>	7b	0.
					Prior Year	~	Current Year
- e	8	Contributions	and grants (Part VIII, line 1h)			0.	<u> </u>
Revenue		-	ice revenue (Part VIII, line 2g)	· }	47,113,56		48,208,425.
Rev	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		-4,016,25		14,662,934.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,973,32		2,232,894.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	. 4	45,070,64		65,104,253.
	13	Grants and si	imilar amounts paid (Part IX, column (A), lines 1-3)	, [		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	. L.	2,397,87		2,174,449.
ŝ	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		35,229,19		35,956,658.
nses	16a	Professional f	fundraising fees (Part IX, column (A), line 11e)	. L		0.	0.
Exper	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 🕨0 .		solution and a second		E Parts Free Contraction
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)		15,897,65		19,099,149.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,524,73		57,230,256.
	19	Revenue less	expenses. Subtract line 18 from line 12		-8,454,09	0.	7,873,997.
Net Assets or Fund Balances					inning of Current \		End of Year
sets	20	Total assets (	Part X, line 16)		02,951,66		327,642,168.
t.As	21	Total liabilities	s (Part X, line 26)		70,279,45		78,524,848.
Fur	22	Net assets or	fund balances, Subtract line 21 from line 20	2:	32,672,20	8.	249,117,320.
. <b>₽</b> a	irt II	Signatur					
Und	er pena	lties of perjury,	I declare that I have examined this return, including accompanying schedules and s	staterne	nts, and to the best	of my	y knowledge and belief, it is
true,	correc	t, and complete	e. Declaration of preparer (other than officer) is based on all information of which pre	reparer h	nas any knowledge.		
	•	<b></b>	·			_	·
Sig	n,		e of officer		Date		
Her	е		ES T. CALLAHAN, GEN SEC/TREAS				·····
		I ype or	print name and title				
	- 7	Print/Type pre		Da	ate Che if	;k [	
Paic	t I		WOODSON		self-	employe	d
-	arer	Firm's name	CALIBRE CPA GROUP PLLC		Firm's Ell	V	
Use	Only	Firm's addres	s 1850 K STREET, N.W.				
			WASHINGTON, DC 20006		Phone no	. (	202)331-9880
May	/ the If	RS discuss th	is return with the preparer shown above? (see instructions)				X Yes No
0320	01 02-2	2-11 LHA I	For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2010)

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	990 (2010) ENGINEERS 53-0088590 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1, ,	Briefly describe the organization's mission:
	TO ELEVATE THE TRADE OF OPERATING ENGINEERS TO ITS PROPER POSITION IN ALL INDUSTRIAL ACTIVITY AND THE RANKS OF ORGANIZED WORKERS.
•	ALL INDUSTRIAL ACTIVITI AND THE RAWRS OF ORGANIZED WORKERS.
4	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$) TO ORGANIZE ALL WORKERS FOR THE ECONOMIC MORAL AND SOCIAL ADVANCEMENT
	OF THEIR CONDITION.
•	
<u>.</u> 4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4D	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
	·
• .	
•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
•	
4	
-	
	·
•	
4d	Other program services. (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
32002	Form <b>990</b> (20
32002 2-21-	
2-21-	<u> </u>

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Form 990 (2010)

INTERNATIONAL UNION OF OPERATING ENGINEERS

53-0088590 Page 3

.r.a	Checklist of Required Schedules		•	——
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	+ If "Yes," complete Schedule A	1	Ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
.3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u>x</u>	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ct		
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amourits as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	L
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par	t/ 6	I	X
. 7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	ļ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
. 8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III		<u> </u>	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	ļ		ļ
	*credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	1. S.		
e .	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	
1	Part VI	11a	X	j .
່ b				
1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	Į
С				<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	, Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	1
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е			X	<u> </u>
f		···		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		+	
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	X	Í
·13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a		14a	X	<u> </u>
b				Ţ
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X.	ĺ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		[	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	1.
•	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1.	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···	1	1
	1 c and 8a? If "Yes," complete Schedule G, Part II	18	{	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	···		<b>†</b>
	complete Schedule G, Part III	19		x
20a			<u> </u>	X
- 24 U	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers t	····	<u> </u>	<u>†                                    </u>
_	operate one or more hospitals must attach audited financial statements (see instructions)		1	
			000	

Form 990 (2010)

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Form	1990 (2010) ENGINEERS 53-0088	590	P	age <b>4</b>
Pa	tt IV/ Checklist of Required Schedules (continued)			
<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22				
	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	х	
245	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	~·	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c	· .	}
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>.</u>
•	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ĺ
. h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	* that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		-	l
	Dekadula I. Devil	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200	· · · · ·	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
<b>2</b> 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1.		<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		.	. '
	Cabadyda L Dart IV	27	Ì.	x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	4. I	a	ive jbgt
28				
	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	etti a. ≜a
2		28b		x
b .		200		- <u></u>
; c		000		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
<b>.</b>	contributions? If "Yes, "complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31	<u> </u>	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		
34	Was the organization related to any tax-exempt or taxable entity?		X.	1
· · ·	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	ļ	<u> </u>
sa.				
÷	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ļ	ł	۰.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		· .	ł
1	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			l
	Note. All Form 990 filers are required to complete Schedule O	38	X	l
	· · · · ·	Form	990 (	(2010)

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Part KJ         Statements Regarding Other IRS Filings and Tax Compliance           Credit IS Statute O contains a response to any question in the Part V         Vest No           is         Enter the number oported in Box's of Form 1008. Enter -0. If not applicable         1s         50           b         Enter the number of promoves reported on Form W-2. If not applicable         1s         50           c         Diff the operation comply when the scale within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale or within the scale	For	m 990 (2010) ENGINEERS 53-00	88590	P	age 5
a       Enter the number reported in Box 3 of Form 1090. Enter 0- if not applicable       1a       50         b       Enter the number of Forms W20 included in Imo 1a, Enter 0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming in the extension of Form W3, Transmittal of Wage and Tax Statements, take of the organization form of the organization for the organization form of the regulated to #0% (the extension)       2a       1.35         2a       Enter the number of entropy with backup withholding rules for reportable payment tar centures?       2a       1.35         b       if a teast one is reported on line 2a, did the organization file all required to #0% (the extension)       3a       3a         3a       Dut the organization to report of the organization file all required to #0% (the extension)       3a       X         4a       Any time during the calendar year, oid the organization in all extension and extension of the authority over, a       aa       X         b       If "xs:, inter the name of the foringin Calendar bit and file and file and file calendar year, oid the organization in all extension and any time during the tax secont.       5a       X         b       Did any taxability the organization in all extension and provide tax shall be transaction?       5a       X         b       Did any taxability the organization in all files fore 808871?       5b       X </th <th>P</th> <th>art V Statements Regarding Other IRS Filings and Tax Compliance</th> <th></th> <th></th> <th></th>	P	art V Statements Regarding Other IRS Filings and Tax Compliance			
a         Inter the number of Form VDB, Churdo Chi ne A. Enfer-O if not applicable         inter the number of Form VDB, Rundod In in the A. Enfer-O if not applicable payments to vendors and reportable payming in the payments and reportable payments to vendors and reportable payming.         Inter the number of employees reported on Form VDB, Transmitted V Woge and Tex Statements.         Inter the number of employees reported on Form VDB, Transmitted V Woge and Tex Statements.         Inter the number of employees reported on Form VDB, Transmitted V Woge and Tex Statements.         Inter the number of employees reported on Form VDB, Transmitted V Woge and Tex Statements.         Inter the number of employees reported on Form VDB, Transmitted V Woge and Tex Statements.         Inter the number of employees reported on Form VDB, Transmitted Store and Payment tex statums?         Inter the number of the Store VDB.         Inter the number of the Inter the name of the fore form CDF Store CANADA         Inter the number of the Inter the name of the fore Internal account, and the representation and the representation on the store of the Internal Accounts.         Inter the number of the regrest control VBB.         Inter the number of the Internal Accounts.         Internal NBB.         Internal Accounts.         Inter the number of the one panabitat		Check if Schedule O contains a response to any question in this Part V			
b       Enter the number of Forms W2G included in time 1a. Enter O if not applicable       11       10         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (genting) winnings to price winner?       2         2a       Enter the number of employees reported on inm W3, Transmittal of Wage and Tax Statements.       2       1       1.3.5         2a       Enter the number of employees reported on inm 2a, did the organization life all rocured by this return       1.3.5       2       X         b       If at least one is reported on inm 2a, did the organization life all rocured by this return       2a       X         3a       Did the organization have unrelated business gross income of \$1.000 or more during the year?       3a       X         b       If **sc,* near the name of the foreign country?       *De ADNADA       3b       X         5a       Was the organization a party to a prohibited tax aheter transaction at any time during the saxy an?       5a       X         5a       Was the organization aparty to a prohibited tax aheter transaction an express statement that such contributions or gits were not tax docuctible?       5a       X         6a       X       01 any state docuctible?       5a       X         6a       X       01 any state and the organization take any contribution ata shate stomaze any contributions atheas any contribution state w				Yes	No
b       Exter the number of memory 20, included in line 16, Enter 0-11 not applicable       10       10       10       0       10       0       10       0       0       10       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	1;	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	50		
C Did the organization comply with backup withholding usits for reportable payments to vendors and reportable gaming to z     a Diret the number of employees reported on Form W/G. Transmittal of Wage and Tax Statements. <u>2a</u> 135     Jack and the organization in a 2a, did the organization like all required ladered employment tax returns?     Jack and the sum of line 3a and 2a is greater than 250, you may be required to e-file, (see instructions)     Jack and the sum of line 3a and 2a is greater than 250, you may be required to e-file, (see instructions)     Jack and using the calmonization have runned business greater than 250, you may be required to e-file, (see instructions)     Jack and using the calmonization have runned are explanation in Schedule O     Jack and the during the calmony area, did the organization have an interest in, or a significance or other authority over, a financial account; a foreign country (such as a bank account, account, or other financial account)     Ji fiftys, intel the name of the foreign country (such as a bank account, account, or other financial account)     Ji fiftys, intel the name of the organization have in their struggref.     Jack and the organization part to report DI 590221, Report of Foreign Bunk and Financial Accounts.     Jack and the organization part to a ponbibit dat such their transaction for the struggref is the struggref.     Jack and the organization applies that are normally greater than \$100,000, and did the organization solit.     and contributions that may enceive deductible?     Ji fiftys, indite the organization file Form 888617     Ji fiftys, indite the organization applies the struggref paped and services provided to the system     Ji fiftys, indite the organization file Form 888617     Ji fiftys, indite the organization file Form 888617     Ji fiftys, indite the organization file Form 888617     Ji fiftys, indite the organization media with every solicitation an express statement that such contributions solited     and contributions that ar	1		0		
gambling         winnings         or prove winners           for the mumber of employees reported on ine 2a, did the organization life all required to defail employment tax returns?           for the mumber of employees reported on ine 2a, did the organization life all required to defail employment tax returns?           for the mumber of employees reported on ine 2a, did the organization life all required to defail employment tax returns?           for the mumber of employees reported on ine 2a, 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; socurities account, or other financial account)           for the mumber of employment tax             for white mumber of employments tax           for the mumber of employments to FOMADA           for the mumber of the organization have an interest in, or a signature or other authority over, a         financial accounts           for the mumber of the organization interest             for white mumber of the organization into the was or is a party to a prohibited tax shelter transaction at any time during the tax year?           for the organization include with every solicitation an express statement that such contributions on off           for the issee of the organization include with every solicitation an express statement that such contributions or off           for the organization include with every solicitation an express statement that such contributions or off             for the organization include with every solicitatin an expresstatament that such contributin was required	1				4. 1
2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.         2.1         2.5         2.5         2.6         2.5         2.6         2.5         2.6         2.5         2.6         2.5         2.6         2.5         2.6         2.5         2.6         2.5         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6         2.6<			1c	X	
tied for the calendar year ending with or within the year covered by this return     2a     135       b if all basic one is reported on time 2a, did the organization file all required forerial employment tax returns?     2b     X       3a     Did the organization have unrelated business gross income of 31,000 or more during the year?     3a     X       3b     Did the organization have unrelated business gross income of 31,000 or more during the year?     3a     X       4a     At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial accountity or end infancial accounts.     3b       5a     Did the organization soliton the foreign country IP CANADA     X       5a     AX       5a     Did song transmit in the foreign country IP CANADA     X       5a     Did song transmit in count of the organization that it was or is a partly to a porbibited tax shelter transaction?     5b       5a     Did song transmit in count of S022, Report of Foreign Bank and Financial Accounts.     5c       5a     Did song transmit in counts of S05667     5c       6a     Comparization nature annual goes receipts that are normally greater than S10,000, and did the organization solicit any contributions that were not tax deductible?     6b       7b     Tymes', total and cale diductible contributions under section 170(c).     7a       7b     Did the organization norbity the door of the value of the goods or senvices provided?<	2	Ģ.	X	1	Sec.
b       If at least one is reported on line 2a, did the organization file all required federal employment tax netures?       2b       X         Note: If the sum of hirs is and 2a is greater than 250, you may be required to eVerife. (see instructions)       3a       Xa         3a       Did the organization have unveited business gross income of \$1,000 or more during the abundany in Schedulo 0       3a       Xa         3b       If Yes," has it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         3b       If Yes," that it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         3b       If Yes," that it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         3c       If Yes," to the Sa of 5b, did the organization have sched transaction at any time during the at synaps.       Sa       Xa         3c       Did any taxable party notify the organization that twes or is a party to a prohibited tax shelter transaction?       Sa       Xa         3c       If Yes," to the Sa of 5b, did the organization an express statement that such contributions or diffs were not tax deductible?       Sa       Xa         0       If Yes," to the Sa of 5b, did the organization and express explored and services provided to the payar?       Ta       Ta         0       If Yes," to the Ga organization neale explored an express statement that such co			35		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Note. If the sum of lifes 1 a and 2a is greater than 250, you may be required to effic (see instructions)       3a         3b       Defter organization have unrelated business gross income of 18, 1000 or more during the year?       3a         4b       If Yes, 'has it files a Form 980-T for this year? If 'No,' provide an explanation in Schedule O       3a         4c       At any time during the calendar year, all the organization have an interest in, or a signature or other authority over, a financial accountif;       3b         4c       At any time during the calendar year, all the organization base a bank account, or other financial account?       4a       X         b       If Yes,' onter the name of the foreign country by CANADA       See instructions for filing requirements of Form DIF 50/22. Report of Foreign Bank and Hinancial Accounts.       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         6a       Does the organization include with every solication an express statement that such cortributions orgits were not tax deductible?       5b       X         b       If Yes,'' did the organization neity the donor of the request a contribution and party for prohibit as services provided to the pary?       7a         7b       If Yes,'' did the organization neity the donor of the value of the goods or services provided?       7a         7b       If Yes,'' did the organization neity argue premums, discetty or	I				1 181910 ( 21
3a       Det the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If "Xes," that file a ferm 690-Tro this year?       3b       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securifies account, or other financial account)?       4a       X         b       If "Xes," that the name of the foreign country (such as a bark account, securifies account, or other financial account)?       5a       X         b       If any time the name of the foreign country (such as a bark account, securifies account)?       5a       X         b       If any time far the name of the organization far the was or is a party to a prohibited tax sheet transaction at any time during the tax year?       5a       X         b       If any taxable party notify the organization false of the specification an express statement that such contributions or gifts were not tax deductible?       5c       X         b       If "Yes," (d) the organization include with were y solicitation an express statement that such contributions or gifts were not tax deductible?       5c       X         b       If "Yes," (d) the organization include with every solicitation enviros and party tory onclinit was a required to the organization include were very solicitation an express statement that such contributions or gifts were no tax deductible?       7a       7a				1. 1. 1.	5. 2
b       f*res.* has t fild a Form 390-T for this year? if "No", provide an explanation in Schedule O       30         4       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; >> CANNADA       4a       X         b       f*res.* enter the name of the foreign country; >> CANNADA       5a       Xas the organization a party to a prohibited tax sheler transaction at any time during the tax year?       5a       Xas         5a       Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?       5a       Xas         5a       Was the organization aparty to a prohibited tax sheler transaction?       5b       X         c       If 'res, 'to line 5a or 5b, did the organization file Form 8886-17?       5a       Xas         'Vas       to line yreadization notick with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         b       I'res, 'd the organization inotify the dound of the value of the goods or services provided?       6b       7a         b       I'res, 'd did the organization notify the dound of the value?       7a       7a       7a         b       I'res, 'd did the organization inotify the dound of the value?       7a       7a       7a         b       I'res, 'd did the organization notify the dound of the value?	3		3a		
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; guch as a bank account, securities account, or other infancial account)?       4a       X         b) If Yeas, "enter the name of the foreign country, by CANADA       5a       X         See instructions for ling requirements for Form TDF 9022.1, Report of Foreign Bank and Financial Accounts.       5a       X         b) Dd any taxable partly notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         b) If Yeas, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c       X         b) If Yeas, "to line organization active was oris a party to a prohibited tax shelter transaction?       5b       X         b) If Yeas, "to line organization network with every solicitation an express statement that such contributions nold:       any contributions that was not tax deductible contributions under section 170(c).       a       Did the organization network a payment in ecces of 35 made party as a controlution and party for goods and services provided to the payor?       7a       7d       7d <t< td=""><td></td><td></td><td></td><td></td><td>T</td></t<>					T
Image: Intervent the name of the foreign country: ▶ CANADA     4a     X       b     If Yes, I enter the name of the foreign country: ▶ CANADA     5a     5a       5a     Was the organizations a party to a prohibited tax shelter transaction at any time during the tax year?     5a     5a       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     Xas       5a     Was the organization a party to a prohibited tax shelter transaction?     5b     Xas       5a     Was the organization a party to a prohibited tax shelter transaction?     5b     Xas       5a     Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       6a     Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Organization shell a symmet in excess of 55 mode party as a contribution and party tor goanization received any fund, directly or landicetly, to pary permittion and party tor goanization face was any fund, directly or landicetly, to pary permittion and party tor goanization received a contribution of case, boats, anglinaes, or other vibiles, dit the organization face way fund, directly or indirectly, on a personal benefit contract?     7a       7     1     7a     7a       7     1     7a     7a       7     1     1     1				<u>├</u> ───	<b></b>
b       If "Yes," onter the name of the foreign county;        CANADA         See instructions for filing requirements for Form TD F 9022,1, Report of Foreign Bank and Financial Accounts.       5a         Say Was the organization a party to a prohibited tax shelet transaction at any time during the tax year?       5a         So that washie party notify the organization that it was or is a party to a prohibited tax shelet transaction?       5c         Yes, to line Say of So, tolit dive organization file Form 888617?       See         Yes of althe organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       See         Yes, did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       See         Yes, did the organization nickude with every solicitation and party for goods and services provided to the payor?       See         A       Did the organization set, exchange, or therwise dispose of langible personal property for which it was required       To         b       If Yes, " did the organization notify the donor of the value of the goods or services provided?       To         C       Did the organization notify the donor of nervise elspose of langible personal percept for form 8282?       To         d       If Yes, " did the organization notify the divers fund a section 9403(3) supporting organization materiating donor advised fund.       To         for the organization face washes a			4a	Х	
See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         76       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?       6a       X         77       Types," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6a       X         70       Organization setting, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7a       7a         71       Did the organization notify the donor of the value of the goods or services provided 7       7a       7a         74       Did the organization neceive any tonds, directly or indirectly, or a personal benefit contract?       7a       7a         74       Did the organization on only the donor of qualified intellectual property. did the organization file form 8282       7a       7a         75       Did the organization control form s2822 Hed during the year       7d       7d       7d         76       Did the organization receive any t	· · ·				19 <sup>100</sup> .1
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         if 'Yes,' to line 5a or 5b, did the organization line Form 8886-1?       5c       5c       5c         ''Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that may ere not tax deductible?       6a       X         ''Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       -         ''Yes,' did the organization notify the door of the value of the goods or services provided to the part?'       7a       -         b If 'Yes,' did the organization notify the door of the value of the goods or services provided?       7b       -         C Did the organization notify the door of the value of the goods or services provide?       7c       -         c Did the organization sell, exchange, or otherwise dispose of tangible personal proporty for which it was required       7d       -         c Did the organization receive any funds, directly or indirectly, to pay premiums on a porsonal benefit contract?       7f       -         g Did the organization received a contribution of qualified intelectual property, did the organization file a form 1088/9 as required?       7d       - <td></td> <td></td> <td>- a×</td> <td></td> <td></td>			- a×		
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8986-17       5c       5c         6       Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid.       6a       X         b       If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         d)       If the organization notify the donor of the value of the goods or services provided to the payor?       7a       7a       7b       7b       7b       7c       <	5			1999 Bold - 1	
c       If Yes,* to line 5 ar 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?       6a       X         b       If 'Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organization receive a payment in excess of 57 made partly as contribution and partly for goods and services provided to the payor?       7a         b       If 'Yes,* did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization receive a payment in excess of 57 made partly as contribution and partly for goods and services provided to the payor?       7a         d       If 'Yes,* indicate the number of Forms 8282 filed during the year       7d       7c         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c         f       If the organization maintaining donor advised funds and section 509(3)(3) supporting organization file a Form 1038-C?       7h         sponsoring organization maintaining donor advised funds.       a bid the organization maintaining donor advised funds.       10d he organization file a Form 1038-C?         sponsoring organization maintaining donor advised funds.       10d       10d <td></td> <td></td> <td></td> <td></td> <td>X</td>					X
Ga       Dees 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?       Ga       X         B If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Ga       X         D Organizations that may receive deductible contributions under section 170(c).       B       Y       Gb					1
any contributions that were not tax deductible?       6a       X         b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7b       7a         a Did the organization notify the donor of the value of the goods or services provided?       7b       7b       7c         c Did the organization notify the donor of the value of the goods or services provided?       7c       7d       7d         c Did the organization notify the donor of the value of the goods or services provided?       7c       7d       7d         d If Yes, 'indicate the number of Forms 8282?       7d       7d       7d       7d         g Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       7d         g Did the organization received a contribution of qualified intellectual property, did the organization. file Form 8899 as required?       7f       7d         g Did the organization matex and distributions and section 696(3) supporting organization. Bearm 1088-C?       7h       2         g Sponsoring organizations maintaining donor advised funds.       10a       10a       2         g Did the organization make a distributions under section 4966? <td></td> <td></td> <td></td> <td></td> <td></td>					
b       If Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         7       Organizations that may receive deductible contributions under section 170(c).       8b         a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         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       7c         d       If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7d         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f         f       Did the organization received a contribution of cars, boats, ariplanes, clid the organization flee Arem 1089 as required?       7h         f       If the organization received a contribution of cars, boats, ariplanes, clid the organizations. Did the supporting organizations, tave de a contribution of cars, boats, ariplanes, clid the organization make any taxable distributions under section 4966?       8a         g       Sponsoring organizations maintaining door advised funds.       10a       10a         g       Section 501(c)(7) organizations. Enter:       10a       10b       11a       11a			6a		X
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       0 bit dhe organization sette a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b       c     Did the organization sette a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282?     7c       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c       d     Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?     7f       f     Did the organization viring the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?     7f       g     If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h       h     If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.     9a       b     Did the organization make any taxible distributions under section 4966?     9a       b     Did the organizations. Enter:     10a       a     Gross income from members or shareholders     11a       d     Gross income from others ourco			···	-	<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided 0       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was required       7c         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7c         d       If Yes," indicate the number of Forms 8282 field during the year       7d       7c         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d         n       ft the organization as maintaining door advised funds and section 599(a)(3) supporting organizations. Did the supporting organization make a distribution to a donor, doror adviser, or related person?       9a         g       Sponsoring organizations maintaining door advised funds.       9a         a       Did the organization make a distribution to a donor, donor adviser, or related person?       9a         g       Sponsoring organizations. Enter:       10a         a       firstion the anoun			6b		
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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         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organization, draw file during the yea?       7g         9       Spensoring organizations maintaining donor advised funds.       3 a bid the organization make a distributions under section 4966?       9a         9       Did the organization make a distribution s under section 4966?       9a       9b         10       to organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       11a       12a       12a         12       Section 501(c)(2) organizations.			or? <b>7a</b>	i Stati	
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	40			. S. tan in Stati	Meree
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b			128	la de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la com	<i>ħ.</i> ,,
a is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization receives and payments for indoor tanning services during the tax year?       Image: Image: Image: Construction of the organization				Star and	1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	1		138		+
organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b					1.15
c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b			Robert States		{
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	•			t. da	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				1	V
			···· }	<u> </u>	<u> </u> ▲
		D IT res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	L

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ENGINEERS			

•	INTERNATIONAL ONION OF OFERATING		2
Form 990 (2		53-0088590 Page	
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7b below, and for a "No" response	7
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instructions.	

## Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

X

	Enter the number of voting members of the governing body at the end of the tax year1a2	- Washeld	
, p		0	3.49
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		18,2
	officer, director, trustee, or key employee?	2	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the	- <u></u>	
7a		7a	x
b	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	4.10	
	but the following:		
	The governing body?	8a	X
	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
r	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1.
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u></u>
			Ye
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		
	and branches to ensure their operations are consistent with those of the organization?	10b	X
1 <b>1</b> a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>
· b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	alfa an is	
<b>12</b> a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		ļ
	to conflicts?	12b	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ļ
	in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		1
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 4165	р.,
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>
b.	Other officers or key employees of the organization	15b	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		10.00
ŝ	taxable entity during the year?	<u>16a</u>	. કે ગે તેવું
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	4	
Soc	exempt status with respect to such arrangements? tion C. Disclosure	16b	
17	List the states with which a copy of this Form 990 is required to be filed NONE		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available		
10	public inspection. Indicate how you make these available. Check all that apply.		-
	Own website Another's website X Upon request		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancia
•	statements available to the public.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•
	THE ORGANIZATION - (202)429-9100		•
	1125 17TH STREET, N.W., WASHINGTON, DC 20036		
		Form	99
)3200( 12-21-			

#### INTERNATIONAL UNION OF OPERATING ENGINEERS

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0-in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Form 990'(2010)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		-	(0	2)			(D)	(E)	(F)
Name and Title	Average			Posi	ition	ı		Reportable	Reportable	Estimated
2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	hours per	(cł	neck	allt	that	app	ly)	compensation	compensation	amount of
	week	tor						from	from related	other
	(describe hours for	r direc				B		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ladividual trustee or director	trustee			Highest compensated employee		(W-2/1099-MISC)	(10-2/10-35-10130)	organization
¢-	organizations	raf tru	onal t		ployee	E0m	}	(		and related
	in Schedule	dividu	Institutional t	Officer	y em	ghest	Former			organizations
•	0)	=	<u>ه</u>	8	ž	2.2	Ĕ		·	
GIBLIN, VINCENT J.										
GENERAL PRESIDENT	40.00	Х		Х	Ì	Ļ	L	476,756.	0.	131,843.
HANLEY, CHRISTOPHER										
GENERAL SECRETARY-TREASURE	40.00	X		Х		L	L_	250,619.	0.	101,054.
CALLAHAN, JAMES T.										
VICE PRESIDENT	40.00	Х		Х				86,067.	0.	26,341.
HAMILTON, JOHN M.						[		00 000		06 044
VICE PRESIDENT	40.00	Х		Х			L	86,796.	0.	26,341.
HICKEY, BRIAN E.										06 044
VICE PRESIDENT	40.00	X		X		Ļ	L	85,775.	0.	26,341.
HOLLIDAY, GUY M:									,	
VICE PRESIDENT	40.00	Х		X	_			88,095.	0.	26,341.
KALMAR, JERRY L.										
VICE PRESIDENT	40.00	X		X	<u> </u>	ļ	L	75,667.	0.	26,341.
KROEKER, GARY W.	1 4 9 9 9					<b>i</b> i				
VICE PRESIDENT	40.00	Х		X			L	61,477.	0.	20,840.
KAMINSKA, RODGER	1 40 00					ļ				00.044
VICE PRESIDENT	40.00	Х		Х				88,495.	0.	26,341.
BURNS, RUSSELL								· · · · · · · · · · · · · · · · · · ·	_	
VICE PRESIDENT	40.00	Х		X				75,667.	0.	26,341.
SINK, PATRICK L.								0.5 7.6 5		00 040
VICE PRESIDENT	40.00	Х		X				86,796.	0.	26,341.
WAGGONER, WILLIAM C.	10.00			Ì		Ì			0	
VICE PRESIDENT	40.00	X		X		Ļ,		96,002.	0.	26,341.
SWEENEY, JAMES	10.00								•	26 2/1
VICE PRESIDENT	40.00	X		X		┣──┥		85,667.	0.	26,341.
HEENAN, ROBERT T	10.00	÷						07 271	0	26 020
VICE PRESIDENT	40.00	<b>A</b>		X				97,371.	0.	26,029.
AHERN, JOHN	10.00							25 014	0.	7 010
TRUSTEE GALLAGHER, MICHAEL	40.00	X				<u> </u>	Ļ	25,014.	<u>0.</u>	7,819.
TRUSTEE	40.00	$\mathbf{v}$		1		ļ		25 014	0.	7 010
HOLLIDAY, JOHN M.	<u> </u>	Х					L	25,014.	<u> </u>	7,819.
TRUSTEE -	40.00	x		. [				27 050	0.	7 810
032007 12-21-10	<u> </u>					l		27,058.		7,819. Form <b>990</b> (2010)

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## INTERNATIONAL UNION OF OPERATING ENGINEERS

n 990 (2010)

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							_		55-00	100	JJU rayeu
Part VII Section A. Officers, Directors,		mplo	oyee			High	est		ees (continued)		
(A)	(B)	l		•	C)			(D)	(E)		(F)
Name and title	Average				ition			Reportable	Reportable	ļ	Estimated
	hours per	(C	neck	air	that	appl	y)	compensation	compensatio		amount of
	week (describe	ta l				11		from	from related		other
· ·	hours for	Individual trustee or director						the	organizations		compensation
;	related	ee or	ag	ļ	ł	nsate		organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organization
и. Ч. – Ч.	organizations	trust	Institutional trustee		yee	adua		(W-2/1099-10130)			and related
	in Schedule	idual	ution	5	0 E M	est co	BL				organizations
•	O)	- April	Instit	Officer	Key B	Highest compensated employee	Former				ergunzatorio
JOHNSON, GLEN		1			1						
TRUSTEE	40.00	X		1	1	1)		11,952.		0.	4,403.
BROWN, KUBA J *											
TRUSTEE	40.00	X		{	{			25,014		0.	7,819.
GRIFFIN, RICHARD		<u> </u>	1			<u> </u>					·· ·
GENERAL COUNSEL	40.00			l		x		257,298.		0.	106,103.
LOUGHRY, JOHN W.			†				·				
ĆFO _	40.00					X		266,183.		0.	98,426.
VANDYKE, JAMES		1	1	Γ	1				·		
CHIEF OF STAFF	40.00					X		273,754.		0.	103,351.
POUPORE, RAYMOND J.		Ì	ſ	Ì							
NCA II DIRECTOR	40.00		$\bot$	ļ		X		251,137.		0.	92,531.
FIEDLER, JEFFREY	1 40 00										
SPECIAL INITIATIVES DIRECTOR	40.00	<b> </b>	<b> </b>	<u> </u>		X		253,021.		0.	76,947.
	}		ł								-
······································	<del>_</del>	-		-		$\vdash$					
		{	{								
1b Sub-total	<b>L</b>	- <b>-</b>	L	<u>.                                    </u>	<u> </u>			3,156,695.		0.	1,056,213.
c Total from continuation sheets to Pa								0.		0.	0.
d Total (add lines 1b and 1c)								3,156,695.		0.	1,056,213.
2 'Total number of individuals (including b							o r	الحم ومصير المسترجين والمسترجين والمسترجين	000 in reportabl		
compensation from the organization						-,			,		65
											Yes No
3 Did the organization list any former offi	cer director or tra	istee	o ke	v er	npla	Vee	or H	highest compensated en	nolovee on		
line 1a? If "Yes," complete Schedule J t						· .					3 X
4 For any individual listed on line 1a, is th										•••••	And the sta
and related organizations greater than 9	,							-	*		4 X
5 Did any person listed on line 1a receive											
rendered to the organization? If "Yes,"							JICI	ted organization of man			5 X
Section B. Independent Contractors	complete deneda	001	0 31	1017	pers	<u>.</u>		<u></u>	<u></u>		
1 Complete this table for your five highes	t compensated in	dep	ende	ent d	onti	racto	rs f	that received more than :	\$100.000 of com	pens	ation from
the organization.	· sempendated III								, 566 51 6611		
(A)								(B)			(C)
Name and busin	ess address							Description of s	ervices	С	ompensation
CAREFIRST BCBS											
PO BOX 79749, BALTIMORE								HEALTH INSUR	ANCE	1	,975,169.
TMA RESOURCES INC, 1919	GALLOWS		DAI	Σ,							- •
SUITE 400, VIENNA, VA	22182			-				COMPUTER CON	SULTING		868,615.
CAREMARK INC	· · · · · · · · · · · · · · · · · · ·							PRESCRIPTION			
2211 SANDERS ROAD, NORT	HBROOK .	$\mathbf{I}\mathbf{L}$	6(	00	62			PROVIDER	_		824,899.
DELCOR TECHNOLOGY SOLUT								PROJECT MANA	GEMENT		·
COLESVILLE ROAD #550, S		-			MD			SERVICES			492,603.
JAMES ZAZZALI								<u> </u>			
13 HANCE ROAD, RUMSON,	NJ 07760							LEGAL	ļ		360,000.

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than

 \$100,000 in compensation from the organization
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Form **990** (2010)

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	<u>1990 (</u>	2010) ENGIN	EERS	UNION O	F OPERATIN	'G	53-0088	590 Page 9
	rt VII	I: Statement of Rever			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, girts, grants and other similar amounts	້ b c d e f	Membership dues Fundraising events	1c           1d           ions)         1e           is, and         1f					
Revenue an		Total. Add lines 1a-1f		► Business Code 900099	48,208,425.	48,208,425.		
Be	d e f <u>g</u> 3	All other program service reve Total. Add lines 2a-2f Investment income (including	dividends, intere	est, and				
-	4 5	other similar amounts) Income from investment of tax Royalties	exempt bond p	roceeds 🕨 🕨	12,112,086. 1003114.			12,112,086
	b c d	Gross Rents	950453.		950,453.			950,453
	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	() Secontes 31,400,167. 28,849,319. 2,550,848.	(ii) Other	2550848.			2,550,848
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
	с 9а b	Net income or (loss) from fund Gross income from garning ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	traising events tivities. See a b					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns a b	<u>190241.</u> ►	-16,224.			
	'11 a b c	Miscellaneous Revenue		Business Code 900099	295,551.			295,551
3200	12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		▶ ▶	295,551. 65,104,253. 9	48,192,201.	0.	16,912,052 Form <b>990</b> (2010)

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## Form 990 (2010)

#### INTERNATIONAL UNION OF OPERATING ENGINEERS

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Pa	rt IX Statement of Functional Expension	ses			
	Section 501(c, All other organizations must cor	)(3) and 501(c)(4) organiz nplete column (A) but are	e not required to comple		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
1	organizations in the U.S. See Part IV, line 21	<u>,</u>		Barry and a second second second second second second second second second second second second second second s	and we all contains
. 2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			the first in the surface and	
4	Benefits paid to or for members	2,174,449.			1
5	Compensation of current officers, directors,	0 404 100			
	trustees, and key employees	2,434,169.	<u> </u>	· ·····	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,342,585.	<u>├</u> ─ <u>─</u> ─ <u></u>	·····	·····
. 8	*Pension plan contributions (include section 401(k)	11,012,0001			
	and section 403(b) employer contributions)	19,203,158.		l	
.9	Other employee benefits	2,089,548.			
ູ10	Payroll taxes	887,198.			·····
<b>1</b> 1	Fees for services (non-employees):				• • •
· ·a					
. b	A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	681,034.			
Ċ		158,207.			
d	Lobbying		[		
е					
- Ť	Investment management fees				·
. g	•Other	835,411.			
12	Advertising and promotion	570.			
13	Office expenses	1,384,690.			
14	Information technology	188,240.	ļ_,,	· · · · · · · · · · · · · · · · · · ·	
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	784,247.	ļ <u>-</u>		·
17	Travel	1,180,466.	 	l	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
• • •	for any federal, state, or local public officials	262,345.		·····	
19	Conferences, conventions, and meetings	1,207.	 	- <u>}</u>	·
20 21	Interest Payments to affiliates	3,478,968.			
21	Depreciation, depletion, and amortization	1,811,469.			
23		165,317.		······································	··
24	Insurance Other expenses. Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·	APRILLE ALLER TOTAL		Treff to a state of
4	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
a	DOT TOTOLT DDUG TON	3,290,500.			
b	ORGANIZATION & EDUCATIO	2,401,057.		· ·	
Ċ	CONTRIBUTIONS	1,458,077.			
d	JOURNAL EXPENSES	615,422.			
е	DUES AND SUBSCRIPTIONS	96,744.			
f	All other expenses	305,178.			
25	Total functional expenses. Add lines 1 through 24f	57,230,256.			
26	Joint costs. Check here 🕨 🔛 if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-	

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Form 990 (2010)

## INTERNATIONAL UNION OF OPERATING ENGINEERS

Form 990 (2010)

53-0088590 Page 11

Par	† X	Balance Sheet			•		·
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,528,042.	1	902,726.
	- 2	Savings and temporary cash investments			8,508,019.	2	18,256,925.
'	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net			6,917,962.	4	7,123,128.
:	5	Receivables from current and former officers, dir	ectors	, trustees, key	and the second second second second second second second second second second second second second second second	103	
	-	employees, and highest compensated employee of Schedule L				50. S	ให้กับข้ายที่ได้ 1. แล้ว (1997) พระเป็นของไป (พระเจมไป ) เราะโทยไป (1997) 1. เราะโทยองไป (1997)
	6	Receivables from other disgualified persons (as			2-1 B. A. Str. St. St. St. St. St.	\$ \$	f Antipi Province
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
I		employees' beneficiary organizations (see instru-	n olangi parang panang Ngang panang panang panang pang pang pang	6	an an an an an an an an an an an an an a		
ets	7	Notes and loans receivable, net		7	[		
Assets	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	375,374.	9	764,439.		
2.	10a	Land, buildings, and equipment: cost or other				14 14	
		basis. Complete Part VI of Schedule D	10a	32,500,684.		A. Sau	
	b	Less: accumulated depreciation	10b	10,601,186.		10c	
	<b>*11</b>	Investments - publicly traded securities			215,045,436.	11	230,327,316.
	12	Investments - other securities. See Part IV, line 1			47,348,784.	12	48,160,291.
6	13	Investments - program-related. See Part IV, line 1				13	
.	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	207,845.	15	207,845.		
	16	Total assets. Add lines 1 through 15 (must equa	302,951,665. 1,538,904.		<u>327,642,168.</u> 2,111,078.		
	17	Accounts payable and accrued expenses	1,330,304.		2,111,070.		
	18	Grants payable			<b> </b>	18	
,	-19 20	Deferred revenue				19 20	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, director			the state of the second second second second second second second second second second second second second se	i hi em t	and the second of the
lide		highest compensated employees, and disqualifi				2	
Ë		of Schedule L		•	a a na an an an an an an an an an an an	22	and and an and an and a second of the second second second second second second second second second second second second second second second second second second second second second s
i	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D			68,740,553.		76,413,770.
	26	Total liabilities. Add lines 17 through 25		<u></u>	70,279,457.		78,524,848.
		Organizations that follow SFAS 117, check he				م کار محوقہ جدد	
es		lines 27 through 29, and lines 33 and 34.				32.Z	
and	27	Unrestricted net assets			232,672,208.	27	249,117,320.
Bai	28	Temporarily restricted net assets				28	
pu	29			······	Land the state of the state of the	29	
Ē		Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🛄 and			
S 01		complete lines 30 through 34.				A CARLEN AL AND A CARLEN AND A CARLEN AND A CARLEN AND A CARLEN AND A CARLEN AND A CARLEN AND A CARLEN AND A C	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or eq				31 32	
Ne	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			232,672,208.		249,117,320.
	34	Total liabilities and net assets/fund balances			302,951,665.		327,642,168.
		Totar habilities and ther assershund Dalances	<u></u>			1_04	Form <b>990</b> (2010)

Form **990** (2010)

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		INTERNATIONAL UNION OF OPERATING				-	
	Form	990 (2010) ENGINEERS	53-	-0088	590	Pag	ge <b>12</b>
	.Pa	rt XI Reconciliation of Net Assets					
	*	. Check if Schedule O contains a response to any question in this Part XI	. <u>.</u>		·····	· · · · ·	X
¢							
	1	Total revenue (must equal Part VIII, column (A), line 12)	1		,10		
	2	Total expenses (must equal Part IX, column (A), line 25)	2		,230		
	3	Revenue less expenses. Subtract line 2 from line 1	3		,87		
	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	• 4		,672		
	5	Other changes in net assets or fund balances (explain in Schedule O)	5		,57		
,	6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	249	,11'	7,3	20.
1	Pa	t XII Financial Statements and Reporting					<u> </u>
£.		Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>	<u></u>	<u></u>	
						Yes	No
	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1. 8		¥ 8.
		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			(6 <mark>12)</mark> 31	in the second	2. 
	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•••••	<u>2</u> a		<u> </u>
	þ	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
		review, or compilation of its financial statements and selection of an independent accountant?			<u>2</u> c	X	<u> </u>
÷		If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
	ď	If "Yes"-to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a:		ž,		17. Argur
	:	separate basis, consolidated basis, or both:				. 1	101.7.1
		Separate basis X Consolidated basis Both consolidated and separate basis			1. S.	. t Ť	
	3a		ngle Au	udit .	{ }	}	
4		Act and OMB Circular A-133?			3a		X
	тр	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	1	i

Form 990 (2010)

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	• •	olitical Campaign		JACUMICS	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	anizations Exempt From Incon	ne Tax Under section 5	D1(c) and section 527	2010
Department of the Treasury Internal Revenue Service	- Complete	e if the organization is describe See separ	ed below. ► Attach to rate instructions.	Form 990 or Form 990	EZ. Open to Public
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (othe</li> <li>Section 527 organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>f the organization answ</li> <li>f the organization answ</li> </ul>	yanizations: Con r than section 5 ations: Complet wered "Yes," to ganizations that ganizations that wered "Yes," to	Form 990, Part IV, line 4, or Fo have filed Form 5768 (election u have NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Prox	mplete Part I-C. Parts I-A and C below. I orm 990-EZ, Part VI, line nder section 501(h)): Col ion under section 501(h)	Do not complete Part I-B e <sup>*</sup> <b>47 (Lobbying Activitie</b> mplete Part II-A. Do not c ): Complete Part II-B. Do	s), then complete Part II-B. not complete Part II-A.
lame of organization		tions: Complete Part III. TIONAL UNION OF RS	OPERATING	Emp	Nover identification numb
Part - A Comple	ete if the org	anization is exempt und	er section 501(c) o	r is a section 527	
<ul><li>2 Political expenditur</li><li>3 Volunteer hours</li></ul>	es	ation's direct and indirect politic			\$
		anization is exempt und			
2 Enter the amount o	f any excise tax ncurred a sectio	incurred by the organization und incurred by organization manag in 4955 tax, did it file Form 4720	ers under section 4955 for this year?		\$Yesf
b If "Yes," describe in	n Part IV.	ganization is exempt und			······ · · · ·
		d by the filing organization for se ization's funds contributed to ot	•		»
exempt function ac	i alo illing olgai		nor organizations for acc		
	tivities		-	<b>N</b>	\$-
•	on expenditures	s. Add lines 1 and 2. Enter here a	ind on Form 1120-POL,		·
<ul> <li>line 17b</li> <li>Did the filing organi</li> <li>Enter the names, armade payments. For contributions received</li> </ul>	on expenditures zation file Form ddresses and er or each organiza ved that were pr	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL, N) of all section 527 polit d from the filing organiza a separate political orgar	tical organizations to whition's funds. Also enter the inization, such as a separ	S Yes r ch the filing organization the amount of political
<ul> <li>line 17b</li> <li>Did the filing organi</li> <li>Enter the names, armade payments. For contributions receive political action com</li> <li>(a) Name</li> </ul>	on expenditures zation file Form ddresses and er or each organiza ved that were pr imittee (PAC). If	s. Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov (b) Address	nd on Form 1120-POL, N) of all section 527 polit d from the filing organiza a separate political orgar	tical organizations to whition's funds. Also enter the inization, such as a separ	Ch the filing organization the amount of political ate segregated fund or a (e) Amount of political contributions received a
line 17b 4 Did the filing organi 5 Enter the names, a made payments. For contributions receive political action com (a) Name EPEC NY EDUC FUND	on expenditures zation file Form ddresses and er or each organiza ved that were pr imittee (PAC). If a -	Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036	nd on Form 1120-POL, N) of all section 527 polit d from the filing organiza a separate political orgar ride information in Part IV	<ul> <li>Lical organizations to whittion's funds. Also enter the inization, such as a separ /.</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0-</li> </ul>	Ch the filing organization the amount of political ate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, ar made payments. For contributions receive political action com (a) Name EPEC NY EDUC FUND EPEC SEPARAT	on expenditures zation file Form ddresses and er or each organize red that were pr mittee (PAC). If ATION	Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC 20036	N) of all section 527 politi d from the filing organiza a separate polítical organ ride information in Part IV (c) EIN	<ul> <li>tical organizations to whition's funds. Also enter thization, such as a separ /.</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0-1., 620, 500</li> </ul>	Ch the filing organization the amount of political ate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, ar made payments. For contributions receive political action com (a) Name EPEC NY EDUC FUND EPEC SEPARAT EDUCATION FU	on expenditures zation file Form ddresses and er or each organiza ved that were pr mittee (PAC). If ATION E ND	Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC	N) of all section 527 politi d from the filing organiza a separate political orgar ride information in Part IV (c) EIN 76-0833676	<ul> <li>tical organizations to whition's funds. Also enter thization, such as a separ /.</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0-1., 620, 500</li> </ul>	Ch the filing organization the amount of political ate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, a made payments. For contributions receive political action com (a) Name EPEC NY EDUC	on expenditures zation file Form ddresses and er or each organiza ved that were pr mittee (PAC). If ATION E ND	Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? Inployer identification number (El tion listed, enter the amount pai- omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	nd on Form 1120-POL, N) of all section 527 politi d from the filing organiza a separate political organ ride information in Part IV (c) EIN 76-0833676 13-4312872	<ul> <li>Lical organizations to whittion's funds. Also enter the ization, such as a separt/.</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0-1, 620, 500</li> <li>1, 670, 000</li> </ul>	Ch the filing organization the amount of political ate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, ar made payments. For contributions receive political action com (a) Name EPEC NY EDUC FUND EPEC SEPARAT EDUCATION FU	on expenditures zation file Form ddresses and er or each organiza ved that were pr mittee (PAC). If ATION E ND	Add lines 1 and 2. Enter here a <b>1120-POL</b> for this year? Inployer identification number (El tion listed, enter the amount pai- omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC	nd on Form 1120-POL, N) of all section 527 politi d from the filing organiza a separate political organ ride information in Part IV (c) EIN 76-0833676 13-4312872	<ul> <li>Lical organizations to whittion's funds. Also enter the ization, such as a separt/.</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0-1, 620, 500</li> <li>1, 670, 000</li> </ul>	Ch the filing organization the amount of political ate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0

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Schedule C (Form 990 or 990 EZ) 2010 ENGI	NEERS		<u> 504(-)(0)</u>		088590 Page 2
Part II:A Complete if the organizati (election under section 50		mpt under sectio	n bur(c)(3) and fi	lea Form 5768	
A Check		liated group			
B Check > in the filing organization chec	-		visions apply.		
Limits on Lob (The term "expenditures" r	bying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	nlic opinion (	grass roots lobbying)			······································
b Total lobbying expenditures to influence a le				· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures (add lines 1a ar					
					· 
e Total exempt purpose expenditures (add lin					
f Lobbying nontaxable amount. Enter the amo	1			i selvestanti statesta antisist	L. P. Martin Martin States
If the amount on line 1e, column (a) or (b) is: Not over \$500,000		bying nontaxable am			1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Over \$500,000 but not over \$1,000,000	+	the amount on line 1e. 00 plus 15% of the exc	ess over \$500.000		
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc		A CONTRACTOR	
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce			
- Over \$17,000,000	\$1,000,	000.			
		····		and it was presented	
g Grassroots nontaxable amount (enter 25% -			,		· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a. If zero or less,				·	
<ul><li>i Subtract line 1f from line 1c. If zero or less,</li><li>j If there is an amount other than zero on eith</li></ul>			tion file Form 4720	[	L
teporting section 4911 tax for this year?				C	Yes - No
······································	·	eraging Period Under		<u> </u>	
(Some organizations th					
÷		e instructions for line		age 4.)	
	bying Expe	nditures During 4-Yea	r Averaging Period	T	<u></u>
Calendar year (a) (or fiscal year beginning in)	2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				· · · · · · · · · · · · · · · · · · ·	
d Grassroots nontaxable amount	<u> </u>				-
e Grassroots ceiling amount (150% of line 2d, column (e))					·
f Grassroots lobbying expenditures					-
				Schedule C (Form	990 or 990-EZ) 2010

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# Schedule C (Form 990 or 990 EZ) 2010 ENGINEERS 53-0088590 Page 3 [Rarth]-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a)	(b)		
	Yes	, No	Amo	ount	
<ol> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> </ol>					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				n alta Ini	
c Media advertisements?	ļ	·			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?				<u> </u>	
<ul> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>					
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>					
i Other activities? If "Yes," describe in Part IV					
j Total. Add lines 1c through 1i	A THE STATE	an. ∕y			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>	1 <b>7</b>		
	A. F. Jos	ant and a sector	<b>_</b>		
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>		8 174 E 3	<b></b> -		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection		
•			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?				X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polities expenses for which the section 527(f) tax was paid).					
a Current year			ļ		
b Carryover from last year c Total		2b 2c			
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	•••••••••••••••••••••••••••••••••••••••	3			
<ul> <li>4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.</li> </ul>		1. 1.		<del>_</del>	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4	-		
5 Taxable amount of lobbying and political expenditures (see instructions)					
Part IV Supplemental Information		•	•		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a for any additional information. PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN			o, complete	this pa	
EPEC NY EDUCATION FUND					
1125 17TH STREET NW WASHINGTON, DC 20036		·			
			<u> </u>		
EPEC SEPARATE EDUCATION FUND		` <u></u>	····	·	
1125 17TH STREET NW WASHINGTON, DC 20036			000		
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# Schedule C (Form 990 or 990 EZ) 2010 ENGINEERS

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EPEC EDUCATION FUND

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#### 1125 17TH STREET NW WASHINGTON, DC 20036

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Schedule C (Form 990 or 990-EZ) 2010

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SCHEDULE D Form 990) Department of the Treasury Internal Revenue Service	Supplementa ► Complete if the organization Part IV, II ► Attach to Form	2010 Open to Public Inspection		
Name of the organizati		N OF OPERATING	Emplo	yer identification number
Part I Organiza	ENGINEERS ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accoun	53-0088590 ts. Complete if the
i terretari de la constante de la constante de la constante de la constante de la constante de la constante de	on answered "Yes" to Form 990, Part IV, line		-	··· <b>·</b>
		(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at er	nd of year			
	outions to (during year)	······································		
	from (during year)			
	at end of year			
+		writing that the assets held in donor advised exclusive legal control?		Yes No
		dvisors in writing that grant funds can be us		
-		or donor advisor, or for any other purpose co	•	
impermissible priv	-		=	Yes 🛄 No
Part II 😰 Conserv	ration Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, fine 7.	
	servation easements held by the organizati	• — — — — — — — — — — — — — — — — — — —		•
	n of land for public use (e.g., recreation or e			
	of natural habitat	Preservation of a certifie	d historic str	ucture
•	n of open space		-	an account on the last
2 Complete lines 2a day of the tax year		fied conservation contribution in the form of	a conservatio	on easement on the last
uay of the tax year	u.			eld at the End of the Tax Year
a Total number of co	onservation easements			
	rvation easements on a certified historic str			
	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			
listed in the Natior	nal Register	2d		
3 Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization d	luring the tax
year				
	where property subject to conservation ea ation have a written policy regarding the per-	······································	•	
	forcement of the conservation easements i			Yes No
		and enforcing conservation easements duri		
1		enforcing conservation easements during th		
8 Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)	
•	J .	ion easements in its revenue and expense st		
·		tion's financial statements that describes the	e organizatio	n's accounting for
conservation ease		f Art, Historical Treasures, or Oth	or Similar	Aesote
	if the organization answered "Yes" to Form		er omnar	A30013.
		6C 958), not to report in its revenue statemer	nt and baland	ce sheet works of art.
		hibition, education, or research in furtherance	-	
	thote to its financial statements that descri			
, •		SC 958), to report in its revenue statement ar	nd balance s	heet works of art, historical
treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, pro	wide the following amounts
relating to these it				
			<b>.</b> .	
				- <u> </u>
		asures, or other similar assets for financial g	ain, provide	-
	unts required to be reported under SFAS 1		<b>•</b> •	
<ul> <li>a Revenues include</li> <li>b Assets included in</li> </ul>	n Form 990, Part X		> \$	
			<u> </u>	
	eduction Act Notice, see the Instruction	a far Earm 000	<u> </u>	hedule D (Form 990) 2010

Schedule D (Form 990) 2010 ENGINEE	TIONAL URS	JNION O	F OPEI	RATING		53-	008859	ЭО г	Page 2
Part III Organizations Maintaining		of Art, His	torical T	reasures,	or Other				
3 <sup>4</sup> Using the organization's acquisition, access									
(check all that apply):			•	Ģ	Ū			•	
a Public exhibition		d 🗔	Loan or ex	change progr	ams				
b. Scholarly research									
c Preservation for future generations									
4 Provide a description of the organization's c	collections and e	explain how t	nev further	the organizat	ion's exemp	t purpose in	Part XIV.		
5 During the year, did the organization solicit							. art / art		
to be sold to raise funds rather than to be m							Yes	<b></b>	No
Part V Escrow and Custodial Arrar								or	
reported an amount on Form 990, Pa			o ga maa						
1a Is the organization an agent, trustee, custoo		ermediary for	contributio	ns or other a	ssets not ind	cluded	<u></u>		
on Form 990, Part X?		-					🗌 Yes		
b If "Yes," explain the arrangement in Part XIV	and complete :	the following							
	and complete	ane lollowing	lable.				Amou		
e Reginning belance						1c		<u></u>	
c Beginning balance	••••••	•••••••••••••••••••••••••••••••••••••••	•••••••••••			1d			
d Additions during the year									<del></del>
e Distributions during the year						1e			
f Ending balance						_1f	1 1.		
2a Did the organization include an amount on I		K, line 21?	· · · · · · · · · · · · · · · · · · ·		••••••••••••		L Yes		_  Ņŏ
<b>b</b> If "Yes," explain the arrangement in Part XIV	/ <u>.</u>							<u> </u>	
Rant V Endowment Funds. Complete									
	(a) Current y	ear (b) F	Prior year	(c) Two yea		Three years b		ur year:	s Dack
1a Beginning of year balance								inar di s	97
<b>b</b> Contributions						\$6. <b>\$</b> . \$. \$.			
c Net investment earnings, gains, and losses	ļ					<u></u>		<u></u>	
d Grants or scholarships					10 A A	新会業業法			
e , Other expenditures for facilities	1	Ì						i. Ganti	يو ا <sup>ي م</sup> ر في في ايكان
and programs									<u>.</u>
f Administrative expenses					1	\$************************************	· 14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		s:1
g End of year balance					Â.	and the state of the	Z Ho VIE YO		
2 Provide the estimated percentage of the ye		held as:							
a Board designated or quasi-endowment		%							
b Permanent endowment	%								
c Term endowment	%								
3a Are there endowment funds not in the poss	- ession of the or	ganization th	at are held	and administ	ered for the	organization			
• by:		•				U		Yes	No
(i) unrelated organizations							3a(i	1	1
(ii) related organizations							······		
b If "Yes" to 3a(ii), are the related organization								<u> </u>	1
4_ Describe in Part XIV the intended uses of th							<u>L</u>	l,	
Part VI Land, Buildings, and Equipr					······				
Description of investment		t or other	· · · · · · · · · · · · · · · · · · ·	st or other		umulated	(d) Bc	ok valı	
e *	1 1	ivestment)	4	s (other)	<b>1</b> • •	ciation	(0) 00		
to Lond	<u>-</u>			04,775.			7	<u>14</u>	775.
1a Land				73,928.		0,128.	15,1		
<b>b</b> Buildings			44,5	13,920.		0,120.	13,1		
c Leasehold improvements			0 1	21,981.	2 2 2	1,058.	6 0		923.
d Equipment		· · · · · · · · · · · · · · · · · · ·	9,4	21,901.	3,33	1,050.	0,0	50,2	123.
e Other			<u> </u>				21 0	00-7	100
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990	, Part X, colu	mn (B), line	10(c).)	<u></u>	<b>P</b>	21,8		
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Part VII Investments - Other Securities.	See Form 990, Part X, line 10	<u> </u>	53-0088590 - Page 3
(a) Description of security or category			(c) Method of valuation:
<ul> <li>(including name of security)</li> </ul>	(b) Book value	Co	ost or end-of-year market value
1) Financial derivatives		······································	
2) Closely-held equity interests			
3) Other			
(A) AFL-CIO HOUSING			
(B) INVESTMENT TRUST	48,160,291.	END-OF-Y	YEAR MARKET VALUE
(C)	_ <b>_</b>	 	
(D)		ļ	· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
(F)			
(H)	·		······································
(1)	- <u> </u>		
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	48,160,291.		
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value		(c) Method of valuation: -
		C	ost or end of year market value
. (1)			
(2)	·	<u> </u>	
(3)			<u>.</u>
(4)			
(5)		<u> </u>	
<u>(6)</u>	·	 	
· (7)			<u> </u>
(8) (9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	·	USER STREET AND	
Part IX Other Assets. See Form 990, Part X, Iir	 ne 15.	The second second second second	<u>ena la mari di con</u> che ambigazza i la dificiti con con Filizza di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante di Constante
5)	a) Description		<ul> <li>(b) Book value</li> </ul>
(1)			(b) Book value
			(b) Book value
(1)			
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(1) (2) (3) (4) (5)			
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(1) (2) (3) (4) (5) (6) (7)			
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)			
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X ( a) Description of liability (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT	a) Description		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED PENSION COSTS	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) lii Part X * Other Liabilities. See Form 990, Part X (10) Part X * Other Liabilities. See Form 990, Part X (11) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) * ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED PENSION COSTS (7) ACCRUED SEVERENCE PLAN C (8) - (9) (10)	a) Description	948,524. 507,437. 1,825,060. 1,648,680. 1,484,069. 6,413,770.	

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ONAL UNION OF OPERATING 53-0088590 P
Assets from Form 990 to Audited Financial Statements
e 12) 1 65,104,2
e 25) 2 57,230,2
m line 1 3 7,873,9
4 7,239,1
5
6
7
8   1,331,9
9 8,571,1
al statements. Combine lines 3 and 9 10 16 , 445 , 1
Audited Financial Statements With Revenue per Return ed financial statements           1         76,937,5
Part VIII, line 12:
2a 7,239,145.
26
20
2d 4,594,121.
2e 11,833,2
3 65,104,2
but not on line 1:
Part VIII, line 7b 4a
ual Form 990, Part I, line 12.)
Audited Financial Statements With Expenses per Return
tatements 1 58,182,8
Part IX, line 25:
2a
but not on line 1:
Part VIII, line 7b
qual Form 990, Part I, line 18.) 5 57,230,2
for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; art XIII, lines 2d and 4b. Also complete this part to provide any additional information.
JSTMENTS:
NO. 158 1,331,9
DJUSTMENTS:
· 3,717,1
190,2
E138,9
Schedule D (Form 990)
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INTERNATIONAL UNION OF OPERATING	
Schedule D (Form 990) 2010 ENGINEERS Part XIV Supplemental Information (continued)	53-0088590 Page 5
EDUCATION FUND PAC CONTRIBUTIONS	547,800.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,594,121.
PART XIII; LINE 2D - OTHER ADJUSTMENTS:	· · · · · · · · · · · · · · · · · · ·
EXPENSES OF PAC	4,602,134.
COST OF GOODS SOLD	190,241.
NATIONAL CHARITY FUND EXPENSES	311,309.
NATIONAL CHARITY FUND CONTRIBUTIONS	-860,580.
PAC FUND CONTRIBUTIONS	-3,290,500.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	952,604.
PART XII LINE 2D	· ·
INCOME OF PAC - \$3,433,097	
COGS ~ 255,259	
NATIONAL CHARITY FUND INCOME - 16,429	<u> </u>
PART XIII LINE 2D	
EXPENSE OF PAC - \$3,570,674	
COGS - 255,259	
NATIONAL CHARITY FUND EXPENSE - 243,582	<u></u>
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•	Schedule D (Form 990) 2010
032055 12-20-10 21	Schedule D (Form 550) 2010

epartment of the Treasury Iternal Revenue Service		Attach to F	Part IV, line 14b, 15, or 16. orm 990. ▶ See separate instructio	ons.	Open to Public
lame of the organization				Employer in	dentification numbe
INTERNATIONAL U ENGINEERS	NION OF	OPERATIN	ſĠ	53-008	8500
	mation on A	ctivities Ou	tside the United States. Comp		
to Form 990, Par				iete il ine organization answe	
. –	-		ds to substantiate the amount of the g selection criteria used to award the gra	•	
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of g	rrant funds outside the Unite	d States.
3 Activities per Region. (TI	ne following Part	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (c	d) (f) Total
	offices in the region	employees, agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	expenditure: for and
*	and the region	contractors in region	recipients located in the region)	of service(s) in region	
· · · · · · · · · · · · · · · · · · ·				TO ORGANIZE ALL WORKE	RS
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				AND SOCIAL ADVANCEMEN	÷
IORTH AMERICA	1	12	PROGRAM SERVICES	OF THEIR CONDITION AN	ID 1,702,10
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3 a Sub-total	1	12		A State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	1,702,10
<b>b</b> Total from continuation		•		A CONTRACTOR	
sheets to Part I		0	「「「「「「「「」」」」、「「「」」」、「「」」」、「「」」」、「」」、「」」		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
c Totals (add lines 3a and 3b)	1	12			1,702,10
HA For Paperwork Reduct	ion Act Notice		tions for Form 990.	Schedu	ule F (Form 990) 20*
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Schedule F	(Form <u>990)</u> 201(			ON OF OPERATII	19	53-00	88590		Page :
iPart II G	arants and Othe	er Assistance to Org	anizations or Entities 000. Check this box if no	Outside the United States		rganization answere	d "Yes" to Form 9	990, Part IV, line 15, fo	or any
1 .	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			e.	ij		ŕ			
			·						
the IR	S, or for which t	he grantee or course	el has provided a section	ecognized as charities by t 501(c)(3) equivalency lette	- r				dule F (Form 990) 2010

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#### INTERNATIONAL UNION OF OPERATING ENGINEERS

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\* 53-0088590 Schedule F (Form 990) 2010 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash grant recipients cash disbursement non-cash non-cash assistance assistance ſ, 4 P, Schedule F (Form 990) 2010

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•			:
INTERNATIONAL UNION OF OPERATING Schedule F (Form 990) 2010 ENGINEERS	53-0088590	Page 4	
Part IV Foreign Forms			
1 * Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No	
2 ° Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	· _		•
a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No	
3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No	
<ul> <li>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,</li> <li>* Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</li> </ul>	Yes	X No	·
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No	
<ul> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If</li> <li>"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</li> </ul>	Yes	X No	

Schedule F (Form 990) 2010

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Part II, line 1 (a	tal Inform part to provid ccounting me	a <b>tion</b> e the informatio ithod); Part III (a	n required by Part I, li accounting method); a tional information.				3; colur	nn (f) (ac		method);
ART I, LINE 3	, COLUN	1N (E):								
EGION: NORTH										<u></u>
			ES IN REGIO	N: TO C	RGANI	ZE ALL	WOR	KERS	FOR	
HE ECONOMIC,	<b>*</b> *									us.
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SCHEDULE J	Compensation Information		OMB No.	1545-004	· <b>7</b> ·
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	st	20	10	
-	Compensated Employees Complete if the organization answered "Yes" to Form 990,	-	1 1925 1989 7 1	U I U Marine da	-
Department of the Treasury	Part IV, line 23.		Open to		A. Con 19 19 19
Internal Revenue Service Name of the organizatio	▲ Attach to Form 990. See separate instructions. INTERNATIONAL UNION OF OPERATING	Employe	r identificati		<u>,, , , , , , , , , , , , , , , , , , ,</u>
, turno of the organizatio	ENGINEERS	1	008859		inder
Partile Question	s Regarding Compensation		000032	<u> </u>	
<u> }</u>		·		Yes	No
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in	Form 990,	No.	3 69	
	line 1a. Complete Part III to provide any relevant information regarding these items.	•			17842) [ *** ]
First-class or c		personal use		1.	
Travel for com	ř – – – – – – – – – – – – – – – – – – –				
🔆 🔣 Tax indemnific	cation and gross-up payments Health or social club dues or initiatic				an Se
	spending account IX Personal services (e.g., maid, chaufi		4	1945 - 194 194	
		·			
b. If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment	or .			34 (A)
	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	•• ·-
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all office	rs, directors,			
trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	X	
·	•				(*.** 1
3 Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organization	ation's			R.Z.
CEO/Executive Dire	ector. Check all that apply.		1.48		2
Compensation	n committee 📃 Written employment contract			Y 4:4"	
Independent of	compensation consultant Compensation survey or study				
Form 990 of o	ther organizations I Approval by the board or compensa	tion committee			
		-	ι. A	12.50	Marine A
4 During the year, did	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				<b>2</b> 82
organization or a re	plated organization:	•	14 - 164 E Contra	la dina	d⊁ ĝ. i
a Receive a severand	ce payment or change-of-control payment from the organization or a related organizatio	m?	4a		<u>X</u>
b Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?	······	4b		X
C Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		<u>X</u>
If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				Q
		÷		-15-5	$(\theta_{i}, \beta_{i})$
	c)(3) and 501(c)(4) organizations must complete lines 5-9.		10 <sup>-14</sup>		
5 For persons listed i	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsation	5.46		
contingent on the r					
a The organization?			5a		
b Any related organiz	zation?		5b		
If "Yes" to line 5a o	r 5b, describe in Part III.			1.5	1947 - 1949 1947 - 1949 1947 - 1949
•	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsation			
contingent on the r	•		1. 1. 1	der States	
a The organization?	·····		<u>6a</u>		
<b>b</b> Any related organiz	ation?		6b	1	
	or 6b, describe in Part III.		2 time i	通行	<u>م</u> د
	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed pay				•
	es 5 and 6? If "Yes," describe in Part III				
	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		_		
	aption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III $_{ m}$	······ <u>-</u> ······	8	<b></b> ∔	
	id the organization also follow the rebuttable presumption procedure described in	Ŧ			
Regulations section	<u>n 53.4958.6(c)?</u>				

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#### INTERNATIONAL UNION OF OPERATING ENGINEERS

#### Schedule J (Form 990) 2010

Part IL: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

53-0088590

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	· (D)	(E)	(F)
	F	(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns • (B)(i)-(D)	Compensation reported in prior
, (A) Name		compensation	incentive	reportable	compensation	Denents	<ul> <li>(b)(i) (b)</li> </ul>	Form 990 or
			compensation	compensation	. [	:		Form 990-EZ
	()	444,737.	0.	32,019.	115,638.	16,205.	608,599.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	248,721.	0.	1,898.	81,612.	19,442.	351,673.	0.
2 HANLEY, CHRISTOPHER	(ii) [	0.	0.	0.	0.	0.	0.	0.
	(i)	252,848.	0.	4,450.	86,661.	19,442.	363,401.	0.
	<u>(ii)</u>	0.	0.	0.	0.	0.	0.	0.
	(i) [	261,930.	0.	4,253.	86,239.	12,187.	364,609.	0.
	(ii)	0. 261,550.	0.	0.	0. 87,566.	0. 15,785.	0. 377,105.	0.
	(i)	201,550.	0.	12,204.	07,500.		377,103.	0.
	(ii) (i)	243,843.	0.	7,294.	78,827.	13,704.	343,668.	0.
	(ii) [	0.	<u>0</u> .	0.	0.	0.	0.	0.
	(i)	241,948.	0.	11,073.	76,865.	82.	329,968.	0.
<b>  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _</b> _ <b>_ _ _ _ _ _ _ _ _ _ _ _</b> _ <b>_ _</b> _ <b>_</b> _ <b>_</b> _ <b>_</b> _ <b>_</b> _ <b>_ _</b> _ <b>_</b> _ <b>_ _</b>	(ii) [	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2010

Page

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Schedule J (Form 990) 2010	INTERNATIONAL UNI ÉNGINEERS	ON OF OPERATIN	G	•	53-0088590.	Page 3
-Bartelli, Supplemental Informa			••••••••••••••••••••••••••••••••••••••			raye .
· · · ·	information, explanation, or description	is required for Part I, lines 1;	a, 1b, 4c, 5a, 5b, 6a, 6b, 7, a	and 8. Also complete this	s part for any additional informa	tion.
PART I, LINE 1A:	THE UNION PROVIDES	FOR THE PERSON	AL USE A UNION		4; - · · · · · · · · · · · · · · · · · ·	
	LATED CLEANING SERVI			*		
4'	DED FOR TAX INDEMNIF	ų.		y		
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PAYMENTS.						
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SCHEDULE L (Form 990 or 990-EZ) repartment of the Treasury Iternal Revenue Service	<ul> <li>Transactions With Interested Persons</li> <li>Complete if the organization answered</li> <li>"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.</li> <li>► Attach to Form 990 or Form 990-EZ. ► See separate instructions.</li> <li>INTERNATIONAL UNION OF OPERATING</li> </ul>						2010 Opén To Publi Inspection			
ENG	INTERNATIONAL UNION OF OPERATING ENGINEERS efit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).						Employer identification nu 53-0088590			
Complete if the orga		-		line 25a or 25b, or Fo		Z, Part	V, line 40	Ob.	·	
1 (a) Name of disc	qualified person			(b) Description	of transa	ction	•		(c) Cor Yes	No
	· · · · · · · · · · · · · · · · · · ·									Ţ
									<u> </u>	
2 Enter the amount of tax imposed in the section 4958		-	-		-		*			
	of tax, if any, on line 2, above, reimbursed									
Part II Loans to and/or	r From Interes	ted Person	<u>s.</u>			w		······		
Complete if the orga	· · · · · · · · · · · · · · · · · · ·			line 26, or Form 990-E	Z, Part V	, line 3			·	
(a) Name of interested person and purpose	(a) Name of interested (b) Loan to or from (c) Ori person and purpose the organization?		inal principal mount	(d) Balance due	(e) defa					
	To Fr	om	- <u></u>		Yes	No	Yes	No	Yes	No
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Grants or Assis	tance Benefit	ing Interest	ed Person			-				
Complete if the orga (a) Name of interested (		T	tionship betw	een interested person	and	1		iount an		of
		<u> </u>	the or	ganization				assistar	<u>-</u>	
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### INTERNATIONAL UNION OF OPERATING

ENGINEERS

Schedule L (Form 990 or 990 EZ) 2010 [Part! V] Business Transactions Involving Interested Persons.

Page 2

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of ation's nues?
				Yes	No
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Part V Supplemental Information					
Complete this part to provide additio	nal information for responses to questions	s on Schedule L (see i	instructions).		
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032132 12-21-10 Schedule L (Form 990 or 990-EZ) 2010

31 2010.04050 INTERNATIONAL UNION OF OPER 32370\_\_1

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to p	rovide information for I	n to Form 990 c responses to specific ques de any additional informati 990 or 990-EZ.	tions on	2010 Open to Public Inspection
Name of the organization	INTERNATIO ENGINEERS	NAL UNION OF	OPERATING		over identification numb -0088590
FORM 990, PAR	TI, LINE 1, 1	DESCRIPTION	OF ORGANIZATIC	N MISSION	-
TO EVALUATE I	HE TRADE OF O	PERATING ENG	INEERS TO ITS	PROPER PC	SITION IN
ALL INDUSTRIA	L ACTIVITY AND	D THE RANKS	OF ORGANIZED W	ORKERS.	
-	-				· · · ·
FORM 990, PAR	T VI, SECTION	A, LINE 6:	THE ORGANIZATI	ON HAS VO	TING
MEMBERS.					
FORM 990, PAR	T.VI, SECTION	A, LINE 7A:	THE ORGANIZAT	ION HAS V	OTING MEMBER
· ·	IBERS OF THE GO		······································		
*			—	,,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,	
	T VI SECTION	B LINE 11.	THE INDEPENDE	NT ACCOUN	TANT PREPARE
THE FORM 990.	CFO AND OFF.	ICERS REVIEW	THE FORM PRIC	R IO FILI	NG.
		D 1 TND 100			
FORM 990, PAR			: THE ORGANIZA		
÷	F ITS CODE OF	ETHICS BY I	NVESTIGATING C	OMPLAINTS	, REFERRALS,
AND POTENTIAL	CONFLICTS.				
FORM 990, PAR	T VI, SECTION	C, LINE 19:	THE ORGANIZAT	ION FILES	ITS
GOVERNING DOC	UMENTS ALONG V	WITH ITS FOR	M LM-2, LABOR	ORGANIZAT	ION ANNUAL
REPORT, WITH	THE U.S. DEPA	RTMENT OF LA	BOR AND THEY A	RE THUS A	VAILABLE TO
THE PUBLIC.	THE CONFLICT (	OF INTEREST	POLICY AND THE	FINANCIA	L STATEMENTS
ARE AVAILABLE	TO MEMBERS.				
· · · · · · · · · · · · · · · · · · ·				- 	
FORM 990, PAR	RT XI, LINE 5,	CHANGES IN	NET ASSETS:		
NET UNREALIZE	D GAINS ON IN	VESTMENTS:			7,239,14
<u>6</u>	ASB STATEMENT	NO 158			1,331,97
ADOPTION OF F	100 011110101011	<u>NOT 150</u>			
ADOPTION OF F LHA For Paperwork Re 032211 01-24-11	duction Act Notice, see th	e Instructions for Forn	n 990 or 990-EZ.	Schedule O (	Form 990 or 990-EZ) (20

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Schedule O (Form 990 or 990 EZ) (2010) Name of the organization INTERNAT ENGINEER	IONAL UNION OF OPERA S	ATING	Employer identif 53-0088	Pa ication num 3590
TOTAL TO FORM 990, PAR		·		571,11
	NE 20			
FORM 990, PART XII, LI				
THE PROCESS HAS NOT CH.	ANGED FRAOM THE PRIC	OR YEAR.	w	
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032212 01-24-11	33	•	Schedule O (Form 990 of	<sup>,</sup> 990-EZ) (2

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				-		MB No, 154	15-0047
SCHEDULE R (Form:990)	Related Organizations			*	·- ·-	201	0
Department of the Treasury Internal Revenue Service	Attach to Form 990.	See separate instr		or 37.		Open to P Inspect	ublic -
	L UNION, OF OPERATIN				Employer identit		
ENGINEERS					53-0088	590	
Part 1 Identification of Disregarded Entities (Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 33	3.)				
(a) (a)	t (b)	(c) '	" (d)	🤊 (e)		(f)	
Name, address, and EIN	Primary activity	Legal domicile (state c	1		assets Direct	controllin	a
of disregarded entity		foreign country)				entity	5
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							<u> </u>
Part II: Identification of Related Tax-Exempt Organ organizations during the tax year.)	izations (Complete if the organization	answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one o	r more related tax-exe	empt	
organizations during the tax year.)		- <b>_</b>		, <b>.</b>			
(a)	(b)	(c)	(d)	(e)	(f)	Section (	<b>(g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		trolled
of related organization		foreign country)	section	status (if section	entity	en	tity?
				501(c)(3))		Yes	No
IUOE GENERAL PENSION PLAN							T
4115 CHESAPEAKE STREET, N.W.							
WASHINGTON, DC 20016	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)				X
IUOE HEADQUARTERS PENSION PLAN							1
1125 17TH STREET, N.W.				[			[
WASHINGTON, DC 20036	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)		•		X
EPEC NY EDUCATION FUND - 76-0833676			†	<u> </u>		1	1
1125 17TH STREET, N.W.	POLITICAL EDUCATION						
WASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527				X
EPEC SEPARATE EDUCATION FUND - 13-4312872			<u> </u>	<u>↓</u> +	<del></del>		ţ
1125 17TH STREET, N.W.	POLITICAL EDUCATION						
WASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527			.	x
For Paperwork Reduction Act Notice, see the Instruct			<u>ل</u>	<u> </u>			90) 2010

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# INTERNATIONAL UNION OF OPERATING Schedule R (Form 990) ENGINEERS

53-0088590

(a) Name, address, and EIN of related organization	(b) 'I Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	(g) on 512(b)(13 ontrolled anization?	
۴	P.	, , , , , , , , , , , , , , , , , , ,	·	501(c)(3))		Yes	No	
PEC VOLUNTARY FUND - 52-2298629			<b>_</b>				[	
125 17TH STREET, N.W.	POLITICAL EDUCATION		6	÷.				
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#### INTERNATIONAL UNION OF OPERATING Schedule R<sup>®</sup> (Form 990) 2010 ENGINEERS

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Part III dentification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	1	(e)	·· (f)	(g)	0	h)	(i)	Ú	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Predomi	nant income , unrelated, rom tax under s 512-514)	Share of total	Share of	Disoro ate allo	portion- cations?	Code V-UBI amount in bo	General managin e partner	Percentage ownership
		country)	· · · · · · · · · · · · · · · · · · ·	section	s 512-514)		5	Yes	No	K-1 (Form 106	5) Yes N	<u>•</u>
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Part IV Identification of Related O	rganizations Taxable a	as a Corp no the tax	oration or Trust (Co year.)	omplete if 1	the organizat	ion answered "Yes	" to Form 990, Pa	art IV, I	line 34	because it had	one or m	ore related
(a)			(b)		(c)	(d)	(e)		(f)	1	(g)	(h)
Name, address, and	EIN		Primary acti	vity	Legal domicile	Direct controlling		s	hare o	ftotal Sh	are of	Percentage
of related organizat	ion			-	(state or foreign country)	entity	(C corp, S corp or trust)	),   	inco		∙of•year ssets	ownership
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Par	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)		•	÷ .
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		2 A	
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>1</b> a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
С	Gift, grant, or capital contribution from other organization(s)	1c		Х
	Loans or loan guarantees to or for other organization(s)	1d		Х
	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		Х
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	11	1	Х
		1876	急营	352
i	Lease of facilities, equipment, or other assets from other organization(s)	11		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
Ì	Performance of services or membership or fundraising solicitations by other organization(s)	11	<u> </u>	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
'n	Sharing of paid employees	In	X	1
				S.C.
0	Reimbursement paid to other organization for expenses	10		X
	Reimbursement paid by other organization for expenses	10		X
			23	123
a	Other transfer of cash or property to other organization(s)	1q	X	
ч т	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Metho am	(d) od of determining ount involved
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)		3		-	·
(3)	· · · · · · · · · · · · · · · · · · ·			6	· · · · · · · · · · · · · · · · · · ·
(4)	· · · · · · · · · · · · · · · · · · ·	 	·		
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(6)	· · · · · · · · · · · · · · · · · · ·	 <u>.</u>	•.		
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## INTERNATIONAL UNION OF OPERATING Schedule R (Form.990) 2010 ENGINEERS

#### 53-0088590 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) a	(b)	(c)	·(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3 organizations?	Share of end of year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
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	8 check here				or Part II, line 8c)				
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