COMMITTEE ON NATURAL RESOURCES 113th 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

Subcommittee in Energy and Mineral Resources Legislative hearing on H.R. 3 (Terry), *"Northern Route Approval Act"*

April 16, 2013

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, AFL-CIO
- 3. Business Address: [Information redacted for privacy]
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: <u>Jeffrey Soth, International Union of Operating Engineers</u> Title/Date of Hearing: <u>Legislative hearing on HR 3 (Terry), *"Northern Route Approval Act /* April 16, 2013</u>

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.

No.

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.

No.

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.

No.

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.

No

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.

No.

Witnesses Representing Organizations

Name/Organization: Jeffrey Soth, International Union of Operating Engineers Title/Date of Hearing: Legislative hearing on HR 3 (Terry), *"Northern Route Approval Act /* April 16, 2013

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

Assistant Director of the Legislative and Political Department.

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).

No

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).

Not applicable.

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.

Not applicable

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.

	g 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 990 (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 2
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 990 (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 4
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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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 [.] ,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.	
······································				 						-
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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

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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 ⁶¹	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 _.	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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#### 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 for the 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	_{ge} 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 ⁻	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
¹²⁰⁵⁴ -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
	······································
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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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<u></u>								
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
			1 . 1		{ ·
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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4 · · · ·	-			i i	{•
. 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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11	(ii)		·					
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12	(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
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	·····							· · ·	<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, LINE⁵, 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
	EPEC VOLUNTARY FUND - 52-2298629						1	1
	1125 17TH STREET N.W.		f f		1	U	1	1
	WASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527	<u> </u>		<u> </u>	<u>X</u>
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	WASHINGTON DC 20036	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)3	<u></u>			X
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#### Schedule R (Form 990) 2011 ENGINEERS

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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
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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
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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
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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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executed the el	return is being filed with a state agency(ies) regulating charities ectronic disclosure consent contained within this return allowing identified in Part I above) to the selected state agency(ies).			
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Part III Declarat declare that I have reviers snowledge. If I am only a return. The organization of iled with the IRS, and have or Business Returns. If I accompanying schedules beclaration is based on at ERO's ERO's Signeture Firm's name (or yours if solf-employer acdress, and Ziff cor Print/Type p Paid Preparer Firm's name	ion of Electronic Return Originator (ERO) and Pa wed the above organization's return and that the entries on Forr collector, I am not responsible for reviewing the return and only fficer will have signed this form before I submit the return. I will g we followed all other requirements in Pub. 4163, Modernized e-fil am also the Paid Preparer, under penalties of perjury I declare the and statements, and to the best of my knowledge and belief, the I information of which I have any knowledge.	Title <b>id Preparer</b> (see n 8453-EO are comp declare that this for give the officer a cop e (MeF) Information hat I have examined hey are true, correct, Check if also paid preparer X Check f and f the use best or my kn Date	e instructions) blete and corre m accurately r by of all forms for Authorized the above org and complete ack [EIN A Phone no. (20) bwaroge and date Check [If Self- employed	ect to the best of my effects the data on the and information to be d IRS <i>e-file</i> Providers ganization's return and e. This Paid Preparer RO's SSN or PTIN P01293745 7-0900880 2)331-9880 r, buy are use, correct, and co
Part III Declarat declare that I have revier snowledge. If I am only a eturn. The organization of ited with the IRS, and have or Business Returns. If I accompanying schedules declaration is based on at ERO's ERO's signature Drug ERO's Automation of preparer is based of Preparer Use Only Preparer Use Only Firm's name Firm's name Print/Type p Firm's name Firm's name Firm's name Firm's name Print/Type p Firm's name Firm's name Print/Type p Firm's name Firm's name Firm's name Firm's name Firm's name Firm's name Firm's name Firm's name Firm's name	ion of Electronic Return Originator (ERO) and Pa wed the above organization's return and that the entries on Forr collector, I am not responsible for reviewing the return and only fficer will have signed this form before I submit the return. I will g we followed all other requirements in Pub. 4163, Modernized e-fil am also the Paid Preparer, under penalties of perjury I declare the and statements, and to the best of my knowledge and belief, the I information of which I have any knowledge.	Title <b>id Preparer</b> (see n 8453-EO are comp declare that this for give the officer a cop e (MeF) Information hat I have examined hey are true, correct, Check if also paid preparer X Check f and f the use best or my kn Date	e instructions) plete and corre m accurately r by of all forms for Authorized the above org and complete and complete ployed EIN 4 Phone no. ( 2 0 ownode and corre Check [1] Firm's EIN ►	ect to the best of my effects the data on the and information to be d IRS <i>e-file</i> Providers ganization's return and e. This Paid Preparer RO's SSN or PTIN P01293745 7-0900880 2)331-9880 r, buy are use, correct, and co

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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		
	pene	F Name a	INC address of principal officer: GIBLIN, VINCENT J. AS C ABOVE		for affiliates H(b) Are all affiliate		Uded? Yes No
		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 X 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, 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?	··· [		1
	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	et a ta
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, Imoge and the organization form w3, Transmittal of Wage and Tax Statements, Imoge	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.           9         M 'Yee, 'route the name of the the organization in the representation and the representation accounts.         Internal Accounts.         Internal Accounts.         Internal Accounts.         Internal Accounts.         Internal YBB.         Internal YBB.		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 shater contrubuotions or gits were not tax docuctible? <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>				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 fife, significant on your module and heave of the calmonization pay of the organization have foreign country (such as a bank account, account, or other financial account)     Ji fife, significant or Form 10 F 902.21, Report of Foreign Bunk and Financial Accounts.     Jack and the organization have the organization have the form 889617     Just and the organization apply to a prohibid tax she that ransaction that any end organization apply the organization have and user organization apply to a prohibid tax she are normably greater than \$100,000, and did the organization solitit     any contributions that are normably greater than \$100,000, and did the organization solitit     any contributions that are normably greater than \$100,000, and did the organization solitit     and the organization mediae with every solitation an express statement that such contributions or gifs     were not tax distributions     and the organization mediae with every solitation an express tatement that such controbutions organization     and the o	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 a difference or the return of the foreign country.     4a     X       b     If Year, enter the name of the foreign country.     CANADA     X       See instructions for filing requirements for form 010 F 0022, heport of Foreign Bank and Financial Accounts.     X       b     Did any taxable party notify the organization that it was or is a party to a porbibited tax shelter transaction?     5b     X       b     Did any taxable party notify the organization the Form 88661?     5c     5c       ci If Year, it to be 5a or 5b, did the organization in a two as or 5b and bardly as contributions and party for goods and services provided to the gava?     5a       ci If Year, it to be 5a or 5b, did the organization notify the door of the value of the goods or services provided?     7a       ci If Year, it to be 5a or 5b, did the organization include with every solicitation an express statement that such cortributions or gifts were no	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         b       If Yes," has it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         b       If Yes," that it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         b       If Yes," that it field a form 90-1 for this year? If Ywo," provide an explanation in Schedulo 0       3a       Xa         b       If Yes," to the Sa o 5b, did the organization have sched transaction at any time during the at synaps.       Sa       Xa         b       If Yes," to the Sa o 5b, did the organization that was or is a party to a prohibited tax shelter transaction?       Sa       Xa         c       If Yes," to the Sa o 5b, did the organization are sched states the form schedula an express statement that such contributions or diffs were not tax deductable?       Sa       Xa         0       If Yes," to the Sa o 2b, did the organization and express explored or services provided to the payar?       Ta       Ta         0       If Yes," did the organization neix, explanet schedula th			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; accountin a foreign elimement for Form DI E 90.22., Report of Foreign Bank and Hinancial Accounts.       4a       X         5c       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5c       Do any taxable party notify the organization tile Form 8886-17       5c       5c         6a       Do any taxable party notify the organization tile Form 8886-17       5c       5c         7c       Do any taxable party notify the organization tile Form 8886-17       5c       5c         7c       Do any taxable party notify the organization tile Form 8886-17       5c       5c         7c       Do any taxable party notify aprillation taxable party to a prohibited tax shelter transaction?       5a       X         7c       Tyse, 'do the organization neity the donor of the value of the goods on services provided to the party?       7a       7a         7c       Tyse, 'dd the	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 spontaction an express statement that such contributions or gifts were not tax deductible?       5c       X         b       If "Yes," (d) the organization include with wery 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 an express statement that such contributions or gifts were not tax deductible?       7a       7a         c       If "Yes," ind the organization include were solicitation an e				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         c) If Yeas, "to line organization and yeas receipts that are normaly greater than \$100,000, and did the organization solid: any contributions include with every soliditation an express statement that such contributions or gifts       6a       X         b) If Yeas, "did the organization neitybe exploited tax on the down of the value of the goods and services provided to the party"       7a       7d       7d         b) Did the organization self, we apprimiting cost of 57 made party as a contribution and party for goods and services provided to the party"       7a       7d					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       5b     Did any taxable party noithy the organization file Form 8886-17?     5a     Xas       5a     Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that ware not tax deductible?     5a     Xas       5a     Data my tax deductible?     6a     Xas     Xas       5b     th Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     Xas       7b     Did the organization ceived as anyton in excess of 55 mode party as a contribution and party tor grasinization services provided to the party?     7a       7b     If Yes, ' indicate the number of Forms 8282 filed during the year     7a     7a       7c     Did the organization ceived as contribution of cas, boats, anglenes, or other valices, did the organization for exelved any sanced organization face with a sonce of a sonce of anglice personal property for which it was required     7a       7d     Did the organization make any taxable distr				<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 Sa or 5b, old the organization file Form 808677       5c         Yes organization nave annual gross receipts that are normally greater than \$100,000, and did the organizations solicit       6a         Yes of dit he organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       6b         Yes, 'did the organization notive with every solicitation and party for goods and services provided to the payor?       7a         Ji 'Yes, 'did the organization set, exchange, or therwise dispose of langible personal property for which it was required       7a         Vi If 'Yes, 'did the organization notify the donor of the value of the goods or services provided?       7a         Vi If 'Yes, 'did the organization notify the donor of the value of the goods or services provided?       7a         Vi If 'Yes, 'did the organization notify the donor of the value of the goods or services provided?       7a         Vi If 'Yes, 'did the organization notify the divers (did and seclastion file, form 8282       7d			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	· · ·				19 ¹⁰⁰ .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       7a         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 a form 1088C?       7h       7d       7d         g Did the organization make and istribution or advised funds.       a donor advised funds.       8e       8e       8e       8e       8e       8e       8e       8e         g Did the organization make a distributions under section 4966?       9a       9a <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       a     Gross income from other source			···	-	<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 require?       7g         h       If the organization and intabiling 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?       8         g       Sponsoring organization make a distribution to a donor, donor adviser, or related person?       9a         g       Did the organization make a distribution to a donor, donor adviser, or related person?       9b         Did the organization make a distribution to a donor, donor adviser, or related person?       9b <td></td> <td></td> <td>6b</td> <td></td> <td></td>			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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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.       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.       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       13b       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	<u>د</u> .				2
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 State		{
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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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	Ι.
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	İ
· b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	all a star	
<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	X		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			<b>.</b> .		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	1 40.00					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)							(D)	(E)		(F)
Name and title								Reportable	Reportable	ļ	Estimated
	hours per	(C	neck	air	that	appi	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				ergunzationo
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>	<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	0.01	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								, 5 6 6 6 i 6 6 i i		
(A)								(B)			(C)
Name and busin	ess address							Description of s	ervices	С	ompensation
CAREFIRST BCBS											
PO BOX 79749, BALTIMORE, MD 21279 HEALTH INSURANCE 1,975,169.											
TMA RESOURCES INC, 1919 GALLOWS ROAD,											
SUITE 400, VIENNA, VA 22182 COMPUTER CONSULTING 868,615											
CAREMARK INC PRESCRIPTION DRUG											
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 much in	
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	100	
	-	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 Martin Parts
		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 panang panang panang panang panang panang panang panang panang panang panang panang pan 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				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 name and a state of the second second second second second second second second second second second second	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			<b></b>	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 محمد بود د	
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. Argui
	:	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 [*] <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		-	L	\$-
•	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 whittion'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 whittion'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 initiation, 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 /ed 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 political 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/-&gt;/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	( <b>d</b> ) 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)?				alian Anni		
c Media advertisements?	ļ	·				
d Mailings to members, legislators, or the public?				<del>_</del>		
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						
i Total Add lines to through ti	W. THE SHOW AND	<b>.</b>				
j Total. Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1p. r .			
	A. F. Jos	and managering		<u> </u>		
<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>	12 2	6 17 E 14	<b></b> -			
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), 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				<del>.</del>		
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.				
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

53-0088590 Page 4

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	Complete if the org Part IV, I	al Financial Statements anization answered "Yes," to Form 990, Ine 6, 7, 8, 9, 10, 11, or 12. 1990. ► See separate instructions.		2010 Open to Public Inspection
lame 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	or Accoun	53-0088590 ts. Complete if the
i	on answered "Yes" to Form 990, Part IV, lin		-	··· <b>F</b> ····
		(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at e	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
		advisors in writing that grant funds can be us		
-	<b>•</b> • •	or donor advisor, or for any other purpose co	•	
impermissible priv	-	·····	=	Yes 🛄 No
Part II g Conserv	ation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	t IV, line 7.	
	servation easements held by the organizat	• — — — — — — — — — — — — — — — — — — —		•
	n of land for public use (e.g., recreation or e			
	of natural habitat	Preservation of a certifie	d historic str	ructure
•	n of open space	find an an atom and the star in the form of	-	on accompant on the last
2 Complete lines 2a day of the tax yea		fied conservation contribution in the form of	a conservati	on easement on the last
, day of the tax yea	u.			eld at the End of the Tax Year
a Total number of c	onservation easements			
	-	ructure included in (a)		
		after 8/17/06, and not on a historic structure		
listed in the Nation	nal Register		2d	•
3 Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization d	luring the tax
year				
	where property subject to conservation ea			
	ition have a written policy regarding the pe forcement of the conservation easements i			Yes No
		and enforcing conservation easements duri		
1		enforcing conservation easements during th		
		ve satisfy the requirements of section 170(h)		
		· · · · ·		Yes 🗔 No
9 In Part XIV, descri	be how the organization reports conservat	ion easements in its revenue and expense st	tatement, an	d balance sheet, and
include, if applical	ble, the text of the footnote to the organiza	tion's financial statements that describes the	e organizatio	n's accounting for
conservation ease		CAR Illahovia I Turonya an Ohl	on Cimilar	Assate
	if the organization answered "Yes" to Form	f Art, Historical Treasures, or Oth	er Similar	Assets.
· ·		SC 958), not to report in its revenue stateme hibition, education, or research in furtheranc	-	
	thote to its financial statements that descr		e or public st	
, •		SC 958), to report in its revenue statement a	nd balance s	heet works of art, historical
		ducation, or research in furtherance of public		
relating to these it				
ి (i) ైRevenues incl	luded in Form 990, Part VIII, line 1		🕨 \$_	
(ii) Assets include	ed in Form 990, Part X		🕨 \$ ,	
		easures, 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>	a in Form 990, Part VIII, line T		►	
			<u>.                                    </u>	<u>.</u>
	eduction Act Notice, see the Instruction		5/	chedule 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 ⁴ Using the organization's acquisition, access									
(check all that apply):			•	Ģ	Ũ			•	
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 nurnose in	Part XIV.		
5 During the year, did the organization solicit									
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	hed	<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						<u> </u>			<del></del>
e Distributions during the year						1e			
f Ending balance						_1f	<u> </u>		
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>,, ,t</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						19. A		inar di s	97
<b>b</b> Contributions									
c Net investment earnings, gains, and losses	ļ					an an an an an an an an an an an an an a		<u></u>	
d Grants or scholarships	ļ				1 (S)	<u>第三章また</u>	<u> </u>		
e , Other expenditures for facilities	1	Ì						i. Ganti	يو ا ^{ي م} ر في في ايكان
and programs									2 A
f Administrative expenses					1	\$**:唐·哈尔	(1) (1) (1)		s:1.
g End of year balance					i sin	in in the	Z Ho VIE NO		
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								l,	
Part VI Land, Buildings, and Equipr					······				
Description of investment		t or other	· · · · · · · · · · · · · · · · · · ·	st or other		umulated	(d) Bo	ok valı	
e *	1 1	ivestment)	4	s (other)		ciation	(0) 50		
to Lond	·			04,775.			7	<u>14</u>	775.
1a Land				73,928.		0,128.	15,1		
<b>b</b> Buildings			44,5	13,920.	1,21	0,120.	13,1		
c Leasehold improvements			0 1	21,981.	2 2 2 2	1,058.	6 0		923.
d Equipment		· · · · · · · · · · · · · · · · · · ·	9,4	21,901.	3,33	1,030.	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>	<u> </u>	21,8		
•						Scheo	iule D (For	m 990	<i>i</i> ) 2010
¢ _									
						•			

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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)		 	
(D)		ļ	· · · · · · · · · · · · · · · · · · ·
(F) · · · · · · · · · · · · · · · · · · ·	_ <u></u>	· · · · · · · · · · · · · · · · · · ·	
(G)			
(H)	·		······································
(1)			
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)			
(4)			
(5)		<u> </u>	
<u>(6)</u> (7)	·		
(8)			
(9)		<u> </u>	<u>_</u>
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		Harris and Addis	
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		
(8	a) Description		(b) Book value
(1)			(b) Book value
			(b) Book value
(1)			
(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)         (8)         (9)			
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)	a) Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li	a) Description		
(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 2	a) Description	(b) Amount	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X ( (a) Description of liability	a) Description	(b) Amount	
(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 2	a) Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) Part X - Other Liabilities. See Form 990, Part X, col (B) lin Part X - Other Liabilities. See Form 990, Part X ( a) Description of liability (1) Federal income taxes	a) Description	948,524.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lik Part X * Other Liabilities. See Form 990, Part X (10) Part X * Other Liabilities. See Form 990, Part X (2) ACCRUED ORGANIZING GRANT	a) Description		
(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 (0) 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	a) Description	948,524. 507,437. 1,825,060.	
(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.	
(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 (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST	a) Description	948,524. 507,437. 1,825,060.	
(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 PENSION COSTS	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X, e (10) Total. (Column (b) must equal Form 990, Part X, col (B) li Part X, e (10) (11) (11) (12) (12) (12) (12) (12) (12) (12) (13) ESTIMATED DEATH CLAIMS (14) ACCRUED POSTRETIREMENT B (5) (15) (17) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10) (11) (11) (11) (11) (11) (12) (12) (12) (11) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12) (12)	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lia 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) =	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(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 (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED PENSION COSTS (7) ACCRUED PENSION COSTS (7) ACCRUED SEVERENCE PLAN C (8) = (9) (10) (11)	a) Description	948,524. 507,437. 1,825,060. 1,648,680. 1,484,069.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) line 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 (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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INTERNATIONAL UNION OF OF Schedule D (Form 990) 2010 ENGINEERS	PERATIN	IG	-	53-00	88590	Pag
Part XI Reconciliation of Change in Net Assets from Form 990	to Audite	ed Financia				
1 Total revenue (Form 990, Part VIII, column (A), line 12)				6	5,104	,25
2 Total expenses (Form 990, Part IX, column (A), line 25)		1	2		7,230	
3 , Excess or (deficit) for the year. Subtract line 2 from line 1					7,873	
4 Net unrealized gains (losses) on investments			1		7,239	,14
5 Donated services and use of facilities			;			
6 Investment expenses			;			
7 Prior period adjustments			-			
8 Other (Describe in Part XIV.)			3		1,331	,97
9 Total adjustments (net). Add lines 4 through 8			,		8,571	,11
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9			1	6,445	
Part XII Reconciliation of Revenue per Audited Financial State 1 Total revenue, gains, and other support per audited financial statements		in Revenu	· · · · · · · · · · · · · · · · · · ·		6,937	,51
2 Amount's included on line 1 but not on Form 990, Part VIII, line 12:		••••••		etter 1		<u> </u>
a Net unrealized gains on investments	2a	7,239,	145.			
b Donated services and use of facilities						-
c Recoveries of prior year grants						
_d Other (Describe in Part XIV.)		4,594	121.	Storig - L Marine Marine		
e Add lines 2a through 2d	····· [			2e   1	1,833	,26
3 Subtract line 2e from line 1					5,104	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		••••••	·····	Stand .		<u> </u>
<ul> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	4a					
	···· }	· <u> </u>				
	····· [		<u> </u>	3-1.14		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4c 5 6	5,104	25
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.) Part XIII Reconciliation of Expenses per Audited Financial State					<u>, 104</u>	ب <i>ده</i> ر
1 Total expenses and losses per audited financial statements					8,182	,86
<ol> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ol>	•••••••••••••••••••••					
a Donated services and use of facilities	2a		l)			
				्रीवन		
b Prior year adjustments						
c Other losses		952	604.	2 3 1 2 3 1		
d Other (Describe in Part XIV.)	····· •		(	2.3	952	60
e Add lines 2a through 2d				2e	7,230	
3 Subtract line 2e from line 1	••••••	·····	ļ	3 5	1,230	, 4.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b		······				
b Other (Describe in Part XIV.)	4b			Section 1		
c Add lines 4a and 4b				4c	<del>7 336</del>	<u>)</u>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information				5 5	7,230	, 43
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c •						4; P
PART XI, LINE 8 - OTHER ADJUSTMENTS:			<u> </u>	_ <u></u>		
ADOPTION OF FASB STATEMENT NO. 158					1,331	<u>, 97</u>
	<u> </u>	<u></u>				
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
INCOME OF PAC					3,717	<u>,10</u>
COST OF GOOD SOLD		· · · · · · · · · · · · · · · · · · ·		<u> </u>	190	, 24
NATIONAL CHARITY FUND INCOME					138	
)32054  2×20-10			:	Schedule	D (Form 9	990) 2
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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	
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
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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 ic	lentification numbe
INTERNATIONAL U ENGINEERS	NION OF	OPERATIN	ſĠ	53-008	9500
	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		
. <b>"</b>			procedures for monitoring the use of g		d States.
•		- ,	an be duplicated if additional space is		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d	) (f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditure: for and
· _	in the region	independent contractors	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	investments
· · · · · · · · · · · · · · · · · · ·		in region		TO ORGANIZE ALL WORKE	in region
1 - A				FOR THE ECONOMIC, MOR	
¢			l	AND SOCIAL ADVANCEMEN	
IORTH AMERICA	1	12	PROGRAM SERVICES	OF THEIR CONDITION AN	•
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<b>b</b> Total from continuation		•		11.11.11.11.11.11.11.11.11.11.11.11.11.	
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c Totals (add lines 3a		12			1,702,10
and 3b) HA For Paperwork Reduct	ion Act Nation		Inserting the Form 990	School	lle F (Form 990) 20
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Schedule F (Form 990) 2			ON OF OPERATII	NG	53-00	88590	· · · ·	- Page :
Grants and O recipient who	ther Assistance to Org	anizations or Entities ( 00. 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 (a) Name of organizatio	(b) IBS code section	(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)
		ţ,	ij		ň			
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the IRS, or for whic	ch the grantee or courise	has provided a section	ecognized as charities by t 501(c)(3) equivalency lette	er				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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hedule F (Form 990) 20 art Suppleme Complete thi Part II, line 1 Also complet	ental Infor s part to prov (accounting	vide the ir method);	nformation re Part III (acco	ounting meth	iod); and Pa				ne 3; colui	nn (f) (ac	counting	
ART I, LINE	3, COL	UMIN (	E):									
EGION: NORTH					·							········
E) SPECIFIC			RVICES	IN RE	GION:	TO O	RGANI	ZE AL	L WOR	KERS	FOR	
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SCHEDULE J	Compensation Information		OMB No. 1	545-0047	• *				
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and High	est	20	10					
	Compensated Employees Complete if the organization answered "Yes" to Form 990,	<u>.</u> .	Open to Public						
Department of the Treasury	nent of the Treasury Part IV, line 23.								
Internal Revenue Service Name of the organizatio	► Attach to Form 990. ► See separate instructions. INTERNATIONAL UNION OF OPERATING	Employe	r identificatio	dentification number					
, turno of the organizatio	ENGINEERS	1	008859		501				
Partile Question	s Regarding Compensation		000032						
				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,	1.10						
	line 1a. Complete Part III to provide any relevant information regarding these items.	•	· •						
First-class or o		r personal use	5 · · · · ·		ц, ć				
Travel for con	ř – – – – – – – – – – – – – – – – – – –				\$				
🔆 🔣 Tax indemnific	cation and gross-up payments Health or social club dues or initiati		1 - CAP						
	spending account X Personal services (e.g., maid, chau		14						
		•							
b. If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment	or			n janger se				
	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	•				
2 Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all office	ers, directors,							
trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2_	X					
·	•				a de la composición de la composición de la composición de la composición de la composición de la composición de				
3 Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organiz	zation's							
CEO/Executive Dire	ector. Check all that apply.			847 - L	2				
<ul> <li>Compensation</li> </ul>	n committee Written employment contract			C-24"					
Independent of	compensation consultant Compensation survey or study								
Form 990 of o	ther organizations I Approval by the board or compens	ation committee	13. A S						
		-	·花 · 花						
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> % (21)				
organization or a re	ated organization:	·	Frank.	1. 24	e (				
a Receive a severand	ce payment or change-of-control payment from the organization or a related organizati	on?	4a		X				
b Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?	·····	<u>4b</u>		<u>X</u>				
C Participate in, or re	ceive 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.		なべきの		ĝ.				
		۵.		1. A A A A A A A A A A A A A A A A A A A	$\left[\frac{3}{2}\right]$				
	c)(3) and 501(c)(4) organizations must complete lines 5-9.								
5 For persons listed i	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation	5.00						
contingent on the r									
a The organization?			5a						
b Any related organiz	zation?		5b						
<ul> <li>If "Yes" to line 5a c</li> </ul>	r 5b, describe in Part III.				la stan Roman La stan				
•	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation							
contingent on the r	•			ar	1				
a The organization?	•••••		<u>6a</u>						
<b>b</b> Any related organiz	ation?		6b						
	or 6b, describe in Part III.		state in	· 建位	Ъ.				
	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed pay			ļ	•				
	es 5 and 6? If "Yes," describe in Part III		7		<u> </u>				
	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subje		-	-					
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III $_$	······	8		•				
	id the organization also follow the rebuttable presumption procedure described in	-							
Regulations section	n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9						

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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	Denenis	<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.	$\frac{0.}{12,204.}$	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> >	(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			*		
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PAYMENTS.						
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SCHEDULE L (Form 990 or 990-EZ) repartment of the Treasury Iternal Revenue Service	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.							OMB NO. 1545-0047 2010 Open To Public Inspection r identification numbe		
ENG	ERNATIONA			RATING	vos only)		Employer 53–00			numbe
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		-	-		-		*			
3 Enter the amount of tax, if ar				ation						
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	(b) Loan to or f	rom (c) Orig on? a	inal principal mount	(d) Balance due	(e) defa		bybc	oroved ard or hittee?		/ritten ment?
	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
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## INTERNATIONAL UNION OF OPERATING

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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

(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	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	1100 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
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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	[,] 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
		,			ļ	·	
			······				
					1		
							<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>			
(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
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		g) 512(b)(13 trolled ization?
۴	P.	, , , , , , , , , , , , , , , , , , ,	·	501(c)(3))		Yes	No
PEC VOLUNTARY FUND - 52-2298629			<b>_</b>				[
125 17TH STREET, N.W.	POLITICAL EDUCATION		6	÷.			
ASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527	· · · · · · · · · · · · · · · · · · ·		<u></u>	X
PPERATING ENGINEERS NATIONAL CHARITY FUND -							
6-0272760, 1125 17TH STREET, N.W.,						{	}
ASHINGTON, DC 20036	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)3			<b> </b>	X
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### INTERNATIONAL UNION OF OPERATING Schedule R[®] (Form 990) 2010 ENGINEERS

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#### 53-0088590 Páge 2

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.)

		······································		<u></u>				· · · · · · · · · · · · · · · · · · ·			·			·····
. (a)		(b)	(c)	(d)		(e)	·· (f)	(g)	(	h)	()		0	(k)
Name, address, and of related organizati	EIN ion	Primary activity	Legal domicite (state or foreign	, Direct controlling entity	Predomi (related	inant income , unrelated, from tax under s 512-514)	Share of total income		F ' '	portion- cations?	Code amount 20 of Sc	in box hedule	partner?	Percentage ownership
e	<u>.                                    </u>		country)		section	s 512-514)		<u> </u>	Yes	No	K-1 (For	n 1065)	Yes No	
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		l	<u> </u>	l	1				l					<u> </u>
Part IV Identification of F organizations trea	Related Or Ited as a co	ganizations Taxable a rporation or trust during	as a Corp ng the tax	oration or Trust (Co year.)	mplete if t	the organizat	ion answered "Yes	" to Form 990, Pa	art IV, I	line 34	because	it had or	ne or mo	ore related
	(a)			(b)		(c)	(d)	(e)		(f)	)	(g	)	(h)
Name, add	ress, and E	IN		Primary activ	vity	Legal domicile {state or	Direct controlling				of total	Shar		Percentage
of related	organizatio	n				(state or foreign country)	entity	(C corp, S corp or trust)	[,]	inco	me	end-of asse		ownership
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Part V? Transa	actions With Related Organizations (Complete if the organization answered "Ye	es" to Form 990, Part IV, line 34, 35	, 35a, or 36.)		•	
Note. Complete li	line 1 if any entity is listed in Parts II, If, or IV of this schedule.		e		Yes	No
1 During the ta	ax year, did the organization engage in any of the following transactions with one	or more related organizations liste	ed in Parts II-IV?		R.A.	
a Receipt of (i	i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		······	<b>1</b> a		X
b Gift, grant, o	or capital contribution to other organization(s)			1b	X	
c Gift, grant, o	or capital contribution from other organization(s)	<u>ج</u>	<u>\$</u>	1c		X
d Loans or loa	an guarantees to or for other organization(s)			1d		X
e Loans or loa	an guarantees by other organization(s)					X
f Sale of asse	ets to other organization(s)			1f		X
g Purchase of	f assets from other organization(s)			1g		X
h Exchange of	fassets			1h	[	X
i Lease of fac	cilities, equipment, or other assets to other organization(s)			11		X
					20	352
j Lease of fac	cilities, equipment, or other assets from other organization(s)			1j		X
	e of services or membership or fundraising solicitations for other organization(s)					X
	e of services or membership or fundraising solicitations by other organization(s)				<u> </u>	X
	acilities, equipment, mailing lists, or other assets				X	
n Sharing of p	paid employees			11	X	1
				<b>1</b>		
o Reimbursem	nent paid to other organization for expenses			10		X
						X
•					33	
q Other transfe	fer of cash or property to other organization(s)			19	X	T.
r Other transf	fer of cash or property from other organization(s)			1r		Х

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>(b)</b> Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved				
(1)	· ·							
(2)	i		,			•		
(3)	· · · · · · · · · · · · · · · · · · ·		ļ	· · · · · · · · · · · · · · · · · · ·				
(4)	······	<u>-</u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(5)	· · · · · · · · · · · · · · · · · · ·		4					
(6)	· · · · · · · · · · · · · · · · · · ·		2	*. 		· • ·		
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## INTERNATIONAL UNION OF OPERATING Schedule R (Form.990) 2010 ENGINEERS

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#### 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 9	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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Schedule R (Form 9	990) 2010 ENGINEERS	53-00885	90 Page 5
Compl	plemental Information lete this part to provide additional information for responses to questions on Schedule F	R (see instructions).	•
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е. Г		For calendar year 2010, c			-		, 20	20	010
epartment of the	Treasury	For us	se with Forms 990			L, and 8868			
ternal Revenue S		INTERNATI	ONAL UNITO	e instruction	ns. DERATING		Employer	L identificatio	number
		ENGINEERS	UNAL UNIO		DIGUTINO		1 1	008859	
Part-la	Type of Re	turn and Return	n Information (	Whole Dollar	rs Oniv)	<del></del> _	- <b>1</b>		-
				· · · · · · · · · · · · · · · · · · ·					· · · · ·
ne <b>1a, 2a, 3</b> a Vhichever is a han one line i	a, 4a, or 5a belo applicable, blan in Part I.	f return being filed w w and the amount o k (do not enter -0-). I	on that line of the re If you entered -0- o	eturn being fi n the return,	iled with this for then enter -0- or	m was blank, n the applicat	then leave lir de line below	e 1b, 2b, 3b, Do not com	4b, or 5b, plete more
	check here		evenue, if any (For					· •	651042
	-EZ check her		tal revenue, if any						
	20-POL check I D-PF check her		otal tax (Form 112 x based on investr					·	
	8 check here		e due (Form 8868,						
				, . a.c., inte o	5 5 F alt II, III 15 F			·	
(Dart 1182)	Doolovetie						·		
Part II	Declaration								
- and	t resolve issues	d in the processing related to the paym					- ed/State pro	gram, I certify	that I
EXE (as nder penalties of atements, and to ectronic return. I	cuted the elect specifically ide f perjury, I declare th a the best of my kno consent to allow my	an is being need with ronic disclosure cor- ntified in Part I abov at I am an officer of the abo wiedge and belief, they are intermediate service provi for rejection of the transmi	nsent contained wit e) to the selected s ove named organization a r true, correct, and compli ider, transmitter, or electr	thin this return state agency and that I have ex- lete. I further decla ronic return origin	(ies). amined a copy of the are that the amount in ator (ERO) to send th	organization's 20 1 Part 1 above is th e organization's re	10 electronic retu e amount shown eturn to the IRS ar	in and accompany on the copy of the id to receive from	ing schedules organization's
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Bo	heck if pplicable:	Please use IRS	C Name of organization	D Employer identific	ation number
	Name change	type.	Doing Business As	<u> </u>	088590
	Termin-	See Specific Instruc-	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1125 17TH STREET, N.W.		429-9100
<u>ا</u>	Amenda Ireturn		City or town, state or country, and ZIP + 4	G Gross receipte \$	151,888,927.
	Ltion pending		WASHINGTON, DC 20036 The and address of principal officer: GIBLIN, VINCENT J.	H(a) Is this a group re for affiliates?	turn Yes X No
			IE AS C ABOVE	H(b) Are all affiliates incl	
1 1	ax-exer		us: X 501(c) ( 5 ) < (insert no.) 4947(a)(1) or 527		list. (see instructions)
_			W.IUOE.ORG	H(c) Group exemption	
		rganizatio		ar of formation: 1896 M	State of legal domicile: DC
Pa		Summ		· · · · · · · · · · · · · · · · · · ·	
e	18	riefly de	scribe the organization's mission or most significant activities: SEE SCHEI	DULE O	······
Activities & Governance					
Veri	1		s box I if the organization discontinued its operations or disposed of me of voting members of the governing body (Part VI, line 1a)	1.1	21
ŝ			of voting members of the governing body (Part VI, line 1a)		
5 <b>8</b>			ber of employees (Part V, line 2a)		127
itie			iber of volunteers (estimate if necessary)		0
ctiv			is unrelated business revenue from Part VIII, column (C), line 12		0.
Ř		-	ated business taxable income from Form 990 T, line 34		0.
				Prior Year	Current Year
•	<b>8</b> C	ontribut	ions and grants (Part VIII, line 1h)		
Revenue	9 P	rogram s	service revenue (Part VIII, line 2g)	46,067,288.	47,113,569.
eve	10 lr	vestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-5,574,194.	-4,016,253.
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,116,224.	1,973,326.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,609,318.	45,070,642.
	13 G	rants an	d similar amounts paid (Part IX, column (A), lines 1-3)	70,550.	
į	14 B	enefits p	paid to or for members (Part IX, column (A), line 4)	2,119,227.	2,397,877.
ŝ			other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,776,847.	35,229,198.
sua	16a P	rofessio	nal fundraising fees (Part IX, column (A), line 11e)		
Expense			Iraising expenses (Part IX, column (D), line 25) 🛛 🕨	N. K. Station	and the second second
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,871,046.	<u>15,897,657.</u>
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,837,670.	<u>53,524,732</u>
8	19 R	evenue	ess expenses. Subtract line 18 from line 12	-6,228,352.	-8,454,090.
Assets or Balances				Beginning of Current Year	End of Year
Bala			ets (Part X, line 16)	276,740,338.	302,951,665.
et A			lities (Part X, line 26)	67,379,651.	70,279,457.
			s or fund balances. Subtract line 21 from line 20	209,360,687.	232,672,208.
				s and to the best of my knowledge	e and belief it is into correct
		ind comple	ities of perjury, I declare that I have examined this return, including accompanying schedules and statement te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge.	
Sigr	. İı			ŀ	
Her	11	Sigr	ature of officer	Date	
1121			RISTOPHER HANLEY, GEN SEC/TREAS		
		Preparer's		Check if Prepare	r's identifying number tructions)
Paid		signature	The first filler and filler	self- employed 🕨 🛄 🔤	
-		ium s name Iours if		EIN ►	
Use	<b>v</b> iiii, j	elf-employ	• 1850 K STREET, N.W.		
		uddress,an ⊴P+4	WASHINGTON, DC 20006	Phone no. ► ( 2	202)331-9880
May	the IRS	discus	s this return with the preparer shown above? (see instructions)		X Yes No

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932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2009)

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Form 886	8 (Rév. 4-2009)					Page 2
. ■ +lf you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	I check this bo	x		► 🗵	3
Note. Or	tly complete Part II if you have already been granted an automatic 3-month extension on a $\rho$	reviously filed	Form	8868.		
State of State of State of State	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
मित्रस्य		original (no c	1			
Type or	Name of Exempt Organization		Emp	loyer ident	ification nu	nber
print	INTERNATIONAL UNION OF OPERATING ENGINEERS	1.5812 1.12	5	3-0088	2590	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			S use only		<u> </u>
extended due date fo		Carl & Frank				
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					· · · · · ·
instruction:	WASHINGTON, DC 20036					م و م م <u>سا</u> لی از ا
Check t	rpe of return to be filed (File a separate application for each return):	-			<b></b>	
K Fo		n 1041-A	=	rm 5227	L Form	8870
- Fo	rm 990-BL Form 990-PF Form 990-T (trust other than above) Form	m 4720	Fo	rm 6069		
STOPIC	o not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly file	d Form 88	68.	
	THE ORGANIZATION					
• The b	ooks are in the care of 🕨 1125 17TH STREET, N.W WASHING	TON, DC	20	036		
	hone No.▶ (202)429-9100 FAX No.▶			· · · · · ·		_
	organization does not have an office or place of business in the United States, check this bo				🕨 🗋	
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)					
<u>box</u> ►	1 I if it is for part of the group, check this box $1$ and attach a list with the names a equest an additional 3-month extension of time until NOVEMBER 15, 2010.	nd Eins of all	memb	ers the exte	ansion is for.	
		and ending.				
		and ending I return	1	Change in a	accounting	 heriod
	ate in detail why you need the extension				p	
A	DDITIONAL TIME IS NEEDED TO GATHER INFORMATION	TO COM	PLE	TE THE	RETUR	IN.
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any				
	nrefundable credits. See instructions.		8a	\$		
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es payments made. Include any prior year overpayment allowed as a credit and any amount p					
	eviously with Form 8868.	200	8b	¢		
	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	deposit		<u> </u>		<u>`</u>
	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	-	8c	\$	N/A	
	Signature and Verification		<u> </u>			
Under per	alties of perjury, I declare that I have examined this form, including accompanying schedules and statem	nents, and to the	e best o	f my knowle	dge and belief,	, ·
	correct, and complete, and that I am authorized to prepare this form.			ali	Im	
Signature	Allen Poologa The CPU		Date	<u> 8/6</u>		
				Form	1 <b>8868</b> (Rev. 4	1-2009)
	•					

923832 05-20-09

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Form Par	990 (2009) ENGINE	IATIONAL UNION OF OPERATING ERS Service Accomplishments	53-0088590 Pag
1		sion: DE OF OPERATING ENGINEERS TO ITS VITY AND THE RANKS OF ORGANIZED	
2	the prior Form 990 or 990 EZ?	prificant program services during the year which were not lister	
3	If "Yes," describe these new services of Did the organization cease conducting If "Yes," describe these changes on S	g, or make significant changes in how it conducts, any program	n services?Yes 🔀
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organiz	ments for each of the organization's three largest program sen zations and section 4947(a)(1) trusts are required to report the es, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses <u>TO ORGANIZE ALL WOR</u> <u>OF THEIR CONDITION</u> .	KERS FOR THE ECONOMIC MORAL AND	) (Revenue \$ D SOCIAL ADVANCEMENT
45	(Code: ) (Expenses	\$ including grants of \$	) (Revenue \$
4c	(Code: ) (Expenses	\$ including grants of \$	) (Revenue \$
			· · · · · · · · · · · · · · · · · · ·
	Other program services. (Describe in S (Expenses \$ in Total program service expenses > \$	ncluding grants of \$ ) (Revenue \$	· · · · · · · · · · · · · · · · · · ·

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INTERNATIONAL	UNION	OF	OPERATING

	990 (2009) ENGINEERS 53-0088	590	) P	age 3
Pa	rt 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		T	
	public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<u> </u>		
-	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	[	<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	۲, T		<u> _==</u>
•	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,	Ľ	f	†-=
•	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	<u> </u>	<u> </u>	<u>⊢</u>
	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			- <b>**</b>
3		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		<u>⊢</u> ≏-
10		40	1	x
44	If "Yes," complete Schedule D, Part V			<b>_</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			i i
	as applicable	<b>11</b>	X	8.617
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI.			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ų i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1. A		
•		11		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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	19 ⁹⁷		1. ji
-	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	498		
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1.14	
	Schedule D, Parts XI, XII, and XIII.	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	10.33	n Be	21 (d. 21)
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		i isi i	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>	X	<u> </u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	146	X	
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, Part II	15	<u> </u>	<u>x</u>
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, Part III	16	<u> </u>	<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ		
	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	L	<u>X</u> .
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	L	<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

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932003 02-04-10

## INTERNATIONAL UNION OF OPERATING

	t IV Checklist of Required Schedules (continued)		<b>-</b>	r
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	j		
	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	X	
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," enswer lines 24b through 24d and complete		}	
	Schedule K. If "No", go to line 25	24a		X
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		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	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			
	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	~~~		- 41
	contributor, or a grant selection committee member, or to a person related to such an individual? 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		_ <b>▲</b> 
10	instructions for applicable filing thresholds, conditions, and exceptions):	l Hari		· · in the
~			69,11	i i i i i i V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	285	X	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, 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		X
34	Was the organization related to any tax-exempt or taxable entity?		-	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		х
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		
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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	x	
		Form		2000/

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INTERNATIONAL	UNION	OF	OPERATING
ENGINEERS			

53-0088590 Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	····				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			翻		關於
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	45			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and r				<b>新教</b> 室	
	(gambling) winnings to prize winners?			<u>1c</u>	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			調測		
	filed for the calendar year ending with or within the year covered by this return		<u>127</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				國語法	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed by t	his return?	<u>3a</u>	Ļ	X
			•••••••••••	<u>3b</u>	<u>                                     </u>	
4a	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	accou	nt)?	<u>4a</u>	X	<u> </u>
Ь	If "Yes," enter the name of the foreign country:  CANADA					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank :	and			
	Financial Accounts.			兵服,		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			<u>5</u> b	<b> </b>	X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	· ·				
	Tax Shelter Transaction?	•••••	•••••••••••••••••••••••••••••••••••••••	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			
	any contributions that were not tax deductible?			<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut					ĺ
	were not tax deductible?	····		<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).			1.1		la Barrasa
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	-			[	
	provided to the payor?	••••		7a		ļ
				7b		L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					1
	to file Form 8282?			<u>7c</u>	n. s sere	Second Salar
a	If 'Yes," indicate the number of Forms 8282 filed during the year	<u>7d</u>			2019-38 19-19-38	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				: ¹ ;	
	benefit contract?			7e	L	<u> </u>
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of publication interval and the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the second statement of the secon			<u>71</u>		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	? 		<u>7g</u>		<b> </b>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			7h	1.14	<u> </u>
Ū.	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ganiza	itions. Did the			
	at any time during the years		-	:: :: _	÷,.	
	Sponsoring organizations maintaining donor advised funds.			8		
	Did the organization make any taxable distributions under section 4966?			- -	<u>,</u>	
ь Б	Did the organization make a distribution to a donor, donor advisor, or related person?		······	<u>9a</u>		
	Section 501(c)(7) organizations. Enter:	•••••		9b		
	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10a			5. e	1.7 
	Section 501(c)(12) organizations. Enter:	105				
		<b></b> .		-		
	Gross income from members or shareholders Gross income from ether sources (Do not net amounts due or paid to other sources against	11a	· · · · · · · · · · · · · · · · · · ·	5		
	amounts due or received from them.)	11b		S.S.	Si di P	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			10-1	e esta	1777 - 184 S
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125		<u>12a</u>		4.2.
	a the second states and the second of accided during the year	120				

Form 990 (2009)

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932005 02-04-10

Form 990 (2009)

#### INTERNATIONAL UNION OF OPERATING ENGINEERS

Form 990 (2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent		逐步。	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	國議		國家
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a				
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		議部	
	by the following:			inne. GU <b>V</b>
а	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			
	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 Revenue Code.)			

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	t0a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ſ	1	
	and branches to ensure their operations are consistent with those of the organization?	105	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	F -		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Alexer A	i line i	
12a	Does the organization have a written conflict of interest policy? If "No, " go to line 13			
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	125		x
С	• · · · · · · · · · · · · · · · · · · ·	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			10.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
ь	Other officers or key employees of the organization			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	98. 1		
16a	·		13.12.794 17.4745	
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		- 2	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	i I	
Sec	tion C. Disclosure		har	<u> </u>
47	List the states with which a same of this Form 000 is securized to be filed by NONE			

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 (501(c)(3)s only) available for 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 financial 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 organization: ► THE ORGANIZATION - (202)429-9100

<u>1125 17TH STREET, N.V</u>	<u>W., WASHIN</u>	<u>IGTON, DC</u>	20036
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Form 990 (2009)

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932008 02-04-10

#### Form 990 (2009) ENGINEERS Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

ta 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. Use Schedule J-2 if additional space is needed.

 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. 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average	Position		Reportable	Reportable	Estimated				
Hame and This	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per				T	T T	<u> </u>	from	from related	other
	week	adividual trustes or director						the	organizations	compensation
		eord	fte		ļ	22 Ge	ļ	organization	(W-2/1099-MISC)	from the
		iste	ristitutional trustee		ŧ,	aper		(W-2/1099-MISC)		organization
		(tens)	utions	-	(ey employte	188	5			and related
		April 1		Officer	¥9	Highest compensated employee	Former	ļ		organizations
AHERN, JOHN										
TRUSTEE	40.00	X						23,275.		7,824.
GALLAGHER, MICHAEL										
TRUSTEE	40.00	X			L	ļ		23,175.	0.	7,824.
HOLLIDAY, JOHN M.		·				1				
TRUSTEE	40.00	X			ļ			23,275.	0.	7,819.
JOHNSON, GLEN						1	1			
TRUSTBE	40.00	X						23,275.	0.	7,819.
KUBA BROWN					1	l	1			
TRUSTEE	40.00	X				┢		23,275.	0.	7,822.
GIBLIN, VINCENT J.					]				_	
GENERAL PRESIDENT	40.00			X	<b> </b>	ļ	<u> </u>	470,412.	0.	132,633.
HANLEY, CHRISTOPHER		)			]	1	)			
GENERAL SECRETARY-TREASU	40.00			X	<b> </b>			248,876.	0.	99,136.
CALLAHAN, JAMES T.	40.00				]		]			
VICE PRESIDENT	40.00		$\vdash$	X	<u> </u>		<b> </b>	84,368.	0.	<u>26,550.</u>
HAMILTON, JOHN M.	40.00	]		v				05 100		26 250
VICE PRESIDENT HICKEY, BRIAN E.	40.00	<b></b>		X		┣		85,168.	0.	26,358.
VICE PRESIDENT	40.00	} '		x	1	ĺ		84,368.	ο.	26,358.
HOLLIDAY, GUY M.	40.00	<u> </u>		<u> </u>		┨	<u>-</u>	04,300.	0.	20,330.
VICE PRESIDENT	40.00			x	1	}		84,368.	0.	26,399.
KALMAR, JERRY L.	40.00			-	┣	<u> </u>		04,300.	· · ·	20,399.
VICE PRESIDENT	40.00	]		x	1		]	74,368.	0.	26,358.
KROEKER, GARY W.				<u>a</u>		┨───		/4,500.		20,550
VICE PRESIDENT	40.00	ļ		x		ļ	]	84,368.	0.	26,358.
ROGER KAMINSKA					<b>_</b>	t-				
VICE PRESIDENT	40.00			x				84,368.	0.	26,436.
RUSSELL BURNS		[				ţ-	<u> </u>			
VICE PRESIDENT	40.00			x	1		]	74,368.	ο.	26,353.
SINK, PATRICK L.					<u> </u>	1	1			
VICE PRESIDENT	40.00	l		x	ļ	1	l	84,368.	0.	26,358.
WAGGONER, WILLIAM C.		[				T	Γ			
VICE PRESIDENT	40.00			x	ĺ		L	84,368.	0.	26,391.
932007 02-04-10										Form 990 (2009)
						-				

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#### INTERNATIONAL UNION OF OPERATING ENGINEERS

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Form 990 (2009) ENGINEER		NTO	)N	O	e (	OPE	≤K4	ATING	53-00	88590 Page 8
								Comparented Englass		100370 Tage -
Part VII Section A. Officers, Directors, Tr		n <u>pi</u> c I	oyee			lign	esi			
(A)	(8)				(C)			(D)	(E)	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable compensatio	n Estimated
	hours	<u> </u>	neck	raiin	mat	app	<u>iy)</u>	compensation from	from related	
	per	ទី			1			the	organizations	
	week	dte	[ _ ·			3		organization	(W-2/1099-MIS	•
	}	Individual bustes or director	Institutional trustea			Highest compensated employee		(W-2/1099-MISC)	(11-27) 000 1410	organization
		Ē	튵	l	gyee	ц Ш С				and related
		Mdua	퉖	5	en p	hest of	Former			organizations
		19	E.	Officer	Ξ.	₹5	2			Ť
JAMES SWEENEY	<b>}</b>	1-	<u> </u>							
VICE PRESIDENT	40.00	-		Х				_73,748.		0. 23,421.
SCHLOOP, PHILIP L.		Γ	Ι							
VICE PRESIDENT	40.00			Х			l	69,365.		0. 22,092.
DUFFY, WILLIAM K.			ſ	[						
VICE PRESIDENT	40.00		İ	x	İ .		ļ	42,184.		0. 13,239.
MCLAUGHLIN, JAMES J. III		1	t	[						
VICE PRESIDENT	40.00			x				37,184.		0. 13,239.
ROBERT T. HEENAN										
VICE PRESIDENT	40.00	ł		x			-	42,184.		0. 10,845.
GRIFFIN, RICHARD	<u> </u>		╞──		İ					
GENERAL COUNSEL	40.00					x	1	254,191.		0. 101,968.
LOUGHRY, JOHN W.		<u> </u>								
CFO	40.00					x		254,329.		0. 90,773.
VANDYKE, JAMES					<u> </u>			221/222	,,,,_,,,,,,,,,,,,,,,,,,,	
CHIEF OF STAFF	40.00					x		258,606.		0. 101,985.
POUPORE, RAYMOND J.	+	┼──			t-				·····	
NCA II DIRECTOR	40.00					x		242,276.		0. 95,931.
DUNN, RYAN J.			-		┝	1		414,4701	<b></b>	<u> </u>
ORGANIZING DIRECTOR	40.00					x		289,580.		0. 79,585.
		L	L				l	3,223,690.	<u>.                                    </u>	
1b Total									000	
2 Total number of individuals (including but	not limited to tr	1050	ASTE	io a	DOVE	e) wr	io ri	eceiveo more than \$100	UUU in reportable	69
compensation from the organization										Yes No
									<b>A</b> .	
3 Did the organization list any former officer										
line 1a? If "Yes," complete Schedule J for										<u>3 X</u>
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15										
5 Did any person listed on line 1a receive or				rom	any	/ unr	elat	ed organization for servi	ces rendered to	
the organization? If "Yes," complete Schel	dule J for such	pers	on.			فيلتبه حمر				<u>5 X</u>
Section B. Independent Contractors										
1 Complete this table for your five highest co	ompensated inc	depe	ende	int c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensation from
the organization.					_			······································		
(A)								(B)		(C)
Name and busines	s address							Description of s	ervices	Compensation

(A) Name and business address	(B) Description of services	(C) Compensation
CLEVENGER CORPORATION		······································
10718 TUCKER STREET, BELTSVILLE, MD 20705	CONSTRUCTION	1,485,859.
CAREFIRST BCBS		
PO BOX 79749, BALTIMORE, MD 21279	HEALTH INSURANCE	1,448,631.
IMA RESOURCES INC, 1919 GALLOWS ROAD,		ļ — — — — — — — — — — — — — — — — — — —
SUITE 400, VIENNA, VA 22182	COMPUTER CONSUTING	1,006,619.
CAREMARK INC	PRESCRIPTION DRUG	
2211 SANDERS ROAD, NORTHBROOK, IL 60062	PROVIDER	757,964.
MOUNT VERNON PRINTING COMPANY		
3229 HUBBARD RD, LANDOVER, MD 20785	PRINTING COMPANY	603,583.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 in compensation from the organization  41		
		Form <b>990</b> (2009)

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訊	<u>.</u>	Statement of Rever						
					(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	а	Federated campaigns		·		1		
		Membership dues				.,		
	С	Fundraising events	1c					
	d	Related organizations	<u>1d</u>					
	е	Government grants (contribut	ions) <u>1e</u>					
•	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abor	ve <b>11</b>					
	-	Noncash contributions included in lines			11 f. All and Argentiers	1771 - 新生花田 新生花市 1771 - 新生活市 美生活		
	h	Total, Add lines 1a-1f						
				Business Code	1			
2		MEMBERSHIP DUES	, 	900099	47,113,569,	47,113,569.		
	b			ļ		<u> </u>	·	<b>├</b>
	C J					<u> </u>	·	
	a							[
	e 4	All other program service reve						·
					47 113 569			
3		Investment income (including			47,113,303	Part is provided 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 s	114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	parties to be available .
•		other similar amounts)			8268578.			8,268,57
4		Income from investment of tax				· · · · · · · · · · · · · · · · · · ·	<del>_</del>	<u></u> , <u></u> ,
5		Royatties	• • •		997,093.		· · · · · · · · · · · · · · · · · · ·	997,093
•		,	(i) Real	(ii) Personal				
6	а	Gross Rents	929627.					
i	ь	Less: rental expenses						
(		Rental income or (loss)	929627.					
	d	Net rental income or (loss)	·····	<b>&gt;</b>	929,627.			929,627
7	а	Gross amount from sales of	(i) Securities	(ii) Other	n na stati i se se se se se se se se se se se se se			
		assets other than inventory	94,278,195,		- 「私事」「新生」」			piero ge
ł		Less: cost or other basis						
			<u>106,563,026,</u>					
0		Gain or (loss)						
		Net gain or (loss)		<u></u>	-12,284,831,	· · · · · · · · · · · · · · · · · · ·	<b></b>	-12,284,83
8		Gross income from fundraising						
		including \$		1				
		contributions reported on line	, .					
,		Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fund		L		of the second second	un altere strange.	NERES ELISES
		Gross income from gaming ac	~		,	a than 17 fa taiste (a	ortes constructions	Right
•		Part IV, line 19						
1		Less: direct expenses						
		Net income or (loss) from gam					ing in the second second second second second second second second second second second second second second s	49
10		Gross sales of inventory, less	-	[		Weiser auf Gislam	tini, di constalitzatione	<b>FRE</b> MENTY
		and allowances	a	148076.				
1	b	Less: cost of goods sold	b	255259.				
	<u>c</u>	Net income or (loss) from sales	s of inventory		<u>-107,183.</u>	<u>-107,183.</u>		
		Miscellaneous Revenue	8	Business Code				
		SUNDRY		900099	153,789.			153,789
I	b							
(	C	······						
1		All other revenue						
•		Total. Add lines 11a-11d			153,789.			en el cardo de la c
12		Total revenue. See instructions.	*****		45,070,642.	47 006 386	0.	-1 935 74

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#### ۰. . Form 990 (2009)

#### INTERNATIONAL UNION OF OPERATING ENGINEERS

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  $(\mathbf{P})$  (C) and (D) -1-4- ----

	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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u>2,397,877.</u>			¹⁹ 010 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 19700 - 19700 - 19700 - 19700 - 1970 - 1970 - 1970 - 1970 - 1970 - 19
6	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)			-	
7	Other salaries and wages	13,234,243.		ļ	· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	19,094,508.			
9	Other employee benefits	2,056,542.			
10	Payroll taxes	843,905.	·	ļ	 
11	Fees for services (non-employees):		•		
а	Management		· · · · · · · · · · · · · · · · · · ·		
þ	Legat	748,441.			
C	Accounting	176,478.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		e jagostaj 		
f	Investment management fees				
g		1,096,098.			
12	Advertising and promotion	6,444.		1 1 . 1. Was all 1	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	1,902,951.			
14	Information technology	275,001.			
15	Royalties		·	 	
16	Occupancy	791,850.			
17	Travel	1,090,450.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	413,166.			· · · · · · · · · · · · · · · · · · ·
20	Interest		·	· <u> </u>	
21	Payments to affiliates	2,938,892.		<u> </u>	
22	Depreciation, depletion, and amortization	1,282,051.		· · · · · · · · · · · · · · · · · · ·	
23	Insurance	161,635.		1	n in state state and a second state of the second
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	2 AE2 EEE			
a	ORGANIZATION & EDUCATIO JOURNAL EXPÊNSES	2,453,565.	······································		
b	AURO ORDRAITIONS & REPAI		 		
د بر	CONTRIBUTIONS	<u>718,275.</u> 149,400.	·····	<u> </u>	·····-································
d	DUES AND SUBSCRIPTIONS	<u>149,400.</u> 138,062.		<u>}</u>	
e					
f	All other expenses			<u> </u>	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	53,524,732.			· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Check here L if following				
	SOP 98-2. Complete this line only if the organization	i			
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				1	

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INTERNATIONAL UNION OF OPERATING ENGINEERS

Form	990 (	2009)ENGINEERS					53-	0088590	Page 11
Pa	n Xa	Balance Sheet							
		· · · · · · · · · · · · · · · · · · ·				(A) Beginning of year		(B) End of ye	ar
	1	Cash - non-interest-bearing		****		5,715,882.	1	2,528	,042.
	2	Savings and temporary cash investments				80,193,490.		8,508	
	3	Pledges and grants receivable, net			3	1			
	4	Accounts receivable, net			5,967,901.		6,917	.962.	
	5	Receivables from current and former officers, di					1		
		employees, and highest compensated employee			į				
		of Schedule L		-			5		
	6	Receivables from other disqualified persons (as					1		
		4958(f)(1)) and persons described in section 495					·		
	Part II of Schedule L						6		
ŵ	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · · ·	7	1			
Assets	8	Inventories for sale or use			8				
As	9	Prepaid expenses and deferred charges				395,561.		375	,374.
	10a		1	*****	•••••			T	
		basis. Complete Part VI of Schedule D	10a	30,851,5	05.		11.1	uit. 1944 - 1944 1955 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1	
	Ь	Less: accumulated depreciation	105				10c		203.
	11	Investments - publicly traded securities				116,656,424.			
	12	Investments - other securities. See Part IV, line 1		46,659,311.		47,348			
	13	Investments - program-related. See Part IV, line		10,000,011	13		1.0		
	14	Intangible assets		······································	14	<u> </u>			
	15	Other assets. See Part IV, line 11		*****************************		749,941.		207	,845.
	16	Total assets. Add lines 1 through 15 (must equa		276,740,338.		302,951			
	17	Accounts payable and accrued expenses				2,429,066.		1,538	
	18	Grants payable				2,20,000	18		12011
	19	Deferred revenue					19	<u></u>	
	20	Tax-exempt bond liabilities					20		
6	21	Escrow or custodial account liability. Complete F					21		
itie:	22	Payables to current and former officers, director						مريحة أيتعالم	i ke di li
Liabilities		highest compensated employees, and disqualifi							. 11 1
Ë		of Schedule L					22		14 1
	23	Secured mortgages and notes payable to unrela					23	1	
	24	Unsecured notes and loans payable to unrelated					24	-	
	25	Other liabilities. Complete Part X of Schedule D				64,950,585.	-	68,740	.553.
	26	Total liabilities. Add lines 17 through 25				67,379,651.		70,279	
		Organizations that follow SFAS 117, check he	re 🕨	X and complet	te				
ģ		lines 27 through 29, and lines 33 and 34.							
ě	27	Unrestricted net assets				209,360,687.	27	232,672	.208.
ala	28	Temporarily restricted net assets					28	<u> </u>	
E P	29	Permanently restricted net assets			29	<u>†</u> ───			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, cf							
P	Ì	complete lines 30 through 34.							
ន	30	Capital stock or trust principal, or current funds			30	· · · ·			
SS	31	Paid-in or capital surplus, or land, building, or eq			31	1			
at 7	32	Retained earnings, endowment, accumulated in					32		
ž	33	Total net assets or fund balances				209,360,687.		232,672	,208.
	34	Total liabilities and net assets/fund balances				276,740,338.		302,951	
		_ · ·							90 (2009)

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	INTERNATIONAL UNION OF OPERATING		_	
	990 (2009) ENGINEERS 53-008	38290	Pa	ge 1
нa)	Financial Statements and Reporting			·
		(	Yes	No
I	Accounting method used to prepare the Form 990: Cash X Accrual Other		T-VAL	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		<b>開墾</b>	
la	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	X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1		[ _
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	i
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			įs. j
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			-1.8
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis		の開始	
la	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	{	x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	·· }	<b> </b>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. Зъ	1	

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SCHEDULE C	P	olitical Campaign a	and Lobbving	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		ganizations Exempt From Income			2009
Department of the Treasury		Complete if the organ	ization is described be	iow.	Open to Public
nternal Revenue Service		Attach to Form 990 or Form 99			Inspection
		Form 990, Part IV, line 3, or For		e 46 (Political Campaig	n Activities), then
		mplete Parts I-A and B. Do not con			
		01(c)(3)) organizations: Complete	Parts I-A and C below. I	Do not complete Part I-E	3.
<ul> <li>Section 527 organiza</li> </ul>	-	•			<b>A</b>
		o Form 990, Part IV, line 4, or For			
		have filed Form 5768 (election un			
		have NOT filed Form 5768 (election		); Complete Part II-B. Do	not complete mart IFA.
		o Form 990, Part IV, line 5 (Proxy	rax), then		
lame of organization		ations: Complete Part III. ATIONAL UNION OF (	PERATING		ployer identification number
and of englished for	ENGINE				53-0088590
Part I-A Comple	te if the or	ganization is exempt unde	er section 501(c) o	or is a section 527	organization.
		ization's direct and indirect politica			
•	5		•••		\$
					*
			***************************************		·····
Part I-B Comple	te if the or	ganization is exempt unde	er section 501(c)(3	).	
		cincurred by the organization unde			\$
2 Enter the amount of	any excise tax	cincurred by organization manage	rs under section 4955	►	\$
3 If the organization in	ncurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction ma	_				
b If "Yes," describe in	Part IV.				
Part I-C Comple	te if the or	ganization is exempt unde	er section 501(c),	except section 50°	r(c)(3).
1 Enter the amount di	rectly expende	d by the filing organization for sec	tion 527 exempt function	on activities	\$
2 Enter the amount of	the filing orga	nization's funds contributed to oth	er organizations for sec	tion 527	
exempt function act	ivities				\$
		s. Add lines 1 and 2. Enter here an			
4 Did the filing organiz	ation file Form	1120-POL for this year?			Yes
		mployer identification number (EIN		-	
-	•	the amount paid from the filing org	•	•	
		livered to a separate political organ			
	space is neede	d, provide information in Part IV.	T		
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			1	funds. If none, enter -0	
		}			delivered to a separate
					political organization. If none, enter -0
PEC NY EDUCA		WAGUTNOMON DO	+		
SPEC NY EDUCA FUND	ALTON	WASHINGTON, DC 20036	76 0000676	040 000	.)
PEC SEPARATI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	WASHINGTON, DC	76-0833676	840,000	0.
DUCATION FUR		20036	13-4312872	· · · · ·	750,000
SDUCATION FOL	<u>ND</u>	20030	13-4312072		, , , , , , , , , , , , , , , , , , , ,
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		· [	<u> </u>		
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53-0088590 Page 2

Schedule C (Form 990 or 990 EZ) 2009	ENGI	NEERS		- 501(-)(2) and 5	<u>53-0</u>	088590 Page 2
Part II-A Complete if the or (election under se			mpt under sectio	n 501(c/(s) and 1	lea Form 5706	
A Check			listed emun		<u> </u>	
		-	nd "limited control" pr	ovisions apply.		
					(a) Filing	(b) Affiliated group
	nits on Lobi nditures" m	• • •	nditures Ints paid or incurred.	)	organization's totals	totals
1 a Total lobbying expenditures to inf	fluence pub	lic opinion (	grass roots lobbying)			
b Total lobbying expenditures to inf	fluence a le	gislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditu						
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. En	ter the amo	unt from th	e following table in bo	th columns.		
If the amount on line te, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,				cess over \$1,000,000.	posts galantes. Transformes galantes	
Over \$1,500,000 but not over \$17	7,000,000		0 plus 5% of the exce	ass over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
		(	······································	·	<u>n a stration (1997) (1997) (19</u> 74) A	<u>1   </u>
<ul> <li>g Grassroots nontaxable amount (e</li> <li>h Subtract line 1g from line 1a. If ze</li> </ul>						
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than z	· · ·	**	line 11 did the orospis	ation file Form 4720	L	
reporting section 4911 tax for this			-		Г	Yes 🔲 No
			eraging Period Under		<u></u>	
(Some organi				n do not have to com	plete all of the five	
c	olumns be	low. See th	e instructions for line	es 2a through 2f on p	age 4.)	
	Lobb	oying Expe	nditures During 4-Ye	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a)	2006	(ъ) 2007	(c) 2008	(d) 200 <del>9</del>	(e) Total
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))						

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## Schedule C (Form 990 or 990 EZ) 2009 ENGINEERS

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# 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)).

		(	a)	0	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	a creates			
-	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?				(1039) (BLVe)
с	Media advertisements?		\ 		······
d	Mailings to members, legislators, or the public?			ļ	
е	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?			<u> </u>	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
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)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		a		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Pai	till-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?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E E		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members				<u> </u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi		1. 1 A A		
-	expenses for which the section 527(f) tax was paid).				
я	Current year			1	
	Carryover from last year			· · · · · ·	
- c			1		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		1.17		·····
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
		pontoa	4		
6	Taxable amount of lobbying and political expenditures (see instructions)	••••••	5		
_	TIV Supplemental Information		<u></u>	L	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II.B	line 1i Als	o complete	a this nan
	ny additional information.			0, 0011,2,011	
	RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	- TAMAO	TON		
<u></u>	AT I C CONTINUMITOR I ON INCOMPETITI MENE, ADDRESS IN	UIUH11		······································	
EP	EC NY EDUCATION FUND				
11	25 17TH STREET, N.W. WASHINGTON, DC 20036				
<u>EP</u>	EC SEPARATE EDUCATION FUND				

1125 17TH STREET, N.W. WASHINGTON, DC 20036

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Schedule C (Form 990 or 990-EZ) 2009

(Form 990) Department of the Treasury Internal Revenue Service	Complete if the Part	organization answere IV, line 6, 7, 8, 9, 10, 1	tal Financial Statements organization answered "Yes," to Form 990, V, line 6, 7, 8, 9, 10, 11, or 12. orm 990, ▶ See separate instructions.			
Name of the organiz		ION OF OPER	ATING	Emp	oloyer identificati	
Part   Organ	ENGINEERS nizations Maintaining Donor Adv	rised Funds or Ot	ber Similar Fun	de or Accou	53-0088	
	zation answered "Yes" to Form 990, Part IV				into. Complete il	
			advised funds	(b) Fun	ds and other acco	
1 Total number a	at end of year					
	ntributions to (during year)					
	ants from (during year)			<u> </u>		
	lue at end of year			<u> </u>		
+	ization inform all donors and donor advisors	-			<u> </u>	
_	zation's property, subject to the organization				Yes	
-	ization inform all grantees, donors, and don					
•	purposes and not for the benefit of the don private benefit?		• • •	-	Yes	
	private benefit?					
	conservation easements held by the organ		· · · · · · · · · · · · · · · · · · ·	,		
	ation of land for public use (e.g., recreation		Preservation of an I	nistorically impo	ortant land area	
	ion of natural habitat		Preservation of a ce			
Preserva	ation of open space					
2 Complete lines	s 2a through 2d if the organization held a q	ualified conservation c	ontribution in the for	m of a conserva	ation easement on	
day of the tax	year.			·		
					Held at the End of t	
	of conservation easements					
b Total acreage i	restricted by conservation easements					
	nservation easements on a certified historic					
	nservation easements included in (c) acquir					
	nservation easements modified, transferred	l, released, extinguishe	ed, or terminated by t	he organization	n during the tax	
year >						
	ites where property subject to conservation inization have a written policy regarding the			-		
-	a enforcement of the conservation easemer				Yes	
	nteer hours devoted to monitoring, inspect		servation easemonts			
	penses incurred in monitoring, inspecting, a					
	nservation easement reported on line 2(d) a				•	
	70(h)(4)(B)(ii)?				Yes	
9 In Part XIV, des	escribe how the organization reports conser	rvation easements in it	s revenue and expen	se statement, a	and balance sheet	
	licable, the text of the footnote to the organ					
conservation e	easements.			_		
	nizations Maintaining Collection			Other Simila	ar Assets.	
Comple	ete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8		·····		
	ition elected, as permitted under SFAS 116					
	other similar assets held for public exhibition		cri in furtherance of p	oublic service, p	provide, in Part XIV	
	b its financial statements that describes the	-			المتعقمة المعادية	
	ition elected, as permitted under SFAS 116 r assets held for public exhibition, educatio					
these items:	a constraint for public exhibition, educatio	n, or research at rurtine	ance of public servi	ca, provide the	nonowing amounts	
	included in Form 990, Part VIII, line 1			<b>&gt;</b>	\$	
(ii) Assets incl						
	tion received or held works of art, historical					
	amounts required to be reported under SFA				-	
	uded in Form 990, Part VIII, line 1			▶ 9	\$	
	ed in Form 990, Part X					
				the second second second second second second second second second second second second second second second se	······	

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•	· INTERNA	TIONAL UNI	ON OF OPER	RATING						~
	dule D (Form 990) 2009 ENGINEE	RS				53	-00	<u>88590</u>	] ∍Pa	<u>gë 2</u>
Pa	t III Organizations Maintaining (									
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	t are a sig	nificant use	ofits	collection	items	6
	(check all that apply):		<b></b>							
а	Public exhibition	d		change progra						
b	Scholarly research	e	Other						<u> </u>	
c	Preservation for future generations									
4	Provide a description of the organization's c						in Par	t XIV.		
5	During the year, did the organization solicit of						<b>_</b>	٦	[]	n
	to be sold to raise funds rather than to be m							Yes		No
Pa	tt IV Escrow and Custodial Arran	-	ete it organization a	inswered * Yes	s to Form	1990, Part I	v, iine	9, 01		
	reported an amount on Form 990, Pa		1. A			6 9 1				
1a	Is the organization an agent, trustee, custod						<b>r</b>	7	<u> </u>	No
	on Form 990, Part X?				•••••••••••••	••••••	<b>L</b>	Yes	ليسيا	) NO
b	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing table:					Amount		
							<u>.</u>	Anoun		
c ہے	Beginning balance					<b>I</b> 1				
0	Additions during the year									
e f	Distributions during the year Ending balance					1 1		<del>_</del>		
-	Did the organization include an amount on F						<u>-</u>	Yes		No
	If "Yes," explain the arrangement in Part XIV									,
	t V Endowment Funds. Complete		swered "Yes" to Fo	orm 990. Part	IV. line 10			<i>/***</i>		
L		(a) Current year	(b) Prior year	(c) Two year			s back	te) Four	vears l	back
ta	Beginning of year balance		······································	THEY THEY I A RECEIPTING THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE REAL THE R	table of the second second	and a second state	A Parat ( ) des	the bries, af 6 and a real staff	1242	**************************************
ь	Contributions			internation.		ha iside	n Harris			
с	Net investment earnings, gains, and losses				i a la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constan		建酸氢			
đ	Grants or scholarships				a dinana dia		1.995 (F. 1.57) (1.11)	rusa Patistika		
e	Other expenditures for facilities					4 - A				5. Q
	and programs								× 199	5 SA
f	Administrative expenses								jie.	難計
g	End of year balance									成功
2	Provide the estimated percentage of the year	ar end balance held a	is:							
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment >	%								
С		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	red for the	e organizati	on	r	······	
	by:				,				Yes	No
		·····		· · · · · · · · · · · · · · · · · · ·		, • • • • • • • • • • • • • • • • • • •	••••••	<u>3a(i)</u>		
	If "Yes" to 3a(ii), are the related organization					••••••		_ <b>_ 3b</b> _		
4	Describe in Part XIV the intended uses of the rt:VI Investments - Land, Building	e organization's endo	owment funds.							
L a				T						<u> </u>
	Description of investment	(a) Cost or o		t or other	• -	cumulated	Ì	(d) Book	value	,
	Land	basis (investr		(other)	uepr	reciation		70	- 77	75
	Land			)4,775. 37,174.	<u>alline 199</u>	77,743		5,409	<u>77</u>	
b	Buildings Leasehold improvements			)/, <u>1/4</u> ,	/	///43	· 1	<u>, 403</u>	,4.	<u>)                                    </u>
ت بر			7 05	59,556.	2 0	53,559		5,905	5 00	7
d	EquipmentOther			19, 190.	<u>4,</u> 0	55,555	•	5,50:	, , , ,	<u> </u>
	I. Add lines 1a through 1e. (Column (d) must e		X column (B) line	10(c))		<b>.</b>	. 7	2,020	26	13
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Schedule D (Form 990) 2009

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Part VII investments - Other Securities. Se (a) Description of security or category			(c) Method (	of valuation	n:
(including name of security)	(b) Book value	C	ost or end-of-ye		
inancial derivatives					
Closely-held equity interests					
Other					
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Part IX Other Assets. See Form 990, Part X, line					
	Description				(b) Book value
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Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 ENGINEERS t XI Reconciliation of Change in Net Assets from Form 9	90 to Audit	ed Financ	ial Sta	temen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		45,070	,642
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		53,524	,732
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-8,454	
4	Net unrealized gains (losses) on investments			4		28,908	<u>,283</u>
5	Donated services and use of facilities			5			·
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		<u>2,857</u>	
9	Total adjustments (net). Add lines 4 through 8			9		31,765	
0	Excess or (deficit) for the year per audited financial statements. Combine line	s 3 and 9		10		23,311	<u>,521</u>
a	t XII Reconciliation of Revenue per Audited Financial Sta	tements W	ith Reven	ue per	Return	7	
1	Total revenue, gains, and other support per audited financial statements				1	77,683	,71(
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments		28,908	3 <u>,28</u> 3			
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	20			_		
d	Other (Describe in Part XIV.)	2d	3,704	1,785			
е	Add lines 2a through 2d					32,613	
3	Subtract line 2e from line 1				3	45,070	,642
4	Amounts 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	The second second second second second second second second second second second second second second second se	· · · · · · · · · · · · · · · · · · ·		-		
	Other (Describe in Part XIV.)	45			_		
C	Add lines 4a and 4b						(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		CAL Free a		5	45,070	,642
	t XIII Reconciliation of Expenses per Audited Financial St						245
1	Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		·	57,594	, 44
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1		
	Donated services and use of facilities			·····			
b	Prior year adjustments				-		
C	Other losses		4,069	515			
d	• • • • • • • • • • • • • • • • • • • •					4,069	516
e	Add lines 2a through 2d					53,524	
3	Subtract line 2e from line 1				·   -3	55,544	,134
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				-		
ь	Other (Describe in Part XIV.)						, ,
0 E	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18					53,524	.732
2	t XIV Supplemental Information	. <u></u>	·······		.1.2	13, 344	_/ 22

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER TO NATIONAL CHARITY FUND: -1009556.

ADOPTION OF FASE STATEMENT NO. 158: 5456884.

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TRANSFER TO EPEC: -1590000.

PART XII LINE 2D

INCOME OF PAC - \$3,433,097

COGS - 255,259

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INTERNATIONAL UNION OF OPERATING Schedule D (Form 990) 2009 ENGINEERS	53-0088590 Pag
Part XIV Supplemental Information (continued)	
NATIONAL CHARITY FUND INCOME - 16,429	
PART XIII LINE 2D	
<u> XPENSE OF PAC - \$3,570,674</u>	
COGS - 255,259	
NATIONAL CHARITY FUND EXPENSE - 243,582	
NATIONAL CHARITI FUND EAPENSE - 245,562	<u>_</u> '
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32055 2-01-10	Schedule D (Form 990) 2

Schedule F (Form 990)		Complete if the	vities Outside the Un organization answered "Yes" to For Part IV, line 14b, 15, or 16.		ites –	2009
Department of the Treasury Internal Revenue Service			orm 990. See separate instructi	ons.		Openito Public: Inspection
Name of the organization INTERNATIONAL		OPERATIN	IG			lification number
ENGINBERS	lo motion on A	ativities Ou	tside the United States. Comp		53-00885	
	Part IV, line 14b.		Iside the United States. Comp	plete it the orgai	nization answered	Yes"
1 For grantmakers. Do	pes the organization		ds to substantiate the amount of the p selection criteria used to award the g			Yes No
_		-	procedures for monitoring the use of	grant funds out	tside the United S	tates.
3 Activities per Region. (a) Region	(Use Schedule F-1 (b) Number of	(Form 990) if ac	Iditional space is needed.) (d) Activities conducted in region	(a) If acti	vity listed in (d)	(f) Total
	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a pro describe	gram service, specific type ce(s) in region	expenditures for region
				TO ORGANIZE	ALL WORKERS	
					ADVANCEMENT	
NORTH AMERICA	1	. 12	PROGRAM SERVICES	OF THEIR CO	NDITION AND	1,785,779
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Totals		12				1 785 779

# Statement of Activities Outside the United States

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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t II Grants and Other recipient who reci	r Assistance to Organ eived more than \$5,000	<b>lizations or Entitles (</b> ). Check this box if no	Dutside the United States one recipient received mo	Complete if the o the than \$5,000	rganization answered	d "Yes" to Form 99	30, Part IV, line 15, fo	or any
Name of organization	(Form 990) if additions (b) IRS code section aturEIN (if applicable)	al space is needed. (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)
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Part III Grants and Other Assistan	ce to Individuals Outs		ates. Complete i				
Use Schedule F-1 (Form 990 (a) Type of grant or assistance	)) if additional space is r (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, appraisel, other)
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INTERNATIONAL UNION ( Schedule F (Form 990) 2009 ENGINEERS Part IV Supplemental Information	DF OPERATING 53-0088590 Pag
Complete this part to provide the information required in Par	t I, line 2, and any additional information.
PART I, LINE 3, COLUMN (E):	
REGION: NORTH AMERICA	
(E) SPECIFIC TYPES OF SERVICES IN REC	GION: TO ORGANIZE ALL WORKERS FOR
	CEMENT OF THEIR CONDITION AND STATUS.
THE ECONOMIC, MORAL AND SOCIAL ADVAN	Sandar of finder consertion and series.
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Compe	ensation Information	1	OME No. 1	1545-00	M7
For certain Officers, Dir	ectors, Trustees, Key Employees, and Highe	st	20	na	
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	Part IV, line 23.		Open to	<u>аро</u> ы	ic Star
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	any of the following to or for a person listed in i	Earm 990		Yes	
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	Approval by the board of compensat	tion committee			
any nercon listed in Form 990 Port VII	Section A line 12 with respect to the filling				
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	For certain Officers, Dir Complete if the or Attach to For On INTERNATIONAL UN ENGINEERS S Regarding Compensation ate box(es) if the organization provided line 1a. Complete Part III to provide any harter travel panions ation and gross-up payments spending account on line 1a are checked, did the organiza- rovision of all of the expenses describe orequire substantiation prior to reimbur EO/Executive Director, regarding the iter to ongenesation consultant ther organizations any person listed in Form 990, Part VII lated organization: e payment or change-of-control payment ceive payment from, a supplemental no revice payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from, an equity-based co resive payment from second and provide the \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	Compensated Employees Complete if the organization answered "yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. INTERNATIONAL UNION OF OPERATING ENGINEERS Regarding Compensation ate box(es) if the organization provided any of the following to or for a person listed in I line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Payments for business use of perso ation and gross-up payments Health or social club dues or initiatio pending account Payments for business use of perso ation and gross-up payments Health or social club dues or initiatio pending account Payments for business incurred by all officer EO/Executive Director, regarding the items checked in line 1a? It to erganization uses to establish the compensation of the organization require substantiation prior to reimbursing or allowing expenses incurred by all officer EO/Executive Director, regarding the items checked in line 1a? It officer EO/Executive Director, regarding the items checked in line 1a? It organizations To any any any any any any any any any any	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       Complete if the organization answered "Yes" to Form 990, Part IV, line 23, Attach to Form 990.       See separate instructions.         on       INTERNATIONAL UNION OF OPERATING ENGINEERS       Employer in 53-0         os       Engarding Compensation       53-0         ate box(es) if the organization provided any of the following to or for a person listed in Form 990, line 1a. Complete Part III to provide any relevant information regarding these items. harter travel       Housing allowance or residence for personal use parions         ation and gross-up payments       Health or social club dues or initiation fees spending account       Payments for business use of personal residence and in and gross-up payments         on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If 'No," complete Part III to explain require substantiation prior to erimbursing or allowing expenses incurred by all officers, directors, EC/Execultive Director, regarding the items checked in line 1a?         v, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply.         ucommittee       Written employment contract compensation consultant         her organization       Compensation survey or study ther organization:         any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing ated organization:         e payment from, a supplemental nonqualified retirement plan?	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       20 <ul> <li>Complete if the organization answered Yes* to Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> <li>See separate instructions.</li> <li>INTERNATIONAL UNION OF OPBRATING ENQINEERS</li> <li>Share and the form 990.</li> <li>See separate instructions.</li> <li>Source and the organization provide any of the following to or for a person listed in Form 990, fine 1a. Complete Part III to provide any relevant information regarding these items.</li> <li>Anater travel</li> <li>Payments for business use of personal residence ation and gross up payments</li> <li>Health or social club dues or initiation fees spending account</li> <li>Personal services (e.g., maid, chauffeur, chef)</li> <li>on line 1a are checked, did the organization follow a written policy regarding payment or rowision of all of the expenses described above? If 'No,' complete Part III to explain,</li> <li>require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,</li> <li>20/Executive Director, regarding the items checked in line 1a?</li> <li>y, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply.</li> <li>organizations</li> <li>Approval by the board or compensation committee</li> <li>any person listed in Form 990, Part VII. Section A, line 1a, with respect to the filing ated organization:</li> <li>a payment form, an equity-based compensation arrangement?</li> <li>as to change of control payment?</li> <li>as to the persons and provide the applicable amounts for sach item in Part III.</li> <li>Song Art VII. Section A, line 1a, did the organization pay or accrue any compensation venues of:</li> <li>ation?</li>       &lt;</ul>	For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" to Form 890, Part NV, Ine 23. <ul> <li>Attach to Form 990.</li> <li>See separate instructions.</li> <li>INTERNATIONAL UNION OF OPERATING</li> <li>Employer identification nu ENGINEERS</li> <li>S Pegarding Compensation</li> <li>Yes</li> <li>The organization provided any of the following to or for a person listed in Form 990, fine 1a. Complete Part III to provide any relevant information regarding these items.</li> <li>A complete Part III to provide any relevant information regarding these items.</li> <li>Personal services (e.g., maid, chauffeur, chef)</li> <li>on fine 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain.</li> <li>The require substantiation prot to reimbursing or allowing expenses incurred by all officers, directors, EC/2 recursive prevent, ingarding the items checked in line 1a?</li> <li>y, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply.</li> <li>apprent of change of control payment?</li> <li>apprent from, a supplemental nonqualified retirement plan?</li> <li>apprent from, a supplemental nonqualified retirement plan?</li> <li>atom 920, Part VII, Section A, line 1a, with respect to the filing lated organization.</li> <li>apprent from, a supplemental nonqualified retirement plan?</li> <li>atom?</li> <li>by describe in Part III.</li> <li>compensation A, line 1a, did the organization pay or accrue any compensation et earnings of:</li> <li>atom?</li> <li>by describe in Part III.</li> <li>complete Part III.</li> <li>com 990, Part VII, Section A, line 1a, did the orga</li></ul>

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 Schedule J (Form 990) 2009
 ENGINEERS
 53-0088590

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

53-0088590

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)()-(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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Nama		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	330,393.	0.	140,019.	115,638.	16,995.	603,045.	0.
GIBLIN, VINCENT J.	<u>(1)</u>	0.	0.	0.	0.	0.	0.	0.
	(i)	233,178.	0.	15,698.	81,612.	17,524.	348,012.	0.
HANLEY, CHRISTOPHER	(ii) (ii)	0. 	0.	0.	0.	0.	<u>0.</u> 356,159.	0.
GRIFFIN, RICHARD	(i) (ii)	<u></u> 230,833.	10,000.	<u> </u>	<u>84,426.</u>	17,342.	330,139.	0.
GRIFFIN, RICHARD	(ii) (i)		12,500.	20,996.	84,083.	6,690.	345,102.	0.
LOUGHRY, JOHN W.	(ii)	0.	12,500.	0.	0.	0.050.	0.	0.
Boomity Contract	0	220,833.	10,000.	27,773.	85,410.	16,575.	360,591.	. 0.
VANDYKE, JAMES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	209,090.	8,118.	25,068.	78,827.	17,104.	338,207.	0.
POUPORE, RAYMOND J.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	169,167.	1,250.	119,163.	63,010.	16,575.	369,165.	0.
DUNN, RYAN J.	(ii)	0.	0.	0.	0.	0.	0.	0.
	6)							
	(ii)							
	(1)							. ,
	(ii)	· · ·						· · · · · · · · · · · · · · · · · · ·
	(i) (ii)							
	(i)		·					
	(ii)							
	(1)						· · · · · · · · · · · · · · · · · · ·	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(i)						·	
	(1)							
	(ii)							
	0).							·····
	(ii)							

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Schedule J (Form 990) 2009

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Page 2

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INTERNATIONAL UNION OF OPERATING		••
Schedule J (Form 990) 2009 ENGINEERS	53-0088590	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information.	art for any additional information.	
PART I, LINE 17: 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		
PAYMENTS.		
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	Schedule J (Form	990) 2009

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SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury stemail Revenue Service	Opener Service <ul> <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> </ul>							2009 Open To Public Inspection				
	INTERNATIONAL ONION OF OFERATING								numb			
ENGINEERS 53-					3-00	8859	0					
Complete if the or		-				-	-		V, line 40	)b.		
1 (a) Name of d	isoualified ne	<b>190</b> 0			<i>(</i> b) [	Description	of transa	ction			(c) Cor	rected
					(5) (						Yes	No
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<u></u>												
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3 Enter the amount of tax, if	any, on line 2,	above, reim	bursed by	y the organiza	.,							
Complete if the or					line 26. or	Form 990-E	Z. Part V	. line 38	ła.			
(a) Name of interested person and purpose	(b) Loan	to or from anization?	(c) Origi	inal principal mount		ance due	(e)	In wit?	(f) App by bo	proved and or hittee?	(g) W agree	
,	То	From					Yes	No			Yes	No
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otat Rart III   Grants or Ass	otonee Do			▶ <u>\$</u>					·· .:	• . :		
Complete if the on		-										
(a) Name of interester				ionship betwe			алd	T		iount an assistan	d type o ce	f
	•											
Part IV Business Tran	sactions l	nvolving I	nterest	ed Person	s.			I				
Complete if the or	anization ans	wered "Yes"	on Form	990, Part IV,	line 28a, 2	8b, or 28c.						
(a) Name of interester	(a) Name of interested person (b) Relationsh			tip between in nd the organiz		(c) Ame transa			Descript transact		(e) Sha organiz rever	ation
FRANCIS HANLEY		E D T	י קקאי	OF GST	·	21	,793	חפים	ייסקיי	D CO	Yes	No X
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SCHEDULE O

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

Internal Revenue Service Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS

Employer identification number 53-0088590

OMB No. 1545-0047

Open: to Public

Inspection

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.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 Schedule O (Form 990) 2009

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.	CMB No. 1545-0047 2009 Open to Public Inspection 7
Name of the organizat	INTERNATIONAL UNION OF OPERATING ENGINEERS	Employer identification number 53-0088590

Part I Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

성화 Name, eddfress, and EiN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

# Part II. Identification of Fillated Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(1) Direct controlling entity
				501(c)(3))	
IUQE GENERAL PENSION PLAN	-	Į.			
4115 CHESAPEAKE STREET N.W.	-				
WASHINGTON DC 20016	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)		
IUCE HEADQUARTERS PENSION PLAN		1			
1125 17TH STREET N.W.	]				
WASHINGTON DC 20036	PENSION CONTRIBUTIONS	DISTRICT_OF COLUMBIA	501(A)		
EPEC NY EDUCATION FUND 76-0833676			-		
1125 17TH STREET. N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527		
EPEC SEPARATE EDUCATION, FUND - 13-4312872					
1125 17TH STREET, N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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(a)	(b)	(c)	(d)	(	e)		(1)	(	(9)	(	h)	6		0
Name, address, and ElN of related organization	Primary activity	Legel domicile (state or	Direct controlling entity	Predomin (related	ent income unrelated,		of total		are of of-year		portion-	Code V- amount in	nhóx İ⊓	lenera naneg
of related organization		toreign country)	( Chury	excluded from	om tax under		.0:110		sets		cations?	20 of Sch K-1 (Form	edule U	res N
		000,031		sections	512-514)					Yes	No	K-1 (POIN	1000) 1	ean
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Identification of Reliated Org organizations treated as a corp	anizations Taxable as a Co poration or trust during the t	provention or ax year.)			<del></del>	d "Yes"	· ·····	0, Part I			use it l		<u> </u>	
organizations treated as a corr (8)	poration or trust during the t	ax year.)	(b)	(c)	(d)		(e)		(1	)		(g)		(h)
organizations treated as a corr	poration or trust during the t	ax year.)			(d)	trolling	· ·····	ntity corp,		) of total	,		<u> </u>	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S or trus	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a corr (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share (	) of total	,	(g) Share of and-of-year	(Perci	h) enta

# INTERNATIONAL UNION OF OPERATING Schedule R (Form 990) 2009 ENGINEERS

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	INTERNATIONAL	UNION	OF	OPERATING
Schedule R (Form 990) 2009	ENGINEERS			

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Part V . Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

ste. Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parte II-IV?				i si
a Receipt of (i) interest (#9 annuities (iii) royatties or (iv) rent from a controlled entity		<u>ta</u>	$\bot$	<u>X</u>
b Gift, grant, or capital contribution to other organization(s)		16	X	
Gift, grant, or capital comtribution from other organization(s)		<b>1c</b>	1	X
d Loans or loan guarantees to or for other organization(s)				<u>x</u>
e Loans or loan guarantees by other organization(s)				X
		<b>3</b> 40		
Sale of assets to other organization(s)				X
g Purchase of assets from other organization(s)				2
a Exchange of assets		1	]	
Lease of facilities, equipment, or other assets to other organization(s)			$T_{-}$	2
				灁
Lease of facilities, equipment, or other assets from other organization(s)				X
Performance of services or membership or fundraising solicitations for other organization(s)			Τ_	1
Performance of services or membership or fundraising solicitations by other organization(s)				2
n Sharing of facilities, equipment, mailing lists, or other assets			X	
1 Sharing of paid employees		1n	X	
		277	副奶	[P
Preimbursement paid to other organization for expenses		10		X
Reimbursement paid by other organization for expenses			T	2
			12.513	相
Other transfer of cash et property to other organization(s)			X	T
Other transfer of cash or property from other organization(s)				X
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 trans				
(a)	(6)			

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(a) Name of other organization(s)	(b) Transaction type (a-r)	(C) Amount involved
(1) IUOE GENERAL PENSION PLAN	Q	4,258,023.
(2) IUOE HEADQUARTERS PENSION PLAN	<u> </u>	3,040,399.
(3) IUOE HEADQUARGERS PENSION PLAN	<u> </u>	0.
(4) IUOE HEADQUARGERS PENSION PLAN	N	0.
(5) EPEC NY	В	840,000.
(6)		

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Schedule R (Form 990) 2009

#### INTERNATIONAL UNION OF OPERATING Schedule R (Form 990) 2009 ENGINEERS

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Part M- 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.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(i Are all j Section organiz	d) setners 501(c)(3) ations?	(e) Share of end-of- year assets	(f) Dispropor- tionale attocations?		amount in her 20		(h) neral or singing stoer?	
•		country)	Yes			Yes	No	(Form 1065)	Yes	No	
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Schedule R (Form 990) 2009

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	INTERNATIONAL	UNION	OF	OPERATING
Schedule R-1 (Form 990) 2009	ENGINEERS			

Sec.

(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 controlling entity
EPEC_VOLUNTARY FUND - 52-2298629					
1125 17TH STREET N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036 >	COMMITTEE	DISTRICT OF COLUMBIA	527		
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					Schedule R-1 (Form 990) 2
932222 02-02-10		34			

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Form <b>84</b>	53-EO	Exe	empt Organizatio Ele	n Declaration ectronic Filin	n and Signat 9	ture for	1	OMB No. 1945-1879
		For calendar year 20	9, or tax year beginning	. 20	09, and ending	p1	20	2009
Department of th		Fo	r use with Forms 990,	, 990-EZ, 990-Pl	F, 1120-POL, a	nd 8868		2003
Internal Revenue	Service	l		instructions.				dentification number
Name of exe	mpt organizatio		NONAL UNION	I OF OPER	ATING	En		0088590
		ENGINEER	(5		<u> </u>		33-	0000390
Part I	Type of Re	turn and Ret	um Information (v	Whole Dollars On	ly)			
on line 1a, 2a	a, 3a, 4a, or 5a	below and the an	nount on that line for th	e return for whic	h you are filing t	this form was t	olank, th	etum. If you check the box en leave fine 1 <b>b, 2b, 3b, 4b,</b> below. <b>Do not</b> complete
	ne line in Part I. O check here 🕽	. 😨	at revenue, if any (Form	n 990. Doct VIII. o	otumo (A) Jine 1	(0)	16	45070642
	O Check here O-EZ check her	the second second second second second second second second second second second second second second second s	Total revenue, if any (Form					
	20-POL check nei	<u> </u>	Total tax (Form 1120					
	0-PF check her		Tax based on investm					
	168 check here		ince due (Form 8868, I					
Part II	Declaratio	n of Officer						
fin an 1-6 pro	ancial institution d the financial in 388-353-4537 no	n account indicate Institution to debit Inter than 2 busi	ed in the tax preparatio the entry to this accou iness days prior to the	in software for pa unt. To revoke a p payment (settlen	ayment of the or bayment, I must nent) date. I also	rganization's fe contact the U authorize the	deral ta: .S. Trea: financia	irect debit) entry to the kes owed on this return, sury Financial Agent at I institutions involved in the nd resolve issues related to
ex	ecuted the elec	tronic disclosure (	with a state agency(ie) consent contained with rove) to the selected st	nin this return allo				
statemente and t electronic return.	o the best of my kno I consent to allow m	wiedge and belief, they y intermediate service p	are true, correct, and complete provider, transmitter, or electro	e, I further declare that nic return originator (E	the amount in Part I RO) to send the organ	above is the amoun nization's return to i	it shown or the IRS and	and accompanying schedules and the copy of the organization's I to receive from the IRS (a) an sfund, and (d) the date of any refund.
	nl	11	11					
Sign 1	1 hours	Laba 11	lala	111-8-1	n .	anu 070		10
Sign Here		ppa y H	un e		<u> </u>		/TRE	AS
	Signature of o	Ther /	F	Date		Title		
Part III	Declaratio	n of Electroni	c Return Origina	tor (ERO) and	d Paid Prepa	arer (see instr	uctions)	
knowledge. I return. The o filed with the for Business accompanyir	f I am only a col rganization office IRS, and have Returns. If I am ng schedules ar	llector, I am not re cer will have signe followed all other a also the Paid Pre nd statements, an	nization's return and th esponsible for reviewing d this form before I sui requirements in Pub. 4 aparer, under penalties d to the best of my knowledg th I have any knowledg	g the return and brait the return. I 1163, Modernized of perjury I deck owledge and bel	only declare tha will give the offi t e-file (MeF) Inf are that I have e	It this form acc icer a copy of a ormation for Ar examined the a	urately i all forms uthorized bove org	eflects the data on the and information to be I IRS <i>e-file</i> Providers panization's return and
	o's	ann Noi	Jan	11/8/10	Check if also paid preparer	Check if self- employed	[	
	n's name (or //	CALIBRE	CDA CDATT	PLLC		X	╘╾┛╵╸	577-60-8865
Only you	rs if self-encloyed), ress, and DP code							7-0900880
	iess, Mis 13r (1988						Phone no	
Linder penetting	of periors i dealers th	WASHING			emente and to the t			2)331-9880
			above return and accompanyi is preparer has any knowledge		ements, and to the b	est of my knowledg	ie and belie	f, they are true, correct, and complete.
	<b>N</b>		-	;	Date	Check	F	reparer's SSN or PTIN
Paid	Preparer's signature			i		if self- employed		
Preparer's	Firm's name (or				L	i	r <u>i</u> I enu	
Use Only	yours if self-emp address, and Zil						EIN Phone no	
LHA For Prin	acy Act and Pap	erwork Reduction A	ct Notice, see the instruc	ctions.			· · · ·	Form 8453-EO (2009)

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	<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 ]change	ENGINEERS			
	Name Change	Doing Business As		53-00	088590
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Termin-	1125 17TH STREET, N.W.		-	429-9100
	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>
. 07	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			
~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		
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		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	las 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	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>	 -	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

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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		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	1 990)(

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)			(0)			(D)	(E)	(F) .
Name and Title	Average	(do	not ch	Posi				Reportable	Reportable	Estimated ·
	hours per	box,	unles	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week		er an T	dadi	recto	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		X	┣			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.			 		<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>	<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 [.] ,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 Pos	C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individ ual trustee or director	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.	
······································				 						-
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<u> </u>										-
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· · · · · · · · · · · · · · · · · · ·		+				 				
		+	-		+ -	╞─	$\left \right $	<u> </u>		
•										
Total to Part VII, Section A, line 1c			<u> </u>	J	<u> </u>	1	I	<u> </u>		87,730.

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INTERNATIONAL UNION OF OPERATING

n 990							<u>53-0088</u>	590 Page 9
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 ⁶¹	1		
		Membership dues				-		
c		Fundraising events				-	·	
d		Related organizations						
e		Government grants (contribut						
f		All other contributions, gifts, grant	r -					
•		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>	>		·	· · · · · · · · · · · · · · · · · · ·	
		,		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			· · · · ·			
c	<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 _.	Total. Add lines 11a-11d			213,807.			
12		Total revenue. See instructions.	<u></u>	<u></u>	69 893 628	49,995,598		Form 990 (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 for the 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.		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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2011.04040 INTERNATIONAL UNION OF OPER 32370

		INTERNATIONAL UNION OF OPERATING					
<u>Fo</u>	rm	990 (2011) ENGINEERS	<u>53-0</u>	088	<u>590</u>	Pac	_{ge} 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>	<u>01.</u>
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 ⁻	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) preprior (call)			46 (Political Campaign A	Activities), then
 Section 501(c)(3) organizations: Co Section 501(c) (other than section 5 			Do not complete Part I-B.	
Section 527 organizations: Comple				
the organization answered "Yes" to				
 Section 501(c)(3) organizations that Section 501(c)(3) organizations that 				
the organization answered "Yes" to	1			
 Section 501(c)(4), (5), or (6) organization TNTERNA 			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	
			D	•
 Provide a description of the organ Political expenditures 	•		•	
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	re 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	re 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. <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 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>
1a Total lobbying expenditures to in						<u></u>
b Total lobbying expenditures to in						ļ
c Total lobbying expenditures (add		d 1b)		 	_	
d Other exempt purpose expenditu						<u>'</u>
e Total exempt purpose expenditu						
f Lobbying nontaxable amount. Er	T					
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						
 Subtract line 1f from line 1c. If ze j If there is an amount other than a 		-				
						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?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		+	· · · · · ·	•
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)?				
 b) If "Yes," enter the amount of any tax incurred under section 4912 				<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				
 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex 				
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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			.	- <u>·</u> · ·
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132044 01-27-12			chedule C (Form 990	or 990-EZ) 2011

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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	a			<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			

53-0088590 Page 3

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 helateu.	See Form 990, Part X, line 13		of unlighted to the 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 2 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 (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) Feotrate In Part XIV. provide the text of the feotral	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	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 (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) Feotrate In Part XIV. provide the text of the feotral	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
 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV.) 						893.	ี 6 ว (
 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.) 			2				
 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.) 						606,	
 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) 				<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.)							
B Other (Describe in Part XIV.)			6				
Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8			7				
 Total adjustments (net). Add lines 4 through 8 			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>	-	ļ		1
*				-			. :
c Recoveries of prior year grants	2c	0 1	06 007	-	-	-	
d Other (Describe in Part XIV.)	_2d		86,897		-	020	1 ह 4
e Add lines 2a through 2d						<u>032</u> ,	
3 Subtract line 2e from line 1			•••••	3	, وم	, <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 W	/ith Exp	enses pe	r Retu	ur n		
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			- 1 '			
	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>	<u>,688</u>	02
ART XII, LINE 2D - OTHER ADJUSTMENTS:							
NCOME OF PAC					2	,067,	,68
•				Sche	dule D	(Form 9	90) 2
¹²⁰⁵⁴ -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
	······································
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132055 ···	Schedule D (Form 990) 2

to Form 990, Part For grantmakers . Does to the grantees' eligibility for For grantmakers . Descri- United States. Activities per Region . (Th	mation on A 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
 the grantees' eligibility for For grantmakers. Descriunited States. <u>Activities per Region. (Th</u> 	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
and 3b) 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

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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	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)
	· · · · · ·		•			•	i.	
·····							- 	
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<u></u>						•		
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 I	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
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)	
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 ENGINEER	IONAL UNION OF OPERATING	53-0088590 Page
Part V Supplemental Information		• •
	formation required by Part I, line 2 (monitoring of fund ditures per region); Part II, line 1 (accounting method);	
), as applicable. Also complete this part to provide any	
•		
PART I, LINE 3, COLUMN ()	E):	
REGION: NORTH AMERICA		· · · · ·
(E) SPECIFIC TYPES OF SE	RVICES IN REGION: TO ORGANI	TT ALL WORKERS FOR
THE ECONOMIC, MORAL AND	SOCIAL ADVANCEMENT OF THEIR	CONDITION AND STATUS.
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SCHEDULE J	Compensation Information		MB No.	1545-00	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງ	11	
Department of the Treasury	Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	· · · ·	Dpen to	Publi	ic
Internal Revenue Service	Attach to Form 990. See separate instructions.		Inspe	ction	÷.
Name of the organization	INTERNATIONAL UNION OF OPERATING	Employer iden	tificati	on nui	mber
	ENGINEERS	53-008	<u>859</u>	0	
Part I Question	s Regarding Compensation				
			·	Yes	No
	iate box(es) if the organization provided any of the following to or for a person listed in Form	990,	3. fr		
	line 1a. Complete Part III to provide any relevant information regarding these items.			÷.,	
First-class or				.:	
Travel for con					
	cation and gross-up payments Health or social club dues or initiation fee		1 A.	96127 A.	
	spending account X Personal services (e.g., maid, chauffeur, c	:hef)		·	
	a construction of the second second second second second second second second second second second second second		(c. 1. c		l
• .	on line 1a are checked, did the organization follow a written policy regarding payment or			·	
	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	<u>_X</u>	·
	in require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir CEO/Executive Director, regarding the items checked in line 1a?		2	x	
trustees, and the t	CEO/Executive Director, regarding the items checked in line 1a?				· '
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's	• -		1 **
	ector. Check all that apply. Do not check any boxes for methods used by a related organization				
	ation of the CEO/Executive Director. Explain in Part III.		. '		
Compensatio					
· · ·	compensation consultant		•		l
	other organizations IX Approval by the board or compensation of	committee	· · .	a anti-s	1
			1 · ·		{ ·
4 During the year, di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1		
	elated organization:		{. ·		
•	ce payment or change-of-control payment?		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.				
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n	1	[· .	1
contingent on the					.*
a The organization?	·		<u>5</u> a	Ļ	L
	zation?		<u>5b</u>	ļ	
	or 5b, describe in Part III.	•		ι.	
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n	1	ļ	• • • •
contingent on the	-		ł	i i	{•
. 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>	
•	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.	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) (i)	<u> </u>	0.	7,910.	80,341.	14,585.	350,718.	0.
4 POUPORE, RAYMOND J.	(ii)	0.	0.	0.	0.	<u> </u>	<u> </u>	0.
<u>410010101</u>	(i)	246,813.	0.	8,428.	86,284.	20,871.	362,396.	0.
5 GRIFFIN, RICHARD	(ii)	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>							
6	(i) (ii)							
9	(i)							
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	(i)	····						
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13	<u>(ii)</u>							<u> </u>
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15	(ii)	·						······································
	(i)	·				•		, ,
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Schedule J (Form 990) 2011 Part III Supplemental Informa	ENGINEERS	^	53-0088590 Pag
		Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	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 FOR	ITS GENERAL PRESIDENT. THE	•
		· · · · · · · · · · · · · · · · · · ·	•
UNION ALSO PROVID	ED FOR TAX INDEMNIFICATION	AND GROSS-UP OF THE RELATED TA	AX
PAYMENTS.			
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SCHEDULE Transactions With Interest					erested Per	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,								2	201	1	
partment of the Treasury ernal Revenue Service	or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.								Insp	n To Public pection		
EN	TERNATIC GINEERS						5	mployer <u>3 - 0 0</u>			umbe	
<u> </u>		-			n 501(c)(4) organizatio line 25a or 25b, or Fo			/ line //	16			
1 -			OIL FORM 95	o, Fait IV,				v, mie 40	<u>.</u>	(c) Cor	rectec	
(a) Name of dis	squaimed perso				(b) Description	or transa	ction			Yes	No	
	·····				···				<u> </u>			
	· · · · · · · · · · · · · · · · · · ·											
2 Enter the amount of tax imp	unsed on the or	nanization	managers (or disqualifi	ed nersons during the	Vearup	der			<u> </u>	L	
section 4958		-	-			-		. 🕨 \$				
3 Enter the amount of tax, if a											:	
Part II Loans to and/o	r From Inte	rested	Parsons					_				
				0 Part IV	line 26, or Form 990-E	7 Part \	line 38	Ba		•		
(a) Name of interested , person and purpose	(b) Loan to	(b) Loan to or from the organization?		(c) Original principal amount			In .	(f) App by bo	oroved ard or hittee?		Written ement?	
	То	From				Yes	No	Yes	No	Yes	No	
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Part III Grants or Assi		-										
Complete if the org (a) Name of interested		ered "Yes"		nship betw	een interested person	and			nount an		of	
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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		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		S	chedule L (Form 990	or 990-i	EZ)

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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, LINE⁵, 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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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.
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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	(c) 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	(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	g) 512(b)(13) rolled ization?
1125 1771 STREET_N_MFOULTICAL EDUCATION 2 OPERATING ENGLISES MATIONAL CHARITY FUND					501(c)(3))	•	Yes	No
	EPEC VOLUNTARY FUND - 52-2298629						1	1
	1125 17TH STREET N.W.		f f		1	U	1	1
	WASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527	<u> </u>		<u> </u>	<u> </u>
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	WASHINGTON DC 20036	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)3	<u></u>			X
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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

and the set

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(a) Name, address, and EIN of related organization	(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	 _
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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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hedule R (Form 990) 2011		RATING	- 6	53-00	<u>88590</u>	Page 3
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
	ntribution to related organization(s)					_
1	ntribution from related organization(s)					<u> </u>
	es to or for related organization(s)					X
 Loans or loan guarantee 	es by related organization(s)		•••••••••••••••••••••••••••••••••••••••	······	<u>1e</u>	X
	· ·					
	l organization(s)					<u> </u>
	related organization(s)					X
	related organization(s)					<u>X</u>
i Lease of facilities, equip	ment, or other assets to related organization(s)		•••••••••••••••••••••••••••••••••••••••	······	1 i	<u> </u>
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	ment, or other assets from related organization(s)					<u> </u>
	or membership or fundraising solicitations for related c					X
	or membership or fundraising solicitations by related o					<u> </u>
	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
					A Carlos and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and	
	related organization(s) for expenses					<u> </u>
p Reimbursement paid by	related organization(s) for expenses					<u> </u>
					$\alpha \Delta^{+} = \beta \delta \phi \delta^{+} - 2 \phi$	
q Other transfer of cash o	r property to related organization(s)	···			<u>1q X</u>	
 Q Other transfer of cash o r Other transfer of cash o 	r property to related organization(s) r property from related organization(s)			· · · · · · · · · · · · · · · · · · ·	<u>1q X</u>	
q Other transfer of cash o r Other transfer of cash o	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o	on who must complete t	this line, including covered	· · · · · · · · · · · · · · · · · · ·	<u>1q X</u>	
q Other transfer of cash o r Other transfer of cash o	r property to related organization(s) r property from related organization(s)			· · · · · · · · · · · · · · · · · · ·	1q X	
q Other transfer of cash o r Other transfer of cash o	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
q Other transfer of cash o r Other transfer of cash o	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
q Other transfer of cash o r Other transfer of cash o If the answer to any of the other transfer of cash o If the answer to any of the result of the answ	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
 Other transfer of cash o Other transfer of cash o 	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
 Other transfer of cash o Other transfer of cash o 	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
Other transfer of cash o Other transfer of cash o	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining	1q X	
q Other transfer of cash o r Other transfer of cash o If the answer to any of the other transfer of cash o If the answer to any of the result of the any of the any of the result of the any	r property to related organization(s) r property from related organization(s) ne above is "Yes," see the instructions for information o (a)	on who must complete ((b) Transaction	this line, including covered	relationships and transaction thresholds. (d) Method of determining amount involved	1q X	X

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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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					4			}		
	1						<u> </u>	Schedule	R (Form	990) 2011
132164 01-23-12			, 39		•					

INTERNATIONAL	UNION	OF	OPERATING
ENGINEERS	_		

53-0088590 Page 5

chedule R (Form 990) 2011 ENGINEERS	- <u> </u>	·	53-0088590	Pag
Part VII Supplemental Information	on for monopolo to quantiana on Sahadul	o D (non instru	-	
Complete this part to provide additional informati	on for responses to questions on Schedul	<u>e H (see instru</u>	ictions).	
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32 165 1-23- 12			Schedule R (Form	0001
(-23-12	40		Schedule A (Form	530j.

	Electronic Filing	nd Signature for		OMB No. 1545-1879
	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		
	ation INTERNATIONAL UNION OF OPERAT.	ING	Employer i	dentification number
·,	ENGINEERS	<u></u>	53-	0088590
Part I Type of	Return and Return Information (Whole Dollars Only)		•	
line 1a, 2a, 3a, 4a, or 5a l whichever is applicable, t	be of return being filed with Form 8453-EO and enter the applicat below and the amount on that line of the return being filed with t Slank (do not enter -0-). If you entered -0- on the return, then ente	his form was blank, "	then leave line	1b, 2b, 3b, 4b, or 5b,
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
2a Form 990-EZ check		• • • • • • • • • • • • • • • • • • • •		<u></u>
3a Form 1120-POL che	ck here 🕨 🛄 🛛 b Total tax (Form 1120-POL, line 22)		ЗЬ	
4a Form 990-PF check I	- 			
5a Form 8868 check he	re b Balance due (Form 8868, Part I, line 3c or Part I			
Part II Declarat	ion of Officer			
(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
executed the el	return is being filed with a state agency(ies) regulating charities ectronic disclosure consent contained within this return allowing identified in Part I above) to the selected state agency(ies).			
	w my Intermediate service provider, transmitter, or electronic netum originator (ERO) to ison for rejection of the transmission, (b) the reason for any delay in processing the ref	urn or refund, and (c) the d		
Sign	in C. Tabetta III/11d			AD.
	tofficer Date			AS.
Here V Signature o	ion of Electronic Return Originator (ERO) and Pa	Title		
Part III Declarat declare that I have review mowiedge. If I am only a eturn. The organization o ited with the IRS, and have or Business Returns. If I a accompanying schedules		Title Title Title And Preparer (see n 8453-EO are comp declare that this form give the officer a cop e (MeF) Information hat I have examined	e instructions) plete and corre m accurately r by of all forms for Authorized the above org	ect to the best of my eflects the data on the and information to be d IRS e-file Providers ganization's return and
Part III Declarat declare that I have review snowledge. If I am only a eturn. The-organization of ide with the IRS, and have or Business Returns. If I accompanying schedules declaration is based on at ERO's ERO's signature	ion of Electronic Return Originator (ERO) and Pa wed the above organization's return and that the entries on Forr collector, I am not responsible for reviewing the return and only ifficer will have signed this form before I submit the return. I will give followed all other requirements in Pub. 4163, Modernized effi am also the Paid Preparer, under penalties of perjury I declare th and statements, and to the best of my knowledge and belief, the I information of which I have any knowledge.	Title Title Title Title Title Title Title Title Title Additional State Title Title Title Title Title Additional State Title Title Additional State Title Additional State Title Title Additional State Title Additional State Title Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Additional State Title Title Additional State Title Additional tle Title	e instructions) olete and corre m accurately n by of all forms for Authorized the above org and complete	ect to the best of my eflects the data on the and information to be d IRS <i>e-file</i> Providers janization's return and e. This Paid Preparer RO's SSN or PTIN P01293745
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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		
	pene	F Name a	INC address of principal officer: GIBLIN, VINCENT J. AS C ABOVE		for affiliates H(b) Are all affiliate		Uded? Yes No
		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 Constant
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.
. ₽ 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.		
	•		·			_	·
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 990 (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 990 (20
32002 2-21-	
2-21-	<u> </u>

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Form 990 (2010)

INTERNATIONAL UNION OF OPERATING ENGINEERS

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.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		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. S. S. S. S. S. S. S. S. S. S. S. 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,"	···		†
	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 4
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	1		
	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
2 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
.	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 I
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	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, task of the organization form of the organization for the organization form of the regulated to #0% (the extension) 2a 1.35 b if a teast one is reported on ling 2a, did the organization file all required to #0% (the extension) 2b X 3a Dut the organization for the system? 3a X 3b If the organization for the organization file all required to #0% (the extension) 3a X 3b Dut the organization in the organization in the system of the organization in the organization of the organization in the aven or a signature or other authority over, a 3a 3c Number of the organization in the form global cable	P	art V Statements Regarding Other IRS Filings and Tax Compliance			
a Inter the number of Form VDB, Churdo Chine A, Enfer - Chinot applicable Inter the number of Form VDB, Rinkerd Chine A, Enfer - Chinot applicable D C Different number of Form VDB, Sinkerd Chine A, Enfer - Chinot applicable D D 2a Enfer the number of form VDB, withorking rules for reportable payments to vendors and reportable payming T X 2a Enfer the number of employees reported on Form VDB, Transmitule of Woge and Tex Statements. Za 1.35 X 2a Enfer the number of employees reported on Form VDB, Transmitule of Woge and Tex Statements. Za 1.35 X 3b D of the organization is append on line 2.6, dith en organization have an interest in, or a signification have uninelised business groups cincered of 1.80 or more during the year? Ba X b I "Yes," nast filled a Terring outpity. CANNDA A A A A X Ba X b I "Yes," nast filled a Terring outpity. CANNDA CANNDA Ba X Ba X b I "Yes," nota filled a parabilistic tax shear Transaction and Fillenable account). Ba X Ba X b I "Yes," nota the an		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 shater contrubuotions or gits were not tax docuctible? <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>				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	1;	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	50		
Close the organization comply with backup withholding uses for reportable payments to vendors and reportable gaming to z aligned the organization comply with a within the year Converd by this future another of employees reported on Form W-3. Transmittal of Wage and Tax Statements. <u>2a</u> 135 aligned to the organization in a 2a, did the organization like all required to detail employment tax returns? Job the organization have runded business gost increme of 3 (Job or more dump the year) So that conguistation have runded business gost increme of 3 (Job or more dump to year) Job organization have runded business gost increme of 3 (Job or more dump to year) Job organization have runded business gost increme of 3 (Job or more dump to year) Job organization have runded business gost increme of 3 (Job or more dump to year) Job organization have runded business gost increme of 3 (Job or more dump to year) Job organization have runde area direction of the authority over, a financial account; a foreign country (such as a bank account, account, or other financial account) Job organization part to provide tax shelter transaction that the financial laccount or gost is a party to a prohibid tax shelter transaction of 10 (Job organization part) Job organization part to a prohibid tax shelter transaction tax yitm domp the tax year) Job organization have more tax deductible? Job organization have more tax deductible? Job organization have more tax deductible? Job organization have more and tax gost needpits that are normally greater than \$100,000, and did the organization solit any contributions that may receive deductible contributions under section 170(c). Jol Hor organization needpits that are normally greater than \$100,000, and did the organization solit Job organization materiation the section \$100,000, and did the organization solitation and contribution of a part asa tothibution and party for goots and services provided to the pary	1		0		
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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<			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 authority over, a financial accountity or end infancial accounts. 3b 5a Did the organization solity fisch as a bank account, eorther financial Accounts. 3a X 5a JX See instructions for filing requirements for from 70 F 022.1, Report of Foreign Bank and Financial Accounts. 3a X 5a JX Did any taxable party notify the organization that it was or is a party to a porbibited tax shelter transaction? 5b X 5a Did any constructions that were not tax deductible? 6a X 6a Y Yes, 'to bane Sa or 5b, did the organization in club with every solitation an express statement that such cortributions solit 6a X 7b Yes, 'to bane Sa or 5b, did the organization notify the door of the value of the goods or services provided? 7a 7a 7b I'Yes,' rid the organization notify the do	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 10 E 90-22, 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 as onthibits and a contri	I				1 121410 (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 specific the organization and the organization that was a stantibution of any taxe of				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		
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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 purpoints, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or indir	· · ·				19 ¹⁰⁰ .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×		
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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
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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. 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 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 of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization 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	•			it was	
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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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	Ι.
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 1 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	İ
· b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	alfa an is	
12 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."

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• 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			
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)	(10-2/10-35-101-30)	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					i 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	X		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			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	A		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
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INTERNATIONAL UNION OF OPERATING ENGINEERS

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							_		55-00	100	JJU rayeu
Part VII Section A. Officers, Directors,		mplo	oyee			High	est		ees (continued)		
(A)	(B)							(D)	(E)		(F)
Name and title	Average							Reportable	Reportable	ļ	Estimated
	hours per	(C	neck	air	that	appi	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. 1	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				ergunzationo
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	 	 	<u> </u>		X		253,021.		0.	76,947.
	}		ł								-
······································	_			-		\vdash					
		{	{								
1b Sub-total	L	- -	L	<u>. </u>	<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								, 5 6 6 6 i 6 6 i i		
(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, SILVER SPRING, 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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	rt VII	I: Statement of Rever			(A) Total revenue	(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)	() Secondes 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 990 (2010)

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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.			·····
1 1	Fees for services (non-employees):				• • •
· ·a					
. b	A 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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Par	† X	Balance Sheet			•		·
					(A) Beginning of year		(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.	\$ \$	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 panang panang panang panang panang panang panang panang panang panang panang panang pan 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				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	
	*11	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			 	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 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 محمد بود د	
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	Permanently restricted net assets	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 990 (2010)

Form **990** (2010)

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		INTERNATIONAL UNION OF OPERATING				-	
	Form	990 (2010) ENGINEERS	53-	-0088	590	Pag	ge 12
	.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		JACUVILES	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	anizations Exempt From Incom	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 Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org f the organization answ 	anizations: Con r than section 5 ations: Complete 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. orm 990-EZ, Part VI, line nder section 501(h)): Col ion under section 501(h)	Do not complete Part I-E e [*] 47 (Lobbying Activitie mplete Part II-A. Do not (): Complete Part II-B. Do	3. complete Part II-B. not complete Part II-A.
lame of organization		tions: Complete Part III. TIONAL UNION OF RS	OPERATING	Em	ployer identification numb 53-0088590
Partil-A Comple	ete if the org	anization is exempt und	er section 501(c) o	r is a section 527	
 2 Political expenditure 3 Volunteer hours 	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 unc incurred by organization manag in 4955 tax, did it file Form 4720	ers under section 4955 for this year?		\$\$ \$Yesf Yesf
b If "Yes," describe in	Part IV.	ganization is exempt und			· · ·
<u></u>					
		d by the filing organization for se ization's funds contributed to ot	•		۰ <u>۰</u>
exempt function ac	r tho minig organ		The organizzations for acc		
	tivities			L	\$ -
•	on expenditures	s. Add lines 1 and 2. Enter here a	ind on Form 1120-POL,	•	····
 line 17b Did the filing organi Enter the names, ad made payments. For contributions received 	on expenditures zation file Form ddresses and er or each organiza yed that were pr	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL, N) of all section 527 poli d from the filing organiza a separate political organ	tical organizations to wh tion's funds. Also enter nization, such as a sepa	S Yes _ L r ich the filing organization the amount of political
 line 17b Did the filing organi Enter the names, ac made payments. For contributions receive political action com (a) Name 	on expenditures zation file Form ddresses and er or each organiza ved that were pr mittee (PAC). If	s. Add lines 1 and 2. Enter here a 1120-POL for this year? nployer identification number (El tion listed, enter the amount pair omptly and directly delivered to additional space is needed, prov (b) Address	nd on Form 1120-POL, N) of all section 527 poli d from the filing organiza a separate political organ	tical organizations to wh tion's funds. Also enter nization, such as a sepa	Yes Yes Key Manual Yes Yes Key Manual Yes Key Manu
line 17b 4 Did the filing organi 5 Enter the names, ac 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 mittee (PAC). If -	Add lines 1 and 2. Enter here a 1120-POL for this year? nployer identification number (El tion listed, enter the amount pair omptly and directly delivered to a additional space is needed, prov (b) Address WASHINGTON, DC 20036	nd on Form 1120-POL, N) of all section 527 poli d from the filing organiza a separate political organ ride information in Part IV	 Lical organizations to what ion's funds. Also enternization, such as a sepair. (d) Amount paid from filing organization's funds. If none, enter -0 	S Yes Yes Interpretation Yes Yes Interpretation Yes Yes Yes Interpretation Yes Yes Interpretation Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
line 17b 4 Did the filing organi 5 Enter the names, ac 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 1120-POL for this year? nployer identification number (El tion listed, enter the amount pair omptly and directly delivered to additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC 20036	N) of all section 527 polities of all section 527 polities of all section 527 polities of the filling organizate political organizate political organizate information in Part IV	 tical organizations to whation's funds. Also enternization, such as a separation, such as a separation. (d) Amount paid from filing organization's funds. If none, enter -0 1,620,500 	S Yes Yes I I I I I I I I I I I I I I I I I I I
line 17b 4 Did the filing organi 5 Enter the names, ac 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 1120-POL for this year? nployer identification number (El tion listed, enter the amount pair omptly and directly delivered to a additional space is needed, prov (b) Address WASHINGTON, DC 20036 WASHINGTON, DC	N) of all section 527 polities of all section 527 polities of a separate political organizate political organizate information in Part IV (c) EIN	 tical organizations to whation's funds. Also enternization, such as a separation, such as a separation. (d) Amount paid from filing organization's funds. If none, enter -0 1,620,500 	SYesIich the filing organization the amount of political rate segregated fund or a(e) Amount of political contributions received a promptly and directly delivered to a separat political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, ac 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 1120-POL for this year? Inployer identification number (El tion listed, enter the amount pair 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	 Interpretation in the second state of the second stat	SYesIich the filing organization the amount of political rate segregated fund or a(e) Amount of political contributions received a promptly and directly delivered to a separat political organization. If none, enter -0
line 17b 4 Did the filing organi 5 Enter the names, ac 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 1120-POL for this year? Inployer identification number (El tion listed, enter the amount pair 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	 Interpretation in the second state of the second stat	SYesIich the filing organization the amount of political rate segregated fund or a(e) Amount of political contributions received a promptly and directly delivered to a separat political organization. If none, enter -0

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53-0088590 Page 2

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 Gree	-		visions apply.		
Limits on Lob (The term "expenditures" n	bying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence put	nlic opinion (grass roots lobbying)			······································
b Total lobbying expenditures to influence a le				· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures (add lines 1a an					
					·
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. 9. 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% e			,		
h Subtract line 1g from line 1a. If zero or less,				·	
 i Subtract line 1f from line 1c. If zero or less, e j If there is an amount other than zero on eith 			tion file Form 4720	[L
teporting section 4911 tax for this year?				C	Yes - No
······································	·	eraging Period Under		<u> </u>	
(Some organizations th					
<u>*</u>		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) 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					-
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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2010.04050 INTERNATIONAL UNION OF OPER 32370__1

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	
 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? 					
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>	
 f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 			<u> </u>		
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 			<u> </u>		
i Other activities? If "Yes," describe in Part IV					
j Total. Add lines 1c through 1i	A THE STATE	a j			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>	18-3°		
	A. F. Jos	art ange a			
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 		5 17 1 E 34	 -		
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			
 c Total 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 exceeds the amount on line 3. 		Sec. 1.		_	
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>			
		,,	<u> </u>		
EPEC SEPARATE EDUCATION FUND		` _ _	····	·	
1125 17TH STREET NW WASHINGTON, DC 20036			000		
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15			ER 323	-	

Schedule C (Form 990 or 990 EZ) 2010 ENGINEERS

53-0088590 Page 4

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) Pepartment of the Treasury Internal Revenue Service	Complete if the organization Part IV, II	Il Financial Statements anization answered "Yes," to Form 990, Ine 6, 7, 8, 9, 10, 11, or 12. 990. ► See separate instructions.		2010 Open to Public Inspection
lame of the organizati		N OF OPERATING	Emple	oyer identification number
Part I Organiza	ENGINEERS ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accour	53-0088590 ts. Complete if the
i	on answered "Yes" to Form 990, Part IV, line		-	
		(a) Donor advised funds	(b) Fund:	s and other accounts
1 Total number at e	nd of year			
	outions to (during year)			,
	from (during year)			
	at end of year		· · · · · · · · · · · · · · · · · · ·	
+	on inform all donors and donor advisors in v on's property, subject to the organization's	÷		Yes No
	on inform all grantees, donors, and donor a			
-	poses and not for the benefit of the donor o	• •	•	-
impermissible priv	-		_	Yes 🛄 No
	vation Easements. Complete if the org		art IV, line 7.	
	servation easements held by the organizati	·		
	n of land for public use (e.g., recreation or e			
	of natural habitat	Preservation of a certif	ied historic st	ructure ·
•	n of open space	fied concernation contribution in the form a	-	ion assemant on the last
2 Complete lines 2a day of the tax yea	a through 2d if the organization held a qualif	lied conservation contribution in the form c	a conservat	ion easement on the last
, day of the tax yea				leid at the End of the Tax Year
a Total number of c	onservation easements			
				
	rvation easements on a certified historic str			
	rvation easements included in (c) acquired a			
listed in the Nation	nal Register		2d	
3 Number of conser	rvation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization (during the tax
year	······································			
	where property subject to conservation east ation have a written policy regarding the per	·	•	
	forcement of the conservation easements it			🗌 Yes 🗌 No
	er hours devoted to monitoring, inspecting,			
1	ses incurred in monitoring, inspecting, and			
	rvation easement reported on line 2(d) abov	• -		
and section 170(h	n)(4)(B <u>)</u> (ii)?			Yes 🔄 No
9 In Part XIV, descri	ibe how the organization reports conservati	on easements in its revenue and expense	statement, ar	nd balance sheet, and
·	ble, the text of the footnote to the organizat	tion's financial statements that describes t	he organizatio	on's accounting for
conservation ease	ements. ations Maintaining Collections of	Art Historical Transuras or Ot	hor Simila	r Accote
	if the organization answered "Yes" to Form		ner Jinna	Assels.
	elected, as permitted under SFAS 116 (AS		ont and balan	co sheet works of art
· ·	es, or other similar assets held for public ext		-	
	othote to its financial statements that descri		00 01 pablic 0	
, •	elected, as permitted under SFAS 116 (AS		and balance s	sheet works of art, historical
	r similar assets held for public exhibition, ec			
relating to these it				
ి (i) ైRevenues incl	luded in Form 990, Part VIII, line 1		> \$	
(ii) Assets include	ed in Form 990, Part X		> \$	<u> </u>
	a received or held works of art, historical tre		gain, provide	-
	units required to be reported under SFAS 1		• •	
 a Revenues include b Assets included in 	ed in Form 990, Part VIII, line 1 n Form 990, Part X		► ३ ► \$	
		<u> </u>		
	Reduction Act Notice, see the Instruction		9	chedule D (Form 990) 2010

Schedule D (Form 990) 2010 ENGINEE	TIONAL UNI RS	ION O	F OPEN	RATING		53-	008859	ЭО р	'age 2
Part III Organizations Maintaining C		Art, His	torical T	reasures,	or Other				
3 ⁴ Using the organization's acquisition, access									
(check all that apply):				Ŷ	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	ollections and expla	ain how ti	nev further	the organizat	ion's exemp	t purpose in	Part XIV.		
5 During the year, did the organization solicit c							. art / art		
to be sold to raise funds rather than to be m							Yes		
Part V Escrow and Custodial Arran								or	
reported an amount on Form 990, Pa	-		o ga maan	0.1 4.1011010104					
1a Is the organization an agent, trustee, custod		ediany 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 f	following							
	and complete the i	olowing	lable.				Amou		
e Reginning belance						1c			
c Beginning balance				••••••		1d			
d Additions during the year									<u> </u>
e Distributions during the year						1e			
f Ending balance				•••••		_1f	1 1.		
2a Did the organization include an amount on F		ie 21?		•••••	••••••••••••		L Yes		⊥ Ņŏ
b If "Yes," explain the arrangement in Part XIV								<u>`</u>	<u> </u>
Rart V Endowment Funds. Complete									
	(a) Current year	(b) F	rior year	(c) Two yea		Three years b		ur years	Dack
1a Beginning of year balance									
b Contributions		<u> </u>				\$1. 5 . 5. 10			·
c Net investment earnings, gains, and losses	ļ <u> </u>					<u></u>		<u></u>	
d Grants or scholarships						<u> </u>			
e , Other expenditures for facilities		Ì						i. Goat i	and the second
and programs									
f Administrative expenses					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	和"····································	新·1 年前		S.L.
g End of year balance						and the state	gene vier vo		
2 Provide the estimated percentage of the year		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 organi	ization th	at are held	and administ	ered for the	organization			
• by:						-		Yes	No
(i) unrelated organizations							3a(i	<u></u>	1
(ii) related organizations							······		1
b If "Yes" to 3a(ii), are the related organization								·	1
4_ Describe in Part XIV the intended uses of th								- 	
Part VI Land, Buildings, and Equipr									
Description of investment	(a) Cost or		· · · · · · · · · · · · · · · · · · ·	t or other		umulated	(d) Bo	ok valu	Je .
er *	basis (inves		1	s (other)	1 • •	ciation	(0) 20		
1a Land				04,775.			7	04.7	775.
1a Land				73,928.		0,128.	15,1		
b Buildings			20,5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,120.	10,1		
c Leasehold improvements			9 1	21,981.	2 2 2	1,058.	6,0		123
d Equipment			<u></u> ,	<u>21, JUL -</u>	,	1,050.	0,0	<u>, , , , , , , , , , , , , , , , , , , </u>	23.
e Other			L. (7)	10(a))	<u> </u>		21,8	90 /	98
Total. Add lines 1a through 1e. (Column (d) must e	equai rorm 990, Pa	rt X, COlui	тп (B), line	10(C).)	<u></u> .	<u></u>			
						Scheo	iule D (Foi	m 990	j 2010
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Part VII Investments - Other Securities.	See Form 990, Part X, line 12	>	53-0088590 - Page 3
(a) Description of security or category			(c) Method of valuation:
 (including name of security) 	(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)	_ _		
(D)		ļ	· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
(F)			
(H)	·		······································
(1)	- <u> </u>	<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:
		Cc	ost or end-of-year market value
. (1)			· · ·
(2)	· /		
(3)			
(4)		 	
(5)	_{	<u> </u>	
<u>(6)</u> (7)	·	 	
(8)			
(9)		<u></u>	<u>_</u>
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	· · · · · · · · · · · · · · · · · · ·	Harris Andre Andres	
Part IX Other Assets. See Form 990, Part X, Iir			
	10 10		
	a) Description		(b) Book value
			(b) Book value
5)			(b) Book value
(1)			
(a (1) (2) (3) (4)			
(a (1) (2) (3) (4) (5)			
(a (1) (2) (3) (4) (5) (6)			
(a (1) (2) (3) (4) (5) (6) (7)			
(a (1) (2) (3) (4) (5) (6) (7) (8)			
(a (1) (2) (3) (4) (5) (6) (7) (8) (9)			
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	a) Description		
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) li	a) Description		
(a (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 2	a) Description	(b) Amount	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin (a) Description of liability	a) Description	(b) Amount	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9)* (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (11) Part X + Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes	a) Description		
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lii Part X * Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes	a) Description	948,524.	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (11) Part X - Other Liabilities. See Form 990, Part X (10) (11) Part X - Other Liabilities. See Form 990, Part X (11) (12) (12) (13) Part X - Other Liabilities. See Form 990, Part X (14) (15) (15) (16) (17) (17) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (11) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) - ACCRUED POSTRETIREMENT B	a) Description		
(a (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 (1) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) * ACCRUED POSTRETIREMENT B (5) COST	a) Description	948,524. 507,437. 1,825,060.	
(a (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 (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.	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X, col (B) lin Part X, col (B) lin Part X, col (B) lin Part X, col (B) lin Part X, col (B) lin (10) (11) (10) (10) (11) (11) (11) (11) (11) (12) (12) (11) (12) (12) (12) (12) (12) (13) (13) (14) (15) (15) (14) (15) (15) (15) (15) (16) (17) (a) Description	948,524. 507,437. 1,825,060.	
(a (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] (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 PENSION COSTS	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(a) (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 (10) Fotal. (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 PENSION COSTS (7) ACCRUED SEVERENCE PLAN C	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(a (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 (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (10) (11) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) * ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED PENSION COSTS (7) ACCRUED PENSION COSTS (7) ACCRUED SEVERENCE PLAN C (8) - (9) (10)	a) Description	948,524. 507,437. 1,825,060. 1,648,680.	
(a (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 (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (10) (11) Federal income taxes (2) ACCRUED ORGANIZING GRANT (3) ESTIMATED DEATH CLAIMS (4) * ACCRUED POSTRETIREMENT B (5) COST (6) ACCRUED PENSION COSTS (7) ACCRUED PENSION COSTS (7) ACCRUED SEVERENCE PLAN C (8) = (9) (10) (11)	a) Description	948,524. 507,437. 1,825,060. 1,648,680. 1,484,069.	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X * Other Liabilities. See Form 990, Part X (10) (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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INTERNATIONAL UNION OF OF Schedule D (Form 990) 2010 ENGINEERS	PERATIN	IG	-	53-00	88590	Pag
Part XI Reconciliation of Change in Net Assets from Form 990	to Audite	ed Financia				
1 Total revenue (Form 990, Part VIII, column (A), line 12)				6	5,104	,25
2 Total expenses (Form 990, Part IX, column (A), line 25)		1	2		7,230	
3 , Excess or (deficit) for the year. Subtract line 2 from line 1					7,873	
4 Net unrealized gains (losses) on investments			1		7,239	,14
5 Donated services and use of facilities			;			
6 Investment expenses			;			
7 Prior period adjustments			-			
8 Other (Describe in Part XIV.)			3		1,331	,97
9 Total adjustments (net). Add lines 4 through 8			,		8,571	,11
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9			1	6,445	
Part XII Reconciliation of Revenue per Audited Financial State 1 Total revenue, gains, and other support per audited financial statements		in Revenu	· · · · · · · · · · · · · · · · · · ·		6,937	,51
2 Amount's included on line 1 but not on Form 990, Part VIII, line 12:		••••••		etter 1		<u> </u>
a Net unrealized gains on investments	2a	7,239,	145.			
b Donated services and use of facilities						-
c Recoveries of prior year grants						
_d Other (Describe in Part XIV.)		4,594	121.	Storig - L Marine Marine		
e Add lines 2a through 2d	····· [2e 1	1,833	,26
3 Subtract line 2e from line 1					5,104	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		••••••	·····	Stand .		<u> </u>
 a Investment expenses not included on Form 990, Part VIII, line 7b 	4a					
	···· }	· <u> </u>				
	····· [<u> </u>	3-1.14		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4c 5 6	5,104	25
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.) Part XIII Reconciliation of Expenses per Audited Financial State					<u>, 104</u>	ب <i>ده</i> ر
1 Total expenses and losses per audited financial statements					8,182	,86
 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	•••••••••••••••••••••					
a Donated services and use of facilities	2a		l)			
				्रीवन		
b Prior year adjustments						
c Other losses		952	604.	2 3 1 2 3 1		
d Other (Describe in Part XIV.)	····· •		(2.4.1 2.4.1	952	60
e Add lines 2a through 2d				2e	7,230	
3 Subtract line 2e from line 1	••••••	·····	ļ	3 5	1,230	, 4.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b		······				
b Other (Describe in Part XIV.)	4b			Section 1		
c Add lines 4a and 4b				4c	7 336	<u>)</u>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information				5 5	7,230	, 43
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c •						4; P
PART XI, LINE 8 - OTHER ADJUSTMENTS:			<u> </u>	_ <u></u>		
ADOPTION OF FASB STATEMENT NO. 158					1,331	<u>, 97</u>
	<u> </u>	<u></u>				
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
INCOME OF PAC					3,717	<u>,10</u>
COST OF GOOD SOLD		· · · · · · · · · · · · · · · · · · ·		<u> </u>	190	, 24
NATIONAL CHARITY FUND INCOME					138	
)32054 2×20-10			:	Schedule	D (Form 9	990) 2
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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	
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 ic	lentification 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		
. "			procedures for monitoring the use of g		d States.
•		- ,	an be duplicated if additional space is		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d) (f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditure: for and
· _	in the region	independent contractors	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	investments
· · · · · · · · · · · · · · · · · · ·		in region		TO ORGANIZE ALL WORKE	in region
1 - A				FOR THE ECONOMIC, MOR	
¢			l	AND SOCIAL ADVANCEMEN	
IORTH AMERICA	1	12	PROGRAM SERVICES	OF THEIR CONDITION AN	•
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3 a Sub-total	1	12		A Constraint of the second second second second second second second second second second second second second	
b Total from continuation		•		11.11.11.11.11.11.11.11.11.11.11.11.11.	
sheets to Part I	⁰	0			Marcan I Marcan
c Totals (add lines 3a		12			1,702,10
and 3b) HA For Paperwork Reduct	ion Act Nation		Inserting the Form 990	School	lle F (Form 990) 20
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Schedule F (Form 990) 2			ON OF OPERATII	NG	53-00	88590	· · · ·	- Page :
Grants and O recipient who	ther Assistance to Org	anizations or Entities (00. 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 (a) Name of organizatio	(b) IBS code section	(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)
		ţ,	ij		ň			
the IRS, or for whic	ch the grantee or courise	has provided a section	ecognized as charities by t 501(c)(3) equivalency lette	er				dule F (Form 990) 2010

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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	
 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, * 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) 2010

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Part II, line 1 (a	tal Information to provide ccounting me	a tion 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,	* *									us.
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SCHEDULE J	Compensation Information		OMB No.	1545-004	· 7 ·
(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	1997 - 1997 1997 - 1997 1997 - 1997	
		·			
b. If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment	or .			34183
1	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				2 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	(θ_{i}, β_{i})
	c)(3) and 501(c)(4) organizations must complete lines 5-9.		10 ⁻¹⁴		
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 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	 ∔	
	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	Denenis	 (b)(i) (b) 	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.
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	<u>(i)</u>							
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16	(ii) [•			

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		
	DED FOR TAX INDEDINIF	ICATION AND GR	<u>033-07 07 11E</u>	REDATED TAX		
PAYMENTS.						
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	· · · · · · · · · · · · · · · · · · ·	_	- 1 9		Scheudle J	, onii 550/2010

SCHEDULE L (Form 990 or 990-EZ) repartment of the Treasury Iternal Revenue Service	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 INTERNATIONAL UNION OF OPERATING							OMB NO. 1545-0047- 2010 Open To Public Inspection		
ENG	SINEERS			RATING	vos only)		Employer 53–00			numbe
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		-	-		-		*			
3 Enter the amount of tax, if ar				ation						
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	ted (b) Loan to or from (c) Origi se the organization? ar		inal principal mount	(d) Balance due	(e) defa		bybc	oroved ard or hittee?		/ritten ment?
·	To From	om	- <u></u>		Yes	No	Yes	No	Yes	No
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otal			▶ \$	l	E State	4.4 0 35	ie ta se l'ante			jerre t
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
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INTERNATIONAL UNION OF OPERATING

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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
RANCIS HANLEY	FATHER OF GST	31,793.	DEFERRED CO		X
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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

(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	ORGANIZAI	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, PAF	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	[,] 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.	Yes" to Form 990, Part IV, II 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
		,			ļ	·	
			······				
					1		
							<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.)				, .			
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 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
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> +			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		.Section 512 controll organizat	
۴	P.	, , , , , , , , , , , , , , , , , , ,	·	501(c)(3))		Yes	No
PEC VOLUNTARY FUND - 52-2298629			_				[
125 17TH STREET, N.W.	POLITICAL EDUCATION		6	÷.			
ASHINGTON, DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527	· · · · · · · · · · · · · · · · · · ·		<u></u>	X
PPERATING ENGINEERS NATIONAL CHARITY FUND -							
6-0272760, 1125 17TH STREET, N.W.,						{	}
ASHINGTON, DC 20036	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)3			 	X
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INTERNATIONAL UNION OF OPERATING Schedule R[®] (Form 990) 2010 ENGINEERS

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53-0088590 Páge 2

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.)

		······································		<u></u>				· · · · · · · · · · · · · · · · · · ·			·			·····
. (a)		(b)	(c)	(d)		(e)	·· (f)	(g)	(h)	()		0	(k)
Name, address, and of related organizati	EIN ion	Primary activity	Legal domicite (state or foreign	, Direct controlling entity	Predomi (related	inant income , unrelated, from tax under s 512-514)	Share of total income		F ' '	portion- cations?	Code amount 20 of Sc	in box hedule	partner?	Percentage ownership
e	<u>. </u>		country)		section	s 512-514)		<u> </u>	Yes	No	K-1 (For	n 1065)	Yes No	
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Part IV Identification of F organizations trea	Related Or Ited as a co	ganizations Taxable a rporation or trust during	as a Corp ng the tax	oration or Trust (Co year.)	mplete if t	the organizat	ion answered "Yes	" to Form 990, Pa	art IV, I	line 34	because	it had or	ne or mo	ore related
	(a)			(b)		(c)	(d)	(e)		(f))	(g)	(h)
Name, add	ress, and E	IN		Primary activ	vity	Legal domicile {state or	Direct controlling				of total	Shar		Percentage
of related	organizatio	n				(state or foreign country)	entity	(C corp, S corp or trust)	[,]	inco	me	end-of asse		ownership
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	INTERNATIC	NAL UNION	OF	OPERA'	FING
Schedule R (Form 990) 2010	ENGINEERS	· · · · ·		· · ·	

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53-0088590 Page 3

Part V? Transa	actions With Related Organizations (Complete if the organization answered "Ye	es" to Form 990, Part IV, line 34, 35	, 35a, or 36.)		•	
Note. Complete li	line 1 if any entity is listed in Parts II, If, or IV of this schedule.		e		Yes	No
1 During the ta	ax year, did the organization engage in any of the following transactions with one	or more related organizations liste	ed in Parts II-IV?		R.A.	
a Receipt of (i	i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		······	1 a		X
b Gift, grant, o	or capital contribution to other organization(s)			1b	X	
c Gift, grant, o	or capital contribution from other organization(s)	<u>ج</u>	<u>\$</u>	1c		X
d Loans or loa	an guarantees to or for other organization(s)			1d		X
e Loans or loa	an guarantees by other organization(s)					X
f Sale of asse	ets to other organization(s)			1f		X
g Purchase of	f assets from other organization(s)			1g		X
h Exchange of	fassets			1h	[X
i Lease of fac	cilities, equipment, or other assets to other organization(s)			11		X
					20	352
j Lease of fac	cilities, equipment, or other assets from other organization(s)			1j		X
	e of services or membership or fundraising solicitations for other organization(s)					X
	e of services or membership or fundraising solicitations by other organization(s)				<u> </u>	X
	acilities, equipment, mailing lists, or other assets				X	
n Sharing of p	paid employees			11	X	1
				1		
o Reimbursem	nent paid to other organization for expenses			10		X
						X
•					33	
q Other transfe	fer of cash or property to other organization(s)			19	X	T.
r Other transf	fer of cash or property from other organization(s)			1r		Х

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	(d) od of determining Iount involved	
(1)	· ·					
(2)	i		,			•
(3)	· · · · · · · · · · · · · · · · · · ·		ļ	· · · · · · · · · · · · · · · · · · ·		
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(5)	· · · · · · · · · · · · · · · · · · ·		4			
(6)	· · · · · · · · · · · · · · · · · · ·		2	*. 		· • ·
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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 9	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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Compl	plemental Information lete this part to provide additional information for responses to questions on Schedule F	R (see instructions).	•
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Part-la	Type of Re	turn and Return	n Information (Whole Dollar	rs Oniv)	 _	- 1		-
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	check here		evenue, if any (For					· •	651042
	-EZ check her		tal revenue, if any						
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Part II	Declaration					=			
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exe (as nder penalties of atements, and to ectronic return. I knowledgement Bign Here Part: Part	cuted the elect specifically ide the perjury, I declare the althe best of my kno- consent to allow my of receipt or reason Signature of of Declaration I have reviewed I am only a col ganization offici IRS, and have the Returns. If I am g schedules ar based on all in 's alure alure if self-employed), ess, and ZIP code Derfuty: receive on all Print/Type prep Firm's name	ronic disclosure con ntified in Part I abov at I am an officer of the abov wiedge and belief, they are intermediate service provi for rejection of the transmi ficer n_of Electronic of the above organizate lector, I am not resp er will have signed to ollowed all other reco also the Paid Prepa d statements, and to formation of which I CALTBRE 1850 K S WASHINGT at mave examined the above information of which the prior are r's name	Issent contained will e) to the selected s by the selected s brue, correct, and compli- ider, transmitter, or electri- ission, (b) the reason for e	thin this returned that I have experienced and that I have experienced and that I have experienced and that I have experienced and that I have experienced and that I have experienced and the return origin any delay in process of perjury I howledge and the return s of perjury I howledge and the set of the return grades and the set of the perime of the return of the	(ies). amined a copy of the are that the amount in ator (ERO) to send th essing the return or re and Paid Pi es on Form 8450 and only deciar urn. I will give th mized e-file (Mel declare that I had d belief, they are check also p. prepar	erganization's 20 Part 1 above is the e organization's re- sfund, and (c) the of GEN Title reparer (see 3-EO are completed on the officer offic	10 electronic rêtui eturn to the IRS ar date of any refund SEC / TRH e instructions polete and com m accurately py of all forma for Authorize the above or , and comple etk elf- inployed EIN Phone r nowreage and per Check self- employed Firm's EIN ▶	EAS CAS CAS CAS CAS CAS CAS CAS C	ing schedules organization ine IRS (a) an st of my ata on the tion to be roviders eturn and Preparer N 7 4 5 8 8 0 9 8 8 0
exe (as nder penalties of atements, and to ectronic return. I sknowledgement isknowledgement isknowledgement isknowledge isknowledge. If eturn. The or led with the isk or Business F ccompanying leclaration is ise ise ising iso ising iso iso iso iso iso iso iso iso iso iso	cuted the elect specifically ide t perjury, I declare th is the best of my kno consent to allow my of receipt or reason Signature of of Declaration I have reviewed I am only a col ganization offic IRS, and have t Returns. If I am g 'schedules an based on all in 's ature 's name (or s if self-employed), ess, and ZIP code Declare to based on all parer is based on all Print/Type pref	ronic disclosure con ntified in Part I abov at I am an officer of the abov wiedge and belief, they are intermediate service provi for rejection of the transmi ficer n_of Electronic of the above organizate lector, I am not resp er will have signed to ollowed all other reco also the Paid Prepa d statements, and to formation of which I CALTBRE 1850 K S WASHINGT at mave examined the above information of which the prior are r's name	Issent contained will e) to the selected s by the selected s brue, correct, and compli- ider, transmitter, or electri- ission, (b) the reason for e	thin this returned that I have experienced and that I have experienced and that I have experienced and that I have experienced and that I have experienced and that I have experienced and the return origin any delay in process of perjury I howledge and the return s of perjury I howledge and the set of the return grades and the set of the perime of the return of the	(ies). amined a copy of the are that the amount in ator (ERO) to send th essing the return or re and Paid Pi es on Form 8450 and only deciar urn. I will give th mized e-file (Mel declare that I had d belief, they are check also p. prepar	erganization's 20 Part 1 above is the e organization's re- sfund, and (c) the of GEN Title reparer (see 3-EO are completed on the officer offic	10 electronic rétui te amount shown sturn to the IRS ar date of any refund SEC / TRH e instructions plete and com- m accurately py of all forma for Authorize the above of a and comple the above of a and comple the above of a and comple the above of a and comple the above of a and comple the above of a and comple the above of a and comple the above of a and comple	EAS CAS CAS CAS CAS CAS CAS CAS C	ing schedules organization ine IRS (a) an st of my ata on the tion to be roviders eturn and Preparer N 7 4 5 8 8 0 9 8 8 0

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Forr	. `9 9	0	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co		OMB No. 1545-0047
	riment of I tal Revenu	ihe Treasur Ie Service	 benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state 	e reporting requirements.	Open to Public
			lendar year, or tax year beginning and ending		
Bo	heck if pplicable:	Please use IRS	C Name of organization	D Employer identific	ation number
	Name change	type.	Doing Business As	<u> </u>	088590
	Termin-	See Specific Instruc-	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1125 17TH STREET, N.W.		429-9100
<u>ا</u>	Amenda Ireturn		City or town, state or country, and ZIP + 4	G Gross receipte \$	151,888,927.
	Ltion pending		WASHINGTON, DC 20036 The and address of principal officer: GIBLIN, VINCENT J.	H(a) Is this a group re for affiliates?	turn Yes X No
			IE AS C ABOVE	H(b) Are all affiliates incl	
1 1	ax-exer		us: X 501(c) (5) < (insert no.) 4947(a)(1) or 527		list. (see instructions)
_			W.IUOE.ORG	H(c) Group exemption	
		rganizatio		ar of formation: 1896 M	State of legal domicile: DC
Pa		Summ		· · · · · · · · · · · · · · · · · · ·	
e	18	riefly de	scribe the organization's mission or most significant activities: SEE SCHEI	DULE O	······
Activities & Governance					
Veri	1		s box I if the organization discontinued its operations or disposed of me of voting members of the governing body (Part VI, line 1a)	1.1	21
ŝ			of voting members of the governing body (Part VI, line 1a)		
5 8			ber of employees (Part V, line 2a)		127
itie			iber of volunteers (estimate if necessary)		0
ctiv			is unrelated business revenue from Part VIII, column (C), line 12		0.
Ř		-	ated business taxable income from Form 990 T, line 34		0.
				Prior Year	Current Year
•	8 C	ontribut	ions and grants (Part VIII, line 1h)		
Revenue	9 P	rogram s	service revenue (Part VIII, line 2g)	46,067,288.	47,113,569.
eve	10 lr	vestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-5,574,194.	-4,016,253.
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,116,224.	1,973,326.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,609,318.	45,070,642.
	13 G	rants an	d similar amounts paid (Part IX, column (A), lines 1-3)	70,550.	
į	14 B	enefits p	paid to or for members (Part IX, column (A), line 4)	2,119,227.	2,397,877.
ŝ			other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,776,847.	35,229,198.
sua	16a P	rofessio	nal fundraising fees (Part IX, column (A), line 11e)		
Expense			Iraising expenses (Part IX, column (D), line 25) 🛛 🕨	N. K. Station	and the second second
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,871,046.	<u>15,897,657.</u>
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,837,670.	<u>53,524,732</u>
6	19 R	evenue	ess expenses. Subtract line 18 from line 12	-6,228,352.	-8,454,090.
Assets or Balances				Beginning of Current Year	End of Year
Bala			ets (Part X, line 16)	276,740,338.	302,951,665.
et A			lities (Part X, line 26)	67,379,651.	70,279,457.
			s or fund balances. Subtract line 21 from line 20	209,360,687.	232,672,208.
				s and to the best of my knowledge	e and belief it is into correct
		ind comple	ities of perjury, I declare that I have examined this return, including accompanying schedules and statement te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge.	
Sigr	. İı			ŀ	
Her	11	Sigr	ature of officer	Date	
1121			RISTOPHER HANLEY, GEN SEC/TREAS		
		Preparer's		Check if Prepare	r's identifying number tructions)
Paid		signature	The first filler and the filler	self- employed 🕨 🛄 🔤	
-		ium s name Iours if		EIN ►	
Use	v iiii, j	elf-employ	• 1850 K STREET, N.W.		
		uddress,an ⊴P+4	WASHINGTON, DC 20006	Phone no. ► (2	202)331-9880
May	the IRS	discus	s this return with the preparer shown above? (see instructions)		X Yes No

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932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2009)

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Form 886	8 (Rév. 4-2009)					Page 2
. ■ +lf you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	I check this bo	x		► 🗵	3
Note. Or	tly complete Part II if you have already been granted an automatic 3-month extension on a ρ	reviously filed	Form	8868.		
State of State of State of State	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
मित्रस्य		original (no c	1			
Type or	Name of Exempt Organization		Emp	loyer ident	ification nu	nber
print	INTERNATIONAL UNION OF OPERATING ENGINEERS	1.5812 1.12	5	3-0088	2590	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			S use only		<u> </u>
extended due date fo		Carl & Frank				
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					· · · · · ·
instruction:	WASHINGTON, DC 20036					م و م م <u>سا</u> لی از ا
Check t	rpe of return to be filed (File a separate application for each return):	-				
K Fo		n 1041-A	=	rm 5227	L Form	8870
- Fo	rm 990-BL Form 990-PF Form 990-T (trust other than above) Form	m 4720	Fo	rm 6069		
STOPIC	o not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly file	d Form 88	68.	
	THE ORGANIZATION					
• The b	ooks are in the care of 🕨 1125 17TH STREET, N.W WASHING	TON, DC	20	036		
	hone No.▶ (202)429-9100 FAX No.▶			· · · ·		_
	organization does not have an office or place of business in the United States, check this bo				🕨 🗋	
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)					
<u>box</u> ►	1 I if it is for part of the group, check this box 1 and attach a list with the names a equest an additional 3-month extension of time until NOVEMBER 15, 2010.	nd Eins of all	memb	ers the exte	ansion is for.	
		and ending.				
		and ending <u></u> I return	1	Change in a	accounting	 heriod
	ate in detail why you need the extension				p	
A	DDITIONAL TIME IS NEEDED TO GATHER INFORMATION	TO COM	PLE	TE THE	RETUR	IN.
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any				
	nrefundable credits. See instructions.		8a	\$		
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es payments made. Include any prior year overpayment allowed as a credit and any amount p					
	eviously with Form 8868.	200	8b	¢		
	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	deposit		<u> </u>		<u>.</u>
	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	-	8c	\$	N/A	
	Signature and Verification		<u> </u>			
Under per	alties of perjury, I declare that I have examined this form, including accompanying schedules and statem	nents, and to the	e best o	f my knowle	dge and belief,	, ·
	correct, and complete, and that I am authorized to prepare this form.			ali	Im	
Signature	Allen Poologa The CPU		Date	<u> 8/6</u>		
				Form	1 8868 (Rev. 4	1-2009)
	•					

923832 05-20-09

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Form Par	990 (2009) ENGINE	IATIONAL UNION OF OPERATING ERS Service Accomplishments	53-0088590 Pag
1		sion: DE OF OPERATING ENGINEERS TO ITS VITY AND THE RANKS OF ORGANIZED	
2	the prior Form 990 or 990 EZ?	prificant program services during the year which were not lister	
3	If "Yes," describe these new services of Did the organization cease conducting If "Yes," describe these changes on S	g, or make significant changes in how it conducts, any program	n services?Yes 🔀
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organiz	ments for each of the organization's three largest program sen zations and section 4947(a)(1) trusts are required to report the es, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses <u>TO ORGANIZE ALL WOR</u> <u>OF THEIR CONDITION</u> .	KERS FOR THE ECONOMIC MORAL AND) (Revenue \$ D SOCIAL ADVANCEMENT
45	(Code:) (Expenses	\$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses	\$ including grants of \$) (Revenue \$
			· · · · · · · · · · · · · · · · · · ·
	Other program services. (Describe in S (Expenses \$ in Total program service expenses > \$	ncluding grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·

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INTERNATIONAL	UNION	OF	OPERATING

	990 (2009) ENGINEERS 53-0088	590) P	age 3
Pa	rt 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		T	
	public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		[
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<u> </u>		
-	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	[<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		<u> _==</u>
•	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,	Ľ	f	†- <u></u> -
•	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	<u> </u>	<u> </u>	<u>⊢</u> -
	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			- **
3		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9	├──	<u>⊢</u> ≏-
10		40	1	x
44	If "Yes," complete Schedule D, Part V			_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			i i
	as applicable	11	X	8.617
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI.			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ų i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1. A		
•		11		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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	19 ⁹⁷		1. ji
-	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	498		
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1.14	
	Schedule D, Parts XI, XII, and XIII.	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	10.33	n Be	21 (d. 21)
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		i isi i	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>	X	<u> </u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	146	X	
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, Part II	15	<u> </u>	<u>x</u>
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, Part III	16	<u> </u>	<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ		
	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	L	<u>X</u> .
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	L	<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

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932003 02-04-10

INTERNATIONAL UNION OF OPERATING

	t IV Checklist of Required Schedules (continued)		-	r
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	j		
	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	X	
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," enswer lines 24b through 24d and complete		}	
	Schedule K. If "No", go to line 25	24a		X
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		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	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			
	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	~~~		- 41
	contributor, or a grant selection committee member, or to a person related to such an individual? 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		_ ▲
10	instructions for applicable filing thresholds, conditions, and exceptions):	l Hari		· · in the
~			69,11	i i i i i i V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	285	X	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, 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		X
34	Was the organization related to any tax-exempt or taxable entity?		-	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		х
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		
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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	x	
		Form		2000/

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INTERNATIONAL	UNION	OF	OPERATING
ENGINEERS			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance	····				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			潮		關於
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	45			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and r				新教 室	
	(gambling) winnings to prize winners?			<u>1c</u>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			調測		
	filed for the calendar year ending with or within the year covered by this return		<u>127</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				國語法	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed by t	his return?	<u>3a</u>	Ļ	X
			•••••••••••	<u>3b</u>	<u> </u>	
4a	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	accou	nt)?	<u>4a</u>	X	<u> </u>
Ь	If "Yes," enter the name of the foreign country: CANADA					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank :	and			
	Financial Accounts.			兵服,		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			<u>5</u> b	 	X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	· ·				
	Tax Shelter Transaction?	•••••	•••••••••••••••••••••••••••••••••••••••	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			
	any contributions that were not tax deductible?			<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut					ĺ
	were not tax deductible?	····		<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).			1.1		la Barrasa
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	-			[
	provided to the payor?	••••		7a		ļ
				7b		L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					1
	to file Form 8282?			<u>7c</u>	n. s sere	Second Salar
a	If 'Yes," indicate the number of Forms 8282 filed during the year	<u>7d</u>			2019-38 19-19-38	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				: ¹ ;	
	benefit contract?			7e	L	<u> </u>
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of publication interval and the second statement of the secon			<u>71</u>		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	? 		<u>7g</u>		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			7h	1.14	<u> </u>
Ū.	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ganiza	itions. Did the			
	at any time during the years		-	:: :: _	÷,.	
	Sponsoring organizations maintaining donor advised funds.			8		
	Did the organization make any taxable distributions under section 4966?			- -	<u>,</u>	
ь Б	Did the organization make a distribution to a donor, donor advisor, or related person?		······	<u>9a</u>		
	Section 501(c)(7) organizations. Enter:	••••••••		9b		
	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10a			5. e	1.7
	Section 501(c)(12) organizations. Enter:	105				
		 .		-		
	Gross income from members or shareholders Gross income from ether sources (Do not net amounts due or paid to other sources against	11a	· · · · · · · · · · · · · · · · · · ·	5		
	amounts due or received from them.)	11b		S.S.	Si di P	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			10-1	e nega	1777 - 184 S
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125		<u>12a</u>		4.2.
	a the second states and the second of accided during the year	120				

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INTERNATIONAL UNION OF OPERATING ENGINEERS

Form 990 (2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent		逐步。	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	國議		國家
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a				
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		議部	
	by the following:			inne. GU V
а	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			
	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 Revenue Code.)			

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	t0a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ſ	1	
	and branches to ensure their operations are consistent with those of the organization?	105	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	F -		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Alexer A	i de la	
12a	Does the organization have a written conflict of interest policy? If "No, " go to line 13			
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	125		x
С	• · · · · · · · · · · · · · · · · · · ·	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			10.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
ь	Other officers or key employees of the organization			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	98. 1		
16a	·		316.794 174 - 5	
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		- 2	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	i I	
Sec	tion C. Disclosure		har	<u> </u>
47	List the states with which a same of this Form 000 is securized to be filed by NONE			

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 (501(c)(3)s only) available for 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 financial 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 organization: ► THE ORGANIZATION - (202)429-9100

<u>1125 17TH STREET, N.V</u>	<u>W., WASHING</u>	<u>JTON, DC</u>	20036
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Form 990 (2009)

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932008 02-04-10

Form 990 (2009) ENGINEERS Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

ta 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. Use Schedule J-2 if additional space is needed.

 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. 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average	[•	ition			Reportable	Reportable	Estimated
Hame and This	hours	l (ci		• • •		app	iv)	compensation	compensation	amount of
	per				T	T T	<u> </u>	from	from related	other
	week	adividual trustes or director						the	organizations	compensation
		e or d	E.		ļ	22 Ge	ļ	organization	(W-2/1099-MISC)	from the
		ieste	n stitutional trustee		ŧ,	aper		(W-2/1099-MISC)		organization
	ł	G as	otions	-	(ey employte	188	5			and related
		- No		Office	¥9	Highest compensated employee	Former	ļ		organizations
AHERN, JOHN										
TRUSTEE	40.00	X						23,275.		7,824.
GALLAGHER, MICHAEL										
TRUSTEE	40.00	X			L	ļ		23,175.	0.	7,824.
HOLLIDAY, JOHN M.		ľ				1				
TRUSTEE	40.00	X			ļ			23,275.	0.	7,819.
JOHNSON, GLEN						1	1			
TRUSTBE	40.00	X						23,275.	0.	7,819.
KUBA BROWN		ł			1	l	1			
TRUSTEE	40.00	X				┢		23,275.	0.	7,822.
GIBLIN, VINCENT J.]					
GENERAL PRESIDENT	40.00			X	 	ļ	<u> </u>	470,412.	0.	132,633.
HANLEY, CHRISTOPHER)			1	1)			
GENERAL SECRETARY-TREASU	40.00	ļ	_	X	 			248,876.	0.	99,136.
CALLAHAN, JAMES T.		}]					
VICE PRESIDENT	40.00			X	<u> </u>		 	84,368.	0.	<u>26,550.</u>
HAMILTON, JOHN M.	40.00				ĺ					00 000
VICE PRESIDENT	40.00	┣	<u> </u>	X		┣		85,168.	0.	26,358.
HICKEY, BRIAN E.	40.00	}		x	!	۱.	}	04.200		26.250
VICE PRESIDENT	40.00	<u> </u>		<u> </u>	-		<u>-</u>	84,368.	0.	26,358.
HOLLIDAY, GUY M. VICE PRESIDENT	40.00			x	1	}		84,368.	0.	26,399.
KALMAR, JERRY L.	40.00			<u>^</u>	┣	<u> </u>		04,300.		40,399.
VICE PRESIDENT	40.00	}		x)	74,368.	0.	26,358.
KROEKER, GARY W.	40.00		-	L <u>A</u>		┨╼╍╌		14,300.		
VICE PRESIDENT	40.00	ļ	ļ	x		ļ	Ì	84,368.	0.	26,358.
ROGER KAMINSKA				<u> </u>	<u> </u>	<u>-</u>		04,500.		
VICE PRESIDENT	40.00			x			1	84,368.	0.	26,436.
RUSSELL BURNS		t		╞╩┈	t —	t—	<u>├</u>	01,000		
VICE PRESIDENT	40.00			x	1)	74,368.	o.	26,353.
SINK, PATRICK L.		1		<u> </u>	<u> </u>	1-	t			
VICE PRESIDENT	40.00	l		x	l	1	l	84,368.	0.	26,358.
WAGGONER, WILLIAM C.		1-			1	\uparrow	1			
VICE PRESIDENT	40.00			x	1		ł	84,368.	0.	26,391.
932007 02-04-10										Form 990 (2009)
						-				

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INTERNATIONAL UNION OF OPERATING ENGINEERS

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Form 990 (2009) ENGINEER		NTO)N	O	e (OPE	≤K4	ATING	53-00	88590 Page 8
								Comparented Englass		100330 12g0 -
Part VII Section A. Officers, Directors, Tr		n <u>pi</u> c I	oyee			lign	esi			
(A)	(B))			(D)	(E)	(F)
Name and title	Average			Pos		app		Reportable	Reportable compensatio	n Estimated
	hours	<u> </u>	neck	raiin	mat	app	<u>iy)</u>	compensation from	from related	
	per	ទី			1			the	organizations	
	week	dte	[_ ·			3		organization	(W-2/1099-MIS	· ·
	}	Individual bustes or director	Institutional trustea			Highest compensated employee		(W-2/1099-MISC)	(11-27) 000 1410	organization
		Ē	불		8	ц Ш				and related
		Mdue	퉖	5	en p	hest of	Former			organizations
		19	E.	Officer	Ξ.	₹5	2			Ť
JAMES SWEENEY	}	1-	<u> </u>							
VICE PRESIDENT	40.00			Х				_73,748.		0. 23,421.
SCHLOOP, PHILIP L.		Γ	Ι							
VICE PRESIDENT	40.00			Х			l	69,365.		0. 22,092.
DUFFY, WILLIAM K.			ſ	[
VICE PRESIDENT	40.00		İ	x	İ .		ļ	42,184.		0. 13,239.
MCLAUGHLIN, JAMES J. III		1	t	[
VICE PRESIDENT	40.00			x				37,184.		0. 13,239.
ROBERT T. HEENAN										
VICE PRESIDENT	40.00	ł		x			-	42,184.		0. 10,845.
GRIFFIN, RICHARD	<u> </u>		╞──		İ					
GENERAL COUNSEL	40.00					x	1	254,191.		0. 101,968.
LOUGHRY, JOHN W.		<u> </u>								
CFO	40.00					x		254,329.		0. 90,773.
VANDYKE, JAMES					<u> </u>			221/222	,,,,_,,,,,,,,,,,,,,,,,,,	
CHIEF OF STAFF	40.00					x		258,606.		0. 101,985.
POUPORE, RAYMOND J.	1				┢──				<u></u>	
NCA II DIRECTOR	40.00					x		242,276.		0. 95,931.
DUNN, RYAN J.					┣┈-			010/0/01		
ORGANIZING DIRECTOR	40.00					x		289,580.		0. 79,585.
		L	L		L		L	3,223,690.	<u>. </u>	
1b Total 2 Total number of individuals (including but										
· •		1058	4516	to a	oove	ej wi	10 11	eceiveo more (nan \$100	,000 in reportable	69
compensation from the organization										Yes No
2 Did the experimetion list any few as offere										
3 Did the organization list any former officer										
line 1a? If "Yes," complete Schedule J for										
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15										
5 Did any person listed on line 1a receive or				rom	any	/ unr	elat	ed organization for servi	ces rendered to	
the organization? If "Yes," complete Schell	quie J tor such ,	pers	on.			فيلتبه حمر		<u></u>		<u> 5 X</u>
Section B. Independent Contractors			<u> </u>							
1 Complete this table for your five highest co	ompensated in	depe	ende	int c	ontr	acto	ors t	nat received more than	5100,000 of com	pensation from
the organization.									I	· · · · · · · · · · · · · · · · · · ·
(A) Name and busines:	addroce							(B) Description of s		(C) Componistion
name and busines	299101622							Description of s	ervices	Compensation

(A) Name and business address	(B) Description of services	(C) Compensation
CLEVENGER CORPORATION		······································
10718 TUCKER STREET, BELTSVILLE, MD 20705	CONSTRUCTION	1,485,859.
CAREFIRST BCBS		
PO BOX 79749, BALTIMORE, MD 21279	HEALTH INSURANCE	1,448,631.
IMA RESOURCES INC, 1919 GALLOWS ROAD,		ļ — — — — — — — — — — — — — — — — — — —
SUITE 400, VIENNA, VA 22182	COMPUTER CONSUTING	1,006,619.
CAREMARK INC	PRESCRIPTION DRUG	
2211 SANDERS ROAD, NORTHBROOK, IL 60062	PROVIDER	757,964.
MOUNT VERNON PRINTING COMPANY		
3229 HUBBARD RD, LANDOVER, MD 20785	PRINTING COMPANY	603,583.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 in compensation from the organization 41		
		Form 990 (2009)

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i N	<u>.</u>	Statement of Rever						
					(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	а	Federated campaigns		·		1		
		Membership dues				.,		
	С	Fundraising events	1c					
	d	Related organizations	<u>1d</u>					
4	е	Government grants (contribut	ions) <u>1e</u>					
1	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abor	ve 1f					
	-	Noncash contributions included in lines			11 f. Anna Argenbag	1771 - 新生花田 新生花市 1771 - 新生活市 美生活		
	h	Total, Add lines 1a-1f						· 推荐的 相同 相同 相同 的复数
				Business Code	1			
2 :		MEMBERSHIP DUES)	900099	47,113,569,	47,113,569.		
l	b			ļ		<u> </u>	·	<u> </u>
ľ	C J						·	
	a							<u> </u>
	9 4	All other program service reve						
					47 113 569			
3		Investment income (including			47,113,303	Part is provided to the second s	114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	teres to the second state
Ū		other similar amounts)			8268578.			8,268,57
4		Income from investment of tax				· · · · · · · · · · · · · · · · · · ·		<u>, 200, 5</u> ,
5		Royatties	• • •		997,093.		· · · · · · · · · · · · · · · · · · ·	997,093
•		,	(i) Real	(ii) Personal				
6	а	Gross Rents	929627.					
1		Less: rental expenses						
		Rental income or (loss)	929627.					
	d	Net rental income or (loss)			929,627.			929,627
7 8	a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	94,278,195,		- 「私事」「新生」」			Print Skiel Distantion
1		Less: cost or other basis						
			<u>106,563,026,</u>					
0		Gain or (loss)						
		Net gain or (loss)		<u></u>	-12,284,831,	· · · · · · · · · · · · · · · · · · ·		-12,284,83
8 8		Gross income from fundraising						
		including \$		1				
		contributions reported on line						
		Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fund		L		in the file differences	un alterier strader	Menzak eti kele
		Gross income from gaming ac	•		and the second second second second second second second second second second second second second second second	a that is a taile the	Jete gradua	Robert and the second
		Part IV, line 19						
,		Less: direct expenses						
		Net income or (loss) from gam		L			ing a suit of the particular south the	49., 20. 300 an 10.000 - 19.5
10 (Gross sales of inventory, less	=	["教 谕"。在1997年	Weight Britsheet	tini, tit dependenti	Ser Guizy
		and allowances	а	148076.				
I		Less: cost of goods sold		255259.				
	Ċ	Net income or (loss) from sales	s of inventory		-107,183.	-107,183.		
		Miscellaneous Revenue	8	Business Code				
11 :	а	SUNDRY	·······	900099	<u> 153,789</u> .			153,789
	b							
	C						,,	ļ
		All other revenue			·	,		
•		Total. Add lines 11a-11d			153,789.			en 🖹 presidente en pr
12		Total revenue. See instructions.			45_070_642.	47,006,386	0.	-1,935,74

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۰. . Form 990 (2009)

INTERNATIONAL UNION OF OPERATING ENGINEERS

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. (\mathbf{P}) (C) and (D) -1-4- ----

	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		·		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u>2,397,877.</u>			¹⁹ 010
6	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(I)(1)) and				
	persons described in section 4958(c)(3)(B)		·		
7	Other salaries and wages	13,234,243.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	19,094,508.			
9	Other employee benefits	2,056,542.			
10	Payroll taxes	843,905.			
11	Fees for services (non-employees):				
а	•		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
þ	•	748,441.			
c		176,478.			
d			1. 1 . <i>H</i>		
e					
f	Investment management fees	1 000 000	<u> </u>	<u> </u>	
g		1,096,098.			
12	Advertising and promotion	6,444.		· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	<u>1,902,951.</u> 275,001.	······································		
14 15	Information technology	275,001.			
15 16	Royalties	791,850.	· · · · · · · · · · · · · · · · · · ·		
16 17		1,090,450.			
17 18	Travel Payments of travel or entertainment expenses	1,090,430.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	413,166.			
20	1-1				······
20	Payments to affiliates	2,938,892.	·		
22 22	Depreciation, depletion, and amortization	1,282,051.			
22 23	Insurance	161,635.			
24	Other expenses, itemize expenses not covered	in the successful and the			
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		이번 명양 공장이 있는 것. 방법 성상 공기는 것 이 방법		
а	ODGINTRIMTON C DDUGINGTO	2,453,565.		an inter a state of the second second second second second second second second second second second second se	a na fara na sa sa sa sa sa sa sa sa sa sa sa sa sa
b	TOTIDATA TRUDČILICE	1,083,539.			
č	A LYING ONDIDING DISCOLUTION DISCOLUTION	718,275.			······································
d	AND THE TREAM AND A STATE OF	149,400.		[·····
e	DUDA IND AUDGAD TOUTA	138,062.		<u> </u>	
f	All other expenses	471,359.			
25	Total functional expenses. Add lines 1 through 24f	53,524,732.			
26	Joint costs. Check here if following		· · · · · · · · · · · · · · · · · · ·		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	10 02-04-10	······		· · · · · · · · · · · · · · · · · · ·	Form 990 (2009

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INTERNATIONAL UNION OF OPERATING ENGINEERS

Form	n 990 (2009)ENGINEERS					53-	0088590	Page 11
Pa	n Xe	Balance Sheet							
		· · · · · · · · · · · · · · · · · · ·				(A) Beginning of year		(B) End of yea	ar
	1	Cash - non-interest-bearing		······································		5,715,882.	1	2,528,	042.
	2	Savings and temporary cash investments				80,193,490.		8,508,	
	3	Pledges and grants receivable, net					3	1	
	4	Accounts receivable, net				5,967,901.		6,917,	.962.
	5	Receivables from current and former officers, di				. Li en Ek	1	dan Bilikar (
	Ĭ	employees, and highest compensated employee					į		
		of Schedule L		-			5		
	6	Receivables from other disqualified persons (as					1		
		4958(f)(1)) and persons described in section 495					·		
		Part If of Schedule L					6		
ŵ	7	Notes and loans receivable, net					7		
Assets	8	Inventories for sale or use					8		
As	9	Prepaid expenses and deferred charges				395,561.		375	374.
	10a		1		••••			T	1.1.11
		basis. Complete Part VI of Schedule D	10a	30,851,50)5.		11.1	ni in in in in in in in in in in in in i	
	Ь	Less: accumulated depreciation	105			20,401,828.	10c		203.
	11	Investments - publicly traded securities				116,656,424.			
	12	Investments - other securities. See Part IV, line 1				46,659,311.		47,348	
	13	Investments - program-related. See Part IV, line				10,000,011	13	1,010	
	14	Intangible assets					14	<u> </u>	
	15	Other assets. See Part IV, line 11	.			749,941.		207	845.
	16	Total assets. Add lines 1 through 15 (must equa				276,740,338.		302,951,	
	17	Accounts payable and accrued expenses				2,429,066.		1,538,	
	18	Grants payable					18		2011
	19	Deferred revenue					19		
	20	Tax-exempt bond liabilities					20		
	21	Escrow or custodial account liability. Complete f					21	{	
itie:	22	Payables to current and former officers, director						and the day of the	iter de l'
Liabilities		highest compensated employees, and disqualifi							
Ľ		of Schedule L					22		
	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				64,950,585.	-	68,740,	553.
	26	Total Ilabilities. Add lines 17 through 25		••••••••	•••••	67,379,651.		70,279	
		Organizations that follow SFAS 117, check he	re 🕨	X and complet	e				Çar e
ģ		lines 27 through 29, and lines 33 and 34.			•		· · :		
õ	27	Unrestricted net assets				209,360,687.	27	232,672,	208
alai	28	Temporarily restricted net assets				203750070071	28	252,012	4001
Ē	29			••••••••••••••••••••••••••••••••••••••			29		
Š		Organizations that do not follow SFAS 117, cl					20		
5	Ì	complete lines 30 through 34.							
ខ្ល	30	Capital stock or trust principal, or current funds				• A'	30	· · · · · · · · · · · · · · · · · · ·	
SSG	31	Paid-in or capital surplus, or land, building, or eq					31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in					32	<u> </u>	
ž	33	Total net assets or fund balances				209,360,687.		232,672,	208
	34	Total liabilities and net assets/fund balances			•••••	276,740,338.		302,951,	
									0 (2009)

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	INTERNATIONAL UNION OF OPERATING		_	
	990 (2009) ENGINEERS 53-008	38290	Pa	ge 1
Ra)	Kill Financial Statements and Reporting			 -
		(<u> </u>	Yes	No
I	Accounting method used to prepare the Form 990: Cash X Accrual Other		1.42	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
la	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	X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1		[_
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			j. j
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			-908
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
la	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. Зъ	1	1

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SCHEDULE C	P	olitical Campaign a	and Lobbying	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incom			2009
Department of the Treasury		Complete if the organ	ization is described be	tow.	Open to Public
nternal Revenue Service	<u> </u>	Attach to Form 990 or Form 99			Inspection
		Form 990, Part IV, line 3, or For		e 46 (Political Campaig	n Activities), then
		nplete Parts I-A and B. Do not con			
		01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B).
Section 527 organiza	-	-			
		Form 990, Part IV, line 4, or For			
		have filed Form 5768 (election un			
		have NOT filed Form 5768 (election): Complete Part II-B. Do	not complete Mart IFA.
		Form 990, Part IV, line 5 (Proxy	rax), then		
lame of organization		itions: Complete Part III. TIONAL UNION OF (PERATING		oloyer identification number
and of englished for	ENGINEE				53-0088590
Part I-A Comple	te if the on	ganization is exempt under	er section 501(c) o	r is a section 527	organization.
		zation's direct and indirect politica			
•	-		•••		\$
					•

Part I-B Comple	te if the or	ganization is exempt unde	er section 501(c)(3).	
		incurred by the organization und			\$
2 Enter the amount of	any excise tax	incurred by organization manage	rs under section 4955	•	\$
3 If the organization in	curred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction ma	_				
b If "Yes," describe in	Part IV.				
Part I-C Comple	te if the or	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 Enter the amount di	rectly expende	d by the filing organization for sec	tion 527 exempt function	on activities	\$
2 Enter the amount of	the filing organ	nization's funds contributed to oth	er organizations for sec	tion 527	
exempt function act	ivities			•	\$
		s. Add lines 1 and 2. Enter here ar			
		·····			
4 Did the filing organiz	ation file Form	1120-POL for this year?			Yes
		mployer identification number (EIN		-	
-	•	the amount paid from the filing or	-	•	
		livered to a separate political orga			
(PAC). If additional s	pace is neede	d, provide information in Part IV.		FOR CONTINU	
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	
			1	filing organization's funds. If none, enter -0	contributions received and promptly and directly
		}		ianas, in none, enter o	delivered to a separate
		-			political organization.
DEG IN EDIC	MT () 7		<u> </u>		If none, enter -0
EPEC NY EDUCA	ATTON	WASHINGTON, DC	De anares	A4A AAA	
UND	7	20036	76-0833676	840,000	•0.
EPEC SEPARATE		WASHINGTON, DC	1 1 1 1 1 0 0 7 0	^	750.000
SEUCATION FUE	<u>uD</u>	20036	13-4312872	0	. 750,000.
			1		
		1	(I		
		ļ	ļ		

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INTERNATIONAL	UNION	OF	OPERATING

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Schedule C (Form 990 or 990 EZ) 2009	ENGI	NEERS		- 501(-)(2) and 5	<u>53-0</u>	088590 Page 2
Part II-A Complete if the or (election under se			mpt under sectio	n 501(c/(s) and 1	lea Form 5/06	
A Check Check Group if the filing organiz			listed emun		<u> </u>	
		-	nd "limited control" pr	ovisions apply.		
					(a) Filing	(b) Affiliated group
	nits on Lobi nditures" m	• • •	nditures Ints paid or incurred.)	organization's totals	totals
1 a Total lobbying expenditures to inf	fluence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to inf	fluence a le	gislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditu						
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. En	ter the amo	unt from th	e following table in bo	th columns.		
If the amount on line te, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,				cess over \$1,000,000.	posts galannas. Tha na mar galainnas	
Over \$1,500,000 but not over \$17	7,000,000		0 plus 5% of the exce	ass over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
		(······································	·	<u>n a stration (1997) (1997) (1997)</u> A	<u>1 </u>
 g Grassroots nontaxable amount (e 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	· · ·	**	line 11 did the orospis	ation file Form 4720	L	
reporting section 4911 tax for this			-		Г	Yes 🔲 No
			eraging Period Under		<u></u>	
(Some organi				n do not have to com	plete all of the five	
c	olumns be	low. See th	e instructions for line	es 2a through 2f on p	age 4.)	
	Lobb	oying Expe	nditures During 4-Ye	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a)	2006	(ъ) 2007	(c) 2008	(d) 200 9	(e) Total
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))						

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Schedule C (Form 990 or 990 EZ) 2009 ENGINEERS

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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)).

		(a)	0	b)
		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:	enter de la composition enter de la composition de la composition de la composition de la composition de la composition de la composition			
а	Volunteers?				ner u ju
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?				nist laive.
с	Media advertisements?				······
d	Mailings to members, legislators, or the public?			<u> </u>	
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		L		
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	Million II artes the emprute of any tax incurred under eaching 4010	80	a		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Part	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?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		E E		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members				
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi		1. 1 A A		
-	expenses for which the section 527(f) tax was paid).				
а	Current year			l	
	Carryover from last year				
	Totai		1		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		1.19		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
		pontrout	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Parl			<u></u>	L	
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	line 1i. Als	o, complete	a this car
	v additional information.		, 1110 1.1740	o, oongoot	o ano par
	T I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INH	ORMAT	TON:		
<u></u>				·	
EPE	C NY EDUCATION FUND				
<u>112</u>	5 17TH STREET, N.W. WASHINGTON, DC 20036				
	C SEPARATE EDUCATION FUND	···			

1125 17TH STREET, N.W. WASHINGTON, DC 20036

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Schedule C (Form 990 or 990-EZ) 2009

(Form 990) Department of the Treasury Internal Revenue Service	Complete if the Part I	organization answer IV, line 6, 7, 8, 9, 10,	tal Financial Statements organization answered "Yes," to Form 990, V, line 6, 7, 8, 9, 10, 11, or 12. orm 990. ► See separate instructions.			
Name of the organiz		ION OF OPER	ATING	Empl	loyer identification	
Part Organ	ENGINEERS nizations Maintaining Donor Adv	ised Funds or ()	ther Similar Fun	de or Accou	<u>53-0088</u>	
	ration answered "Yes" to Form 990, Part IV				into. Complete li	
			advised funds	(b) Fund	is and other acco	
1 Total number a	at end of year					
2 Aggregate con	ntributions to (during year)					
	ints from (during year)					
	ue at end of year					
-	zation inform all donors and donor advisors	-				
	zation's property, subject to the organization				Yes	
-	zation inform all grantees, donors, and don					
•	purposes and not for the benefit of the don private benefit?	-	•	-	Yes	
	private benefit? ervation Easements. Complete if the				<u></u>	
	conservation easements held by the organi					
n i i i i i i i i i i i i i i i i i i i	ation of land for public use (e.g., recreation	· .	Preservation of an I	historically impo	tant land area	
	on of natural habitat		Preservation of a co			
Preserva	ation of open space					
2 Complete lines	s 2a through 2d if the organization held a qu	ualified conservation	contribution in the for	m of a conservat	tion easement on	
day of the tax	year.			·	. <u></u>	
					Heid at the End of t	
	of conservation easements					
b Total acreage i	restricted by conservation easements			<u>2b</u>		
	nservation easements on a certified historic				······································	
	nservation easements included in (c) acquir					
 Number of convert 	nservation easements modified, transferred	l, released, extinguish	ed, or terminated by t	the organization	during the tax	
· ·	tes where property subject to conservation	Assomant in lonated				
	nization have a written policy regarding the	-				
-	I enforcement of the conservation easemen		napection, nanding (Yes	
	nteer hours devoted to monitoring, inspecti					
	penses incurred in monitoring, inspecting, a				· · · · · · · · · · · · · · · · · · ·	
	nservation easement reported on line 2(d) a					
	70(h)(4)(B)(ii)?				Yes	
9 In Part XIV, des	scribe how the organization reports conser	vation easements in i	ts revenue and expen	ise statement, ai	nd balance sheet	
include, if appl	licable, the text of the footnote to the organ	ization's financial sta	tements that describe	es the organization	on's accounting f	
conservation e						
	nizations Maintaining Collections			Other Simila	r Assets.	
	ete if the organization answered "Yes" to Fo	onn 990, Part IV, line 8	5.			
to lifthe propriet	tion elected as parmitted under CEAR 116	not to month in its			المعالية معرفهم والمعال	
	tion elected, as permitted under SFAS 116, ther similar assets held for public exhibition					
	b its financial statements that describes the		ion an surpresence of p	ana service, pr	UNIDE, IN FARLAR	
	tion elected, as permitted under SFAS 116,	-	ue statement and bal	ance sheet work	s of art, historical	
	r assets held for public exhibition, education					
these items:	•			-,		
(i) Revenues i	included in Form 990, Part VIII, line 1			> \$	·	
(ii) Assets incl						
2 If the organizat	tion received or held works of art, historical					
	mounts required to be reported under SFA					
a Revenues inclu	uded in Form 990, Part VIII, line 1			> \$		
	ed in Form 990, Part X					
		·	·····			
	ct and Paperwork Reduction Act Notice,			-	chedule D (Form	

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INTERNATIONAL UNION OF OPER 32370_1 20

•	INTERNA	TIONAL UNI	ON OF OPER	RATING		_				~
	dule D (Form 990) 2009 ENGINEE	RS				5	<u>3-00</u>	88590) ∕Pa	igë 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	it are a siç	inificant us	e of its	collection) items	ŝ
	(check all that apply):									
а	Public exhibition	đ		change progra						
b	Scholarly research	e	Other							
c	Preservation for future generations									
4	Provide a description of the organization's c) in Par	t XIV.		
5	During the year, did the organization solicit of						–	٦	[1
	to be sold to raise funds rather than to be m							Yes		No
Pa	TTIV Escrow and Custodial Arran	-	ete it organization a	inswered Tre	s ⁻ to Form	1990, Pan	iv, iine	9, 01		
	reported an amount on Form 990, Pa		1. A	- 40						
1a	Is the organization an agent, trustee, custod						r	7	ſ	1
	on Form 990, Part X?			•••••••••••••••••	••••••			Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the to	nowing table:				·	Amount		
	Besizeine bolenen							Anoun		
c L	Beginning balance					I 1				
0	Additions during the year									
e f	Distributions during the year Ending balance					1 1				
-	Did the organization include an amount on F						<u>_</u>	Yes		No
	If "Yes," explain the arrangement in Part XIV			•••••	•••••					,
	rt V Endowment Funds. Complete		swered "Yes" to Fo	orm 990. Part	IV. line 10).				
L		(a) Current year	(b) Prior year	(c) Two yea			rs back	te) Four	vears	back
ta	Beginning of year balance			DANK TO A CONTRACT OF A	ALL MARKET AND AND AND AND AND AND AND AND AND AND	e Sector Ma	SAL THEAT A LAND	. the being af an an an a start	1.12 - 2 (. Tules)	1
ь	Contributions			internet and		na kipt	n in Maria		渔 (注)	
с	Net investment earnings, gains, and losses							Nesde av		146
đ	Grants or scholarships				an an an an an an an an an an an an an a					
е	Other expenditures for facilities					4 - A				Т.
	and programs								× 100	
f	Administrative expenses						101 (SI)			興 を
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	is:							
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	ered for th	e organizat	ion	r		
	by:								Yes	No
		······		· · · · · · · · · · · · · · · · · · ·	• - • • • • • • • • • • • • • • •		·····	. <u>3a(i)</u>		
	If "Yes" to 3a(ii), are the related organization					•••••	••••••	<u>3b_</u>		
4	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building	e organization's end	owment funds.) /)	+0	·····		<u></u>		
L a				1						<u> </u>
	Description of investment	(a) Cost or o		t or other	• -	cumulated)	(d) Book	c value	3
	Land	basis (investr		(other)	uep Notes to	reciation		70	1 '7'	75
	Land			37, <u>174</u> .	A 17	77,74		15,409	<u>1,7'</u>	
b	Buildings Leasehold improvements			<u>, , , , , , , , , , , , , , , , , , , </u>	/	///4.			, 4.	• بد د
c d	Equipment		7 01	59,556.	2 0	53,55		5,905	5 00	97
	Other			<u>, , , , , , , , , , , , , , , , , , , </u>	<u>4</u> ,0	55,55		5,303	, , , , , ,	<u> / ·</u>
	I. Add lines 1a through 1e. (Column (d) must e		X. column (R) line	10/c).)		·		2,020) . 21	03.

Schedule D (Form 990) 2009

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932052 02-01-10

Part VII Investments - Other Securities. See	Earn 000 Dest V line 12			53-0088590 Page
(a) Description of security or category			(c) Method of v	aluation:
(including name of security)	(b) Book value	C	ost or end-of-year	market value
inancial derivatives				
losely-held equity interests				
AFL-CIO HOUSING INVESTMENT	47,348,784.	END-OF-Y	EAR MARK	
ROSI	47,540,704.			
				······································
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	47,348,784.			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13	3.		
(a) Description of investment type	(b) Book value		(c) Method of v	
		C	ost or end-of-year	market value
				· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
			and and the second	
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15			
				(b) Book value
	Description			
	Description			
otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X,	15.)			
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	15.)	(b) Amount		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes	15.)			
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS	15.)	304,836		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS	15.) 	304,836 543,920		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS	15.) 	304,836 543,920 5,853,801		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFT	15.) line 25. T COST 2	304,836 543,920 5,853,801		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFIC ACCRUED PENSION GOSTS	15.) line 25. T COST 2	304,836 543,920 5,853,801 0,686,005		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFIC ACCRUED PENSION GOSTS	15.) line 25. T COST 2	304,836 543,920 5,853,801 0,686,005		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFIC ACCRUED PENSION GOSTS	15.) line 25. T COST 2	304,836 543,920 5,853,801 0,686,005		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFI ACCRUED POSTRETIREMENT BENEFI ACCRUED RENSION. COSTS ACCRUED SEVERENCE PLAN COST	15.) line 25. T_COST 2 4	304,836 543,920 5,853,801 0,686,005 1,351,991		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes ACCRUED ORGANIZING GRANTS ESTIMATED DEATH CLAIMS ACCRUED POSTRETIREMENT BENEFIC ACCRUED PENSION GOSTS	15.) line 25. T_COST 2. 4 25.) ► 6	304,836 543,920 5,853,801 0,686,005 1,351,991 8,740,553		

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Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 ENGINEERS t XI Reconciliation of Change in Net Assets from Form 99	0 to Audit	ed Financ	ial Sta	temen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		F	1		45,070	,642
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	-	53,524	,732
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-8,454	
4	Net unrealized gains (losses) on investments		L	4		28,908	<u>,283</u>
5	Donated services and use of facilities			5		<u></u>	·
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		<u>2,857</u>	
9	Total adjustments (net). Add lines 4 through 8			9		31,765	
<u> </u>	Excess or (deficit) for the year per audited financial statements. Combine line	s 3 and 9		10		23,311	<u>.52</u>
'aı	t XII Reconciliation of Revenue per Audited Financial Stat	tements W	ith Reven	ue per	Return	7	
1	Total revenue, gains, and other support per audited financial statements		•••••••••••••••••••••••••••••••••••••••			77,683	,71
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1					
a	Net unrealized gains on investments	2a	28,90	3,283	<u>.</u>		
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	20					
d	Other (Describe in Part XIV.)	2d	3,704	1,785	<u>.</u>		
e	Add lines 2a through 2d				<u>2e</u>	32,613	
3	Subtract line 2e from line 1				3	45,070	,642
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	The second second second second second second second second second second second second second second second se		. <u> </u>			
b	Other (Describe in Part XIV.)	45					
C	Add lines 4a and 4b						(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	45,070	,64
'al	rt XIII Reconciliation of Expenses per Audited Financial Sta	tements V	Vith Exper	ises p			
1	Total expenses and losses per audited financial statements				·	57,594	,24
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities			<u> </u>			
b							
C	Other iosses	1			-	ł	
d	• • • • • • • • • • • • • • • • • • • •		4,06				
e	Add lines 2a through 2d					4,069	
3	Subtract line 2e from line 1			· · • • • • • • • • • • • • •	. 3	53,524	,73
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
С	Add lines 4a and 4b					FA FA F	(
	<u>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18</u> rt XIV Supplemental Information	.)			. 5	53,524	<u>_732</u>

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER TO NATIONAL CHARITY FUND: -1009556.

ADOPTION OF FASE STATEMENT NO. 158: 5456884.

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TRANSFER TO EPEC: -1590000.

PART XII LINE 2D

INCOME OF PAC - \$3,433,097

COGS - 255,259

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INTERNATIONAL UNION OF OPERATING Schedule D (Form 990) 2009 ENGINEERS	53-0088590 Pag
Part XIV Supplemental Information (continued)	
NATIONAL CHARITY FUND INCOME - 16,429	
PART XIII LINE 2D	
<u> XPENSE OF PAC - \$3,570,674</u>	
COGS - 255,259	
NATIONAL CHARITY FUND EXPENSE - 243,582	
NATIONAL CHARITI FUND EAPENSE - 245,562	<u>_</u> '
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32055	Schedule D (Form 990) 2

Department of the Treasury Internal Revenue Service Mattach to Form 990. See separate instructions. Employer identification inspectivity inspectivity Name of the organization INTERNATIONAL UNION OF OPERATING ENGINEERS Employer identification numb 53-0088590 Part IV: General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 53-0088590 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees or agents in region (d) Activities conducted in region (by type) (i.e., fundraising, program service, grants to recipients located in the region) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditure for region	Schedule F (Form 990)		Complete if the	vities Outside the Un organization answered "Yes" to For Part IV, line 14b, 15, or 16.		ntes –	2009
INTERNATIONAL UNION OF OPERATING 53-0088590 ENGINEERS 53-0088590 Participation General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (d) is a program service, describe specific type of employees or agents in region recipients located in the region) (f) Total expenditure for region To ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT NO SOCIAL ADVANCEMENT					ons.		Openito Public: Inspection
Part IV: General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region in the region in the region gents in grogram services, grants to region recipients located in the region) (e) If activity listed in (d) is a program service, describe specific type for region of service(s) in region (f) Total expenditure for region recipients located in the region) Image: the region of the region in the region	INTERNATIONAL		OPERATIN	IG			
to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region agents in region region region region region region region region recipients located in the region) (b) Number of offices of the region region region recipients located in the region of service(s) in region (c) ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT		formation on l	ativities Ou	taide the United States			
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees or agents in region (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditure for region Image: the region Image: the region Image: the region of service in the region Image: the region of service in the region (f) Total expenditure for region Image: the region Image: the region of service in the region of service in the region Image: the region of service in the region Image: the region of service in the region of service in the region Image: the region of service in the region of service in the region Image: the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of service in the region of				Iside the United States. Comp	plete it the orga	nization answered	Yes"
3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region in the region in the region (c) Number of employees or agents in region (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditure for region To ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT FOR THE ECONOMIC, MORAL	1 For grantmakers. Do	bes the organization					Yes No
(a) Region (b) Number of offices (c) Number of offices (d) Activities conducted in region (e) If activity listed in (d) (f) Total in the region agents in region program services, grants to is a program service(s) in region for region region region region recipients located in the region) for offices for region region region recipients located in the region) recipients located in the region) for offices region recipients located in the region) recipients located in the region) for offices for region region recipients located in the region) recipients located in the region) for offices for region	-		-		grant funds ou	tside the United S	tates.
offices employees or agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) is a program service, describe specific type of service(s) in region expenditure for region TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT			T	r	(a) If acti	with listed in (d)	(f) Total
TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT		offices	employees or agents in	(by type) (i.e., fundraising, program services, grants to	is a pro describi	gram service, e specific type	expenditures for region
	480	·····			TO ORGANIZI	E ALL WORKERS	
NORTH AMERICA 1 12 FROGRAM SERVICES DF THEIR CONDITION AND 1.785.77							
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Statement of Activities Outside the United States

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932071 02-01-10

t II Grants and Other recipient who reci	r Assistance to Organ eived more than \$5,000	izations or Entitles (). Check this box if no	Dutside the United States one recipient received mo	Complete if the o the than \$5,000	rganization answered	d "Yes" to Form 99	30, Part IV, line 15, fo	or any
Name of organization	(Form 990) if additions (b) IRS code section aturEIN (if applicable)	li space is needed. (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)
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Part III Grants and Other Assistan	ce to Individuals Outs		ates. Complete i				
Use Schedule F-1 (Form 990 (a) Type of grant or assistance)) if additional space is r (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)
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INTERNATIONAL UNION OF OPERATING

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932073 02-01-10

INTERNATIONAL UNION (Schedule F (Form 990) 2009 ENGINEERS Part IV Supplemental Information	DF OPERATING 53-0088590 Pag
Complete this part to provide the information required in Par	t I, line 2, and any additional information.
PART I, LINE 3, COLUMN (E):	
REGION: NORTH AMERICA	
(E) SPECIFIC TYPES OF SERVICES IN REC	GION: TO ORGANIZE ALL WORKERS FOR
	CEMENT OF THEIR CONDITION AND STATUS.
THE ECONOMIC, MORAL AND SOCIAL ADVAN	Sandar of finder consertion and series.
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32074 02-01-10	Schedule F (Form 990) 2

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Compe	ensation Information	1	OME No. 1	1545-00	M7
For certain Officers, Dir	ectors, Trustees, Key Employees, and Highe	st	20	na	
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	Part IV, line 23.		Open to	<u>аро</u> ы	ic Star
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s regarding compensation				¥	
	any of the following to or for a person listed in i	Earm 990		Yes	
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		nersonal use			
*					
spending account	A Fersonal services (e.g., maid, chade	eur, ener			
on line to are checked, did the organize	tion follow a written nolicy maarding asyment	07	調用	. "da	j.
•				Y	
	· · · ·			-	<u> </u>
_ `				v	
EorExecutive Director, regarding the Re					
w of the following the organization use	s to establish the componention of the organiza	tion'e			
	s to establish the compensation of the organiza	luon s	A STATE		्य विष् विष्कृत
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-		tion committee	推翻		
	Approval by the board of compensat	tion committee			
any nercon listed in Form 990 Port VII	Section A line 12 with respect to the filling				
	, Section A, line 18, wathrespect to the marg				
	h t?		liper ald	14.23	V
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	e applicable amounts for each item in Farchi,				
V3) and 50 (/oV4) organizations must	complete lines 5-9		「「「」」、「「」」、「「」」、「」、「」、「」、「」、「」、「」、「」、「」、	÷.	
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	old are organization pay or accide any comper	Isation			::
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reported in Form 990 Part VII asid or a	contract nursuant to a contract that use a time		····		<u> </u>
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	For certain Officers, Dir Complete if the or Attach to For On INTERNATIONAL UN ENGINEERS S Regarding Compensation ate box(es) if the organization provided line 1a. Complete Part III to provide any harter travel panions ation and gross-up payments spending account on line 1a are checked, did the organiza- rovision of all of the expenses describe orequire substantiation prior to reimbur EO/Executive Director, regarding the iter to ompensation consultant ther organizations any person listed in Form 990, Part VII lated organization: e payment or change-of-control payment ceive payment from, a supplemental no revice payment from, an equity-based co resive payment from second and provide the \$	Compensated Employees Complete if the organization answered "yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. INTERNATIONAL UNION OF OPERATING ENGINEERS Regarding Compensation ate box(es) if the organization provided any of the following to or for a person listed in <i>I</i> line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Payments for business use of perso ation and gross-up payments Health or social club dues or initiatio pending account Payments for business use of perso ation and gross-up payments Health or social club dues or initiatio pending account Payments for business use of perso ation of all of the expenses described above? If "No," complete Part III to explain require substantiation prior to reimbursing or allowing expenses incurred by all officer EO/Executive Director, regarding the items checked in line 1a? Hy, of the following the organization uses to establish the compensation of the organization any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing lated organizations any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing lated organizations any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing lated organization: e payment from, an equity-based compensation arrangement? esteve payment from, an equity-based compensation arrangement? esteve payment from, an equity-based compensation arrangement? esteve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- serve payment from, an equity-based compensation pay or accrue any compen- se	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23, Attach to Form 990. See separate instructions. on INTERNATIONAL UNION OF OPERATING ENGINEERS Employer in 53-0 os Engarding Compensation 53-0 ate box(es) if the organization provided any of the following to or for a person listed in Form 990, line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for personal use parions ation and gross-up payments Health or social club dues or initiation fees spending account Payments for business use of personal residence and in and gross-up payments on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If 'No," complete Part III to explain require substantiation prior to erimbursing or allowing expenses incurred by all officers, directors, EC/Execultive Director, regarding the items checked in line 1a? v, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply. ucommittee Written employment contract compensation consultant her organization Compensation survey or study ther organization: any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing ated organization: e payment from, a supplemental nonqualified retirement plan?	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 20 Complete if the organization answered Yes* to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. INTERNATIONAL UNION OF OPBRATING ENQINEERS Shardon and See separate instructions. INTERNATIONAL UNION OF OPBRATING Employer identification ENQINEERS Complete Part III to provide any relevant information regarding these items. Harter travel Payments for business use of personal residence ation and gross up payments Health or social club dues or initiation fees Spending account Personal services (e.g., maid, chauffeur, chef) on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If 'No,' complete Part III to explain, require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 20/Executive Director, regarding the items checked in line 1a? y, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply. committee Written employment contract committee any person listed in Form 990, Part VII. Section A, line 1a, with respect to the filing ated organization: a payment form, an equity-based compensation arrangement? as to change of control payment? as aupplemental nonqualified retirement plan? as aupplemental non, an equity-based compensation pay or accrue any compensation evenues of: form 990, Part VII. Section A, line 1a, did the organization pay or accrue a	For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" to Form 890, Part NV, Ine 23. Attach to Form 990. See separate instructions. INTERNATIONAL UNION OF OPERATING Employer identification nu ENGINEERS S Pegarding Compensation Yes The organization provided any of the following to or for a person listed in Form 990, fine 1a. Complete Part III to provide any relevant information regarding these items. A complete Part III to provide any relevant information regarding these items. Personal services (e.g., maid, chauffeur, chef) on fine 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain. The require substantiation prot to reimbursing or allowing expenses incurred by all officers, directors, EC/2 recursive prevent, ingarding the items checked in line 1a? y, of the following the organization uses to establish the compensation of the organization's ctor. Check all that apply. apprent of change of control payment? apprent from, a supplemental nonqualified retirement plan? apprent from, a supplemental nonqualified retirement plan? atom 920, Part VII, Section A, line 1a, with respect to the filing lated organization. apprent from, a supplemental nonqualified retirement plan? atom? by describe in Part III. compensation A, line 1a, did the organization pay or accrue any compensation et earnings of: atom? by describe in Part III. complex plant VII. Section A, line 1a, did the organization pay or accrue any compensat

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INTERNATIONAL UNION OF OPERATING

 Schedule J (Form 990) 2009
 ENGINEERS
 53-0088590

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

53-0088590

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)()-(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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Nama		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	330,393.	0.	140,019.	115,638.	16,995.	603,045.	0.
GIBLIN, VINCENT J.	<u>(1)</u>	0.	0.	0.	0.	0.	0.	0.
	(i)	233,178.	0.	15,698.	81,612.	17,524.	348,012.	0.
HANLEY, CHRISTOPHER	(ii) (ii)	0. 	0.	0.	0.	0.	<u>0.</u> 356,159.	0.
GRIFFIN, RICHARD	(i) (ii)	<u></u> 230,833.	10,000.	<u> </u>	<u>84,426.</u>	17,342.	330,139.	0.
GRIFFIN, RICHARD	(ii) (i)		12,500.	20,996.	84,083.	6,690.	345,102.	0.
LOUGHRY, JOHN W.	(ii)	0.	12,500.	0.	0.	0.050.	0.	0.
<u>second</u> , <u>contract</u>	0	220,833.	10,000.	27,773.	85,410.	16,575.	360,591.	. 0.
VANDYKE, JAMES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	209,090.	8,118.	25,068.	78,827.	17,104.	338,207.	0.
POUPORE, RAYMOND J.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	169,167.	1,250.	119,163.	63,010.	16,575.	369,165.	0.
DUNN, RYAN J.	(ii)	0.	0.	0.	0.	0.	0.	0.
	6)							
	(ii)							
	(1)							. ,
	(ii)	· · ·						· · · · · · · · · · · · · · · · · · ·
	(i) (ii)							
	(i)		·					
	(ii)							
	(1)						· · · · · · · · · · · · · · · · · · ·	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(i)						·	
	(1)							
	(ii)							
	0).							·····
	(ii)							

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Schedule J (Form 990) 2009

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Page 2

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INTERNATIONAL UNION OF OPERATING		••
Schedule J (Form 990) 2009 ENGINEERS	53-0088590	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information explanation of the explanation explanat	art for any additional information.	
PART I, LINE 17: 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		
PAYMENTS.		
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	Schedule J (Form	990) 2009

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SCHEDULE L Form 990 or 990-EZ) apartment of the Treasury amal Revenue Service	"Yet	► C on Form § or I	omplete 990, Part Form 990	Vith Int if the organiz IV, line 25a, 2 -EZ, Part V, form 990-EZ.	zation ans 25b, 26, 21 line 38a o	wered 7, 28a, 28b, r 40b.	or 28c,			2 Opt Ins	1 No. 1545- 200	9 Iblic
ame of the organization IN			NION	OF OPE	RATIN	G			Employer identification number 53-0088590			
EN Part I Excess Benef	IGINEERS it Transact		on 501(c)((3) and section	n 501(c)(4)	organizatio	ns only).		3-00	8859	0	·····
Complete if the or						-	-		V, line 40	Db.		
1 (a) Name of c	lisqualified per	30D			<i>(</i> 5) [Description	of transa	ction			(c) Cor	rected
					(5) (Yes	No
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		······										
 Enter the amount of tax imsection 4958 Enter the amount of tax, if 	••••••	-			.,							
art IL Loans to and/	or From In	terested I	Persons	<u>.</u> S.	<u> </u>							
Complete if the or	ganization ans	wered "Yes"	on Form	990, Part IV,	line 26, or	Form 990-E	Z, Part V	, line 38				
(a) Name of interested person and purpose		to or from anization?	(c) Origi	inal principal mount	(d) Bala	ance due	(e) defa		by bo	proved and or	(g) W agree	
	То	From	-				Yes	No	Comn Yes	No	Yes	No
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art III Grants or Ass	istance Be	nefiting Ir	ntereste	ed Person:	5,				.:		1	<u></u>
Complete if the on		-										
(a) Name of intereste	d person		(b) Relati	ionship betwe the or	en interes ganization		алd			iount an assistan		f
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Part IV Business Trar		-										
Complete if the or (a) Name of interester				1990, Part IV, 11p between in		80, or 28c. (c) Amo	unt of	ത	Descript	tion of	(e) Sha	
				d the organiz		transa			transact		organiz rever	
DANCIO HANT DV				NB 000	•	~ ~ ~		-			Yes	No
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SCHEDULE O

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

Internal Revenue Service Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS

Employer identification number 53-0088590

OMB No. 1545-0047

Open: to Public

Inspection

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.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 Schedule O (Form 990) 2009

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.	CMB No. 1545-0047 2009 Open to Public Inspection 7
Name of the organizat	INTERNATIONAL UNION OF OPERATING ENGINEERS	Employer identification number 53-0088590

Part I Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

성화 Name, eddfress, and EiN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II. Identification of Fillated Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(1) Direct controlling entity
				501(c)(3))	
IUQE GENERAL PENSION PLAN	-	Į.			
4115 CHESAPEAKE STREET N.W.	-				
WASHINGTON DC 20016	PENSION CONTRIBUTIONS	DISTRICT OF COLUMBIA	501(A)		
IUCE HEADQUARTERS PENSION PLAN		1			
1125 17TH STREET N.W.]				
WASHINGTON DC 20036	PENSION CONTRIBUTIONS	DISTRICT_OF COLUMBIA	501(A)		
EPEC NY EDUCATION FUND 76-0833676			-		
1125 17TH STREET. N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527		
EPEC SEPARATE EDUCATION, FUND - 13-4312872					
1125 17TH STREET, N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036	COMMITTEE	DISTRICT OF COLUMBIA	527		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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(a)	(b)	(c)	(d)	(e)		(1)	((9)	(h)	6		0
Name, address, and EIN Primary activity of related organization		Legel domicile (state or	Direct controlling entity	Predomin (related	ent income		of total	Share of end-of-year			portion-	Code V- amount in	nhóx İ⊓	lenera naneg
of related organization		toreign country)	{	(related, unrelated, excluded from tax under sections 512-514)		income		assets		ale allocation		20 of Schedule		res N
		000,031		sections	512-514)					Yes	No	K-1 (POIN	1000) 1	ean
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Identification of Reliated Org organizations treated as a corp	anizations Taxable as a Co poration or trust during the t	provention or ax year.)				d "Yes"	· ·····	0, Part I			use it l		<u> </u>	
organizations treated as a corr (8)	poration or trust during the t	ax year.)	(b)	(c)	(d)		(e)		(1)		(g)		(h)
organizations treated as a corr	poration or trust during the t	ax year.)			(d)	trolling	· ·····	ntity corp,) of total	,		<u> </u>	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	(h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	(h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	(h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S or trus	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	(h) enta
organizations treated as a con (9) Name, address, and El	poration or trust during the t	ax year.)	(b)	(C) Leggi domicile (State or foreign	(d) Direct cont	trolling	(e) Type of e (C corp, S	ntity corp,	(I Share () of total	,	(g) Share of and-of-year	(Perci	(h) enta

INTERNATIONAL UNION OF OPERATING Schedule R (Form 990) 2009 ENGINEERS

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	INTERNATIONAL	UNION	OF	OPERATING
Schedule R (Form 990) 2009	ENGINEERS			

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Part V . Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Not	e. Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
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?		, , , ,	11 - 12 21 - 12 - 12 - 12 21 - 12 - 12 -
а	Receipt of (i) interest (i) annuities (iii) royatties or (iv) rent from a controlled entity	 <u>ta</u>		1
ь	Gift, grant, or capital contribution to other organization(s)	 16	X	
¢	Gift, grant, or capital cognitation from other organization(s)	 1c		<u> </u>
	Loans or loan guarantees to or for other organization(s)			<u> </u>
	Loans or loan guarantees by other organization(s)			<u>x</u>
		54		
f	Sale of assets to other organization(s)	 		<u>X</u>
g	Purchase of assets from other organization(s)			X
-	Exchange of assets	1]	1
í	Lease of facilities, equipment, or other assets to other organization(s)		Τ_	
				資料
ì	Lease of facilities, equipment, or other assets from other organization(s)	 		
k	Performance of services or membership or fundraising solicitations for other organization(s)	 		
Ł	Performance of services or membership or fundraising solicitations by other organization(s)	 1		K
m	Sharing of facilities, equipment, mailing lists, or other assets	 1m	X	
	Sharing of paid employees		X	
		 27	120	日空
o	Reimbursement paid to other organization for expenses	 10	1	X
	Reimbursement paid by other organization for expenses			2
•			1.25	
a	Other transfer of cash et property to other organization(s)	10	X	
r	Other transfer of cash or property from other organization(s)	 1r		1
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 the			
-			 c)	

(9) Transaction type (a-r)	(C) Amount involved
Q	4,258,023.
Q	3,040,399.
<u>M</u>	0.
<u>N</u>	0.
B	840,000.
Sch	edule R (Form 990) 2009
	Transaction type (e-f)

INTERNATIONAL UNION OF OPERATING Schedule R (Form 990) 2009 ENGINEERS

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Part M- 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.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(i Are all j Section organiz	d) setners 501(c)(3) ations?	(e) Share of end-of- year assets	(f) Dispropor- tionate attocations?		(g) Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	Gen man <u>par</u>	(h) meral or maging artner?	
•		country)	Yes			Yes	No	(Form 1065)	Yes	No	
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Schedule R (Form 990) 2009

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	INTERNATIONAL	UNION	OF	OPERATING
Schedule R-1 (Form 990) 2009	ENGINEERS			

Sec.

(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 controlling entity
EPEC_VOLUNTARY FUND - 52-2298629					
1125 17TH STREET N.W.	POLITICAL EDUCATION				
WASHINGTON DC 20036 >	COMMITTEE	DISTRICT OF COLUMBIA	527		
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					Schedule R-1 (Form 990) 2
932222 02-02-10		34			

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Page 2

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53-0088590

Form 84	53-EO	Exe	empt Organizatio Ele		OMB No. 1945-1879					
		For calendar year 20	9, or tax year beginning	eginning, 2009, and ending, 2				2009		
Department of th		Fo	For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868					2009		
Internal Revenue	Service	l		instructions.				dentification number		
Name of exe	mpt organizatio		NONAL UNION	I OF OPER	ATING	En		0088590		
		ENGINEER	(5		<u> </u>		33-	0000330		
Part I	Type of Re	turn and Ret	um Information (v	Whole Dollars On	ly)					
on line 1a, 2a	a, 3a, 4a, or 5a	below and the an	nount on that line for th	e return for whic	h you are filing t	this form was t	plank, th	stum. If you check the box en leave fine 1 b, 2b, 3b, 4b, pelow. Do not complete		
	ne line in Part I.	• 😨 ५ २ .५	teruerus if onu /Eem		otumn (A), line 1	(C)	16	45070642		
	ta Form 990 check here (X) b Total revenue, if any (Form 990, Part VIII, column (A), line 12)									
2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9)										
	0-PF check her		Tax based on investm							
	168 check here		ince due (Form 8868, I							
Part II	Declaratio	n of Officer								
fin an 1-6 pro	ancial institution d the financial in 388-353-4537 no	n account indicate Institution to debit Inter than 2 busi	ed in the tax preparatio the entry to this accou iness days prior to the	in software for pa unt. To revoke a p payment (settlen	ayment of the or bayment, I must nent) date. I also	rganization's fe contact the U authorize the	deral ta: .S. Treas financia	irect debit) entry to the kes owed on this return, sury Financial Agent at I institutions involved in the nd resolve issues related to		
ex	ecuted the elec	tronic disclosure (with a state agency(ie) consent contained with rove) to the selected st	nin this return allo						
statemente and t electronic return.	o the best of my kno I consent to allow m	wiedge and belief, they y intermediate service p	are true, correct, and complete provider, transmitter, or electro	e, I further declare that nic return originator (E	the amount in Part I RO) to send the organ	above is the amoun nization's return to i	it shown or the IRS and	and accompanying schedules and the copy of the organization's to receive from the IRS (a) an sfund, and (d) the date of any refund.		
	nl	11	11							
0	how	Laha 11	lal.	111-8-1	<i>n</i> .					
Sign Here		opper y H	un e		<u> </u>			/TREAS		
	Signature of o	Ther /	T	Date		Title				
Part III	Declaratio	n of Electroni	c Return Origina	tor (ERO) and	d Paid Prepa	arer (see instr	uctions)			
knowledge. I return. The o filed with the for Business accompanyir	f I am only a col rganization office IRS, and have Returns. If I am ng schedules ar	llector, I am not re cer will have signe followed all other a also the Paid Pre nd statements, an	nization's return and the esponsible for reviewing d this form before I suit requirements in Pub. 4 aparer, under penalties d to the best of my knowledg th I have any knowledg	g the return and brait the return. I 1163, Modernized of perjury I deck owledge and bel	only declare tha will give the offi t e-file (MeF) Inf are that I have e	It this form acc icer a copy of a ormation for Ar examined the a	urately r all forms uthorized bove org	eflects the data on the and information to be I IRS <i>e-file</i> Providers janization's return and		
	D's	D. A.	Jan	Date 11/8/10	Check if also paid preparer	Check if self- employed		RO's SSN or PTIN		
	Firm's name (w/ Firm's name (w/ address, and EP code CALIBRE CPA GROUP PLLC 1850 K STREET, N.W.							<u>577-60-8865</u>		
Only you								7-0900880		
							Phone no	_		
Under penatties of perjury, I declaro that I have examined the above return and accompanying schedules and statements, and to the best of my knowledg								2)331-9880		
			above return and accompanyi is preparer has any knowledge		ements, and to the b	est of my knowledg	io and belie	t, they are true, correct, and complete.		
	N		-	;	Date	Check	P	reparer's SSN or PTIN		
Paid	Preparer's signature			i		if self- employed				
Preparer's	Firm's name (or				L	i	r <u>und</u>			
Use Only	yours if self-emp address, and Zil						EIN Phone no			
								·		
LHA For Prin	acy Act and Pap	erwork Reduction A	ct Notice, see the instruc	ctions.				Form 8453-EO (2009)		

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