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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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

2008 0906

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**INTERNATIONAL UNION OF OPERATING ENG. #119**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**29901 DEERWOOD CIRCLE**  
 City or town, state or country, and ZIP + 4  
**GARDEN PLAIN, KS 67050**

**D** Employer identification number  
**48-0966012**

**E** Telephone number  
**(316) 734-5024**

**F** Group Exemption Number

**G** Accounting method: ☒ Cash ☐ Accrual  
 Other (specify) \_\_\_\_\_

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**I** Website: **N/A**

**J** Organization type (check only one) ☒ 501(c) ( 5 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 78,440.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	52,732.
	4	Investment income	4	3,208.
	5a	Gross amount from sale of assets other than inventory	5a	22,500.
	5b	Less: cost or other basis and sales expenses	5b	26,647.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<4,147.>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
Expenses	8	Gross revenue (not including \$ _____ of contributions reported on line 1)	8	
	9	Less: direct expenses other than fundraising expenses	9	
	10	Net income or (loss) from special events and activities (Subtract line 9b from line 9a)	10	
	11	Gross sales of inventory, less returns and allowances	11	
	12	Less: cost of goods sold	12	
	13	Gross profit or (loss) from sales of inventory (Subtract line 12b from line 12a)	13	
	14	Other revenue (describe _____)	14	
	15	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	15	51,793.
	16	Grants and similar amounts paid (attach schedule)	16	
	17	Benefits paid to or for members	17	8,300.
Net Assets	18	Salaries, other compensation, and employee benefits	18	30,854.
	19	Professional fees and other payments to independent contractors	19	17,293.
	20	Occupancy, rent, utilities, and maintenance	20	
	21	Printing, publications, postage, and shipping	21	
	22	Other expenses (describe _____)	22	44,089.
	23	Total expenses. Add lines 10 through 16	23	100,536.
	24	Excess or (deficit) for the year (Subtract line 23 from line 15)	24	<48,743.>
	25	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	25	216,714.
	26	Other changes in net assets or fund balances (attach explanation)	26	<42,377.>
	27	Net assets or fund balances at end of year. Combine lines 24 through 26	27	125,594.

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,629.	11,636.
23 Land and buildings		
24 Other assets (describe <b>INVESTMENTS</b> )	212,319.	113,958.
25 Total assets	216,948.	125,594.
26 Total liabilities (describe <b>PAYROLL TAXES PAYABLE</b> )	234.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,714.	125,594.

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

Form 990-EZ (2008)

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## Form 990-EZ (2008)

#119

48-0966012

Page 2

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts; optional  
for others.)

What is the organization's primary exempt purpose? **LABOR UNION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## 28a

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**28a**

70,703.

## 29

(Grants \$ ) If this amount includes foreign grants, check here

29a

## 30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

31a

**32 Total program service expenses** (add lines 28a through 31a)

32

70,703.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	NONE	
42a The books are in care of <u>MIKE HARPER</u> Telephone no. <u>(316) 734-5024</u>		
Located at <u>29901 DEERWOOD CIRCLE, GARDEN PLAIN, KS</u> ZIP + 4 <u>67050</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46

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

46

Yes

No

47

Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47

48

Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a

Did the organization make any transfers to an exempt non-charitable related organization?

49a

b

If "Yes," was the related organization(s) a section 527 organization?

49b

50

Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

- 51

Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 1/14/10

James H. Decker

President

CIS Image-Do not correspond for signature

Paid Preparer's Use Only

Preparer's signature

Date 1-14-10

Check if self-employed

Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no.

HIEBERT & DECKER, CPA'S

200 W. DOUGLAS, SUITE 820

WICHITA, KS 67202

316-264-6111

May the IRS discuss this return with the preparer shown above? See instructions

X

Yes

No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
LEGAL & ACCOUNTING	1,188.
OFFICE EXPENSE	2,806.
TAXES	40,050.
SECRETARY OF STATE	45.
TOTAL TO FORM 990-EZ, LINE 16	44,089.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	22,500.	26,647.	0.	<4,147.>
FORM 990-EZ, LINE 5	22,500.	26,647.	0.	<4,147.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
MARKET VALUE ADJUSTMENT	<42,377.>
TOTAL TO FORM 990-EZ, LINE 20	<42,377.>

RM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>INTERNATIONAL UNION OF OPERATING ENG. #119</b>	Employer identification number <b>48-0966012</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>29901 DEERWOOD CIRCLE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GARDEN PLAIN, KS 67050</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### MIKE HARPER

- The books are in the care of ► **29901 DEERWOOD CIRCLE - GARDEN PLAIN, KS 67050**  
Telephone No ► **(316) 734-5024** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.