

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

A	For the	2009 cal	endar year, or tax year beginning	and	ending		
_	Check If		C Name of organization			D Employer identif	ication number
-	applicable	e Please use IRS	INTERNATIONAL UNION OF	OPERATING			
Г	Addres	ss label or	ENGINEERS LOCAL UNION N				
늗	change	type	Doing Business As	<u> </u>		37-0	347820
-	icnange ∏initial	See	Number and street (or P 0 box if mail is not de	livered to etreet address)	Room/su		
$\vdash$	return Termin	Specific	3520 EAST COOK	silvered to street address)	noon/su		528-9659
-	ated Ameno	Instruc-				G Gross receipts \$	2,164,920.
-	iretum ☐Applic	1	City or town, state or country, and ZIP + 4 SPRINGFIELD, IL 62703			H(a) Is this a group r	
L	Lión pendir			T 7AUN		for affiliates?	Yes X No
			ne and address of principal officer:MICHAE			H(b) Are all affiliates in	
			0 EAST COOK, SPRINGFIEL			<del>1</del> ' '	
				4947(a)(1) or 527		<del>- 1</del>	a list. (see instructions)
_		te: ► N /			<del></del>	H(c) Group exemption	
		organizatio		on Other ▶	L Ye	ar of formation 1931	M State of legal domicile IL
1	art [	Summ		mo D	חממם	TONIO MEMBERC	OF BUE
ė	1	Briefly des	scribe the organization's mission or most significant	icant activities: TO R.	EPKE	PENT MEMBERS	OF THE
& Governance			ATIONAL UNION OF OPERAT				
era	1		s box 🕨 🔲 if the organization discontinue		sed of m	1 _	
ઠ્ઠ	1		f voting members of the governing body (Part \			3	$\frac{14}{7}$
∞	4	Number o	f independent voting members of the governing	g body (Part VI, line 1b)		4	
es	5	Total num	ber of employees (Part V, line 2a)			5	24
ξ	6	Total num	ber of volunteers (estimate if necessary)			6	0
Activities	7a	Total gros	s unrelated business revenue from Part VIII, co	olumn (C), line 12		<u>7a</u>	
_	ь	Net unrela	ated business taxable income from Form 990-T	, line 34		7b	0.
						Prior Year	Current Year
ō	8	Contributi	ons and grants (Part VIII, line 1h)				
ent	9	Program s	service revenue (Part VIII, line 2g)		<u> </u>	2,212,586.	2,131,694.
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7	7d)	Ļ	<35,120.	> 7,006.
•	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	0c, and 11e)	[	22,969.	
	12	Total reve	nue - add lines 8 through 11 (must equal Part V	/III, column (A), line 12)		2,200,435.	
	13	Grants an	d similar amounts paid (Part IX, column (A), line	es 1-3)			21,250.
	14	Benefits p	aid to or for members (Part IX, column (A), line	4)		51,504.	
Š	15	Salaries, d	other compensation, employee benefits (Part IX	(, column (A), lines 5-10)		955,505.	1,006,454.
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11	e)	Ĺ		
xpe	b	Total fund	raising expenses (Part IX, column (D), line 25)	<b></b>			
Ŵ	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-2	4f)		518,464.	
	18	Total expe	enses Add lines 13-17 (must equal Part IX, c	ımn (A), line 25)		1,525,473.	
	19	Revenue	ess expenses. Subtract line 18 from line 12	RECEIVED		674,962.	486,716.
Net Assets or Fund Balances					C	<b>Beginning of Current Year</b>	End of Year
sets	20	Total asse	ets (Part X, line 16)	MAR 05 2010	ျွ	1,930,089.	2,423,468.
AB	21	Total liabi	ities (Part X, line 26)	DI MAK WE EGIO	RS-OS	2,725.	1,745.
52	22	Net asset	s or fund balances Subtract line 21 from line 2	<u> </u>	<u>K</u>	1,927,364.	2,421,723.
P	art II	Signa	ture Block	OGDEN. U'			
		Under pena	Ities of perjury, I declare that I have examined this return, incluite Declaration of preparer (other than officer) is based on all in	ding accompanying schedules ar	nd statemer	ts, and to the best of my knowled	dge and belief, it is true, correct,
Sig	n		Michael D. Jahr			3-1	- 10
He	re	Sign	ature of officer			Date	
			Michael D/Zahn Bus	iness Manage	r		
		Тур	or print name and title				
D	4	Preparer's	At a Y Com	Date			rer's identifying number
Pau		signature	Shorton de Wisc	02/1	7/10	self- employed ▶ ☐	
	parer's	Firm's name	KERBER, ECK & BRAEC	KEL LLP		EIN ▶	
use	Only	yours if self-employ					
		address, an ZIP + 4	SPRINGFIELD, IL 627			Phone no ► 2	217-789-0960
Ma	v tha IE		this return with the preparer shown above? (s			1	X Ves No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2009)

### INTERNATIONAL UNION OF OPERATING :

37-0347820 ENGINEERS LOCAL UNION NO. 965 Page 2 Form 990 (2009) Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: TO REPRESENT MEMBERS OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS IN THE CENTRAL AND WEST CENTRAL ILLINOIS AREA. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 If "Yes." describe these changes on Schedule O. 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. ) (Revenue \$ 4a (Code: ) (Expenses \$ including grants of \$ TO ORGANIZE ALL WORKERS TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATION AND COLLECTIVE BARGAINING. ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services. (Describe in Schedule O)

) (Revenue \$

including grants of \$

4e

(Expenses \$

Total program service expenses ▶\$

			Yes	No
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-
•	If "Yes," complete Schedule A	1		Х
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		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			İ
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
e	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	<u> </u>	
8		8		Х
^	Schedule D, Part III  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	-	<del>                                     </del>	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
10		10		Х
44	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	1.0		
11		11	X	
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	···	1	
	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	}		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•		İ		
_	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			
•				
_	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.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated imanicial statements for the tax year include a roomlete that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
10	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	X	1
104	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No.			<b></b>
IZA	Was the organization included in consolidated, independent addited infancial statements for the tax year.  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	<del> </del>	
J	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1	· ·	
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	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	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<b>†</b>	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		Ι
18		18	X	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5	† <u></u>	1
19	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	<del> </del>	X
20	Did the organization operate one of fillore hospitals . It is complete ochedule in			

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

+ 441	( to Officerial of Frequency	T	1	
,	Dut the assessment and the SE 000 of areas and other assistance to coverements and areasizations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	21		Х
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22	x	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23	ļ	X
	Schedule J	23_		1
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	040		Х
	Schedule K. If "No", go to line 25	24a	<del> </del>	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C				
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	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		<del> </del>
b	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			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			l
		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	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	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	Х
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?		İ	
	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	X	ļ
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	<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		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.	38	X	<u> </u>
		Form	990	(2009)

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Form 990 (2009) ENGINEERS LOCAL UNION NO. 965

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
` Ta	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	**********		
	U.S. Information Returns. Enter -0- if not applicable	.		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	ļ. ,. ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
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 bank account, securities account, or other financial account)?	4a		X
b	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.	;		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		<u> </u>
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
	any contributions that were not tax deductible?	Qa		-
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		,	
a	provided to the payor?	7a		ĺ
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		
ď	If "Yes," Indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			İ
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ł
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)	10-	1	
	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			L

Form 990 (2009)

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 Nο 14 1a Enter the number of voting members of the governing body 1a **b** Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7a Х **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8ь **b** Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b 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 Х Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. Another's website X Upon request Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization

IL

62708

MICHAEL ZAHN - 217-528-9659

P.O. BOX 3025, SPRINGFIELD,

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

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. 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 co  (A)  Name and Title	(B) Average				<b>&gt;</b> )			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(ci	heck			app	ly)	compensation	compensation	amount of
	per week	individual frustee 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
MICHAEL ZAHN BUSINESS MANAGER	40.00	Х		Х				99,371.	0.	47,020.
DENNIS MINICK			┢	-	-		_			
PRESIDENT	40.00	Х		Х				88,601.	0.	47,803.
LARRY RENOUD BUSINESS AGENT/TREASURER	40.00	X		Х				88,601.	0.	47,803.
VINCENT SHAW									0.	
AUDITOR	40.00	X		-	-	<u> </u>	_	88,601.	<u> </u>	47,803.
BILL BOZARTH VICE-PRESIDENT	1.00	x		x				9,423.	0.	0.
MYRNA BOMKAMP RECORDING SECRETARY	1.00			х				1,068.	0.	0.
MIKE REYNOLDS FINANCIAL SECRETARY	1.00	Х		х				640.	0.	0.
TOM GROVER CONDUCTOR	1.00	х		х				360.	0.	0.
JOHN W. BRICKEY GUARD	1.00	Х		х				200.	0.	0.
JIM PATIENT TRUSTEE	1.00							450.	0.	0.
SHANNON BRICKEY TRUSTEE	1.00							450.	0.	0.
BRETT SCAGGS AUDITOR/BUSINESS AGENT	1.00							88,601.	0.	47,818.
BRANDON REYNOLDS AUDITOR	1.00	х					-	450.	0.	0.

INTERNATIONAL UNION OF OPERATING 37-0347820 ENGINEERS LOCAL UNION NO. 965 Form 990 (2009) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (E) (F) (D) (A) (B) (C) Reportable Reportable Estimated Position Name and title Average (check all that apply) compensation compensation amount of hours per from from related other Individua trustee or director organizations compensation the week (W-2/1099-MISC) from the organization Institutional frustee organization (W-2/1099-MISC) Key employee and related Officer organizations 238,247. 466,816. 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those \$100,000 in compensation from the organization	listed above) who received more than	

\$100,000 in compensation from the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965 37-0347820 Page 9 Form 990 (2009) Part VIII Statement of Revenue (D) (A) (C) Revenue excluded from tax under sections 512, Related or Unrelated Total revenue exempt function business revenue revenue 513, or 514 1a Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1b **b** Membership dues 10 c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 900099 2015009. 2015009. 2 a DUES RECEIVED FROM MEM Program Service Revenue 58,267. 58,267. 900099 INITIATION, REINSTATEM c ORGANIZING GRANT 47,930. 900099 47,930. 4,240. 4,240. d FINES 900099 6,248. 900099 6,248. f All other program service revenue 2131694. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,006. 7,006. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 4,750. 6 a Gross Rents b Less: rental expenses 4,750. c Rental income or (loss) 4,750. 4,750. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 21,470. Part IV, line 18 3,040. b Less: direct expenses 18,430. 18,430. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ь b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 2161880. 2161880. Total revenue See instructions Form 990 (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) All other organizations must comp	and 501(c)(4) organizat			d (D).
· .	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
_	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		- <del></del>		
2	Grants and other assistance to individuals in	21 250			
_	the U.S. See Part IV, line 22	21,250.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16 Benefits paid to or for members	50,659.			
4 5	Compensation of current officers, directors,	30,033.			
3	trustees, and key employees	705,063.			
6	Compensation not included above, to disqualified	7037000			<u> </u>
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	147,687.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	97,080.			
9	Other employee benefits				
10	Payroll taxes	56,624.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	49,598.			
C	Accounting	14,113.		<u> </u>	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0.50		· · · · · · · · · · · · · · · · · · ·	
9	Other	968.	<del></del>		
12	Advertising and promotion	5,193.			
13	Office expenses	97,360.			
14	Information technology		<del></del>	<del> </del>	
15	Royalties	67,523.	<del></del>		
16	Occupancy	54,362.		-	
17	Travel Payments of travel or entertainment expenses	34,302.			
18					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	6,442.			
20	Interest	0,112,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,064.		<del></del>	
23	Insurance				
24	Other expenses Itemize expenses not covered				ver in the second section of the second
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below )				
а	TARGET FUND DISTRIBUTIO	137,786.			
b	CONTRIBUTIONS	48,056.			
¢	MISCELLANEOUS EXPENSES	39,222.			
d	INSURANCE	11,114.			
е			<del></del>		
f	All other expenses	1 675 164	<del></del>		
25	Total functional expenses. Add lines 1 through 24f	1,675,164.	<del> </del>		
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u> </u>	

Pai	rt X	Balance Sheet					
.`					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			746,425.	1	680,411.
	2	Savings and temporary cash investments			121,187.	2	676,043.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
Assets	5	Receivables from current and former officers, di	rectors	trustees, key			
		employees, and highest compensated employe		· ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	dunder section			
		4958(f)(1)) and persons described in section 49					
Assets 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Part II of Schedule L		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			29,025.	9	29,025.
	1 -	Land, buildings, and equipment: cost or other	1 1				<del>y -                                   </del>
		basis Complete Part VI of Schedule D	10a	1,345,385.			
	Ь		10b	1,345,385. 348,365.	999,213.	10c	997,020.
	11	Investments - publicly traded securities	<u></u>		34,239.	11	997,020. 40,969.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related See Part IV, line				13	
	14	Intangible assets	• •			14	
	15	Other assets. See Part IV, line 11			·	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	(4)	1,930,089.	16	2,423,468.
	17	Accounts payable and accrued expenses			2,725.	17	2,423,468. 1,745.
	18	Grants payable				18	
	19	Deferred revenue			······································	19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ij.	22	Payables to current and former officers, directo			1111 1 1111 1 11 11 11 11 11 11 11 11 1		
Liabilities  Liabilities  Assets		highest compensated employees, and disqualif					
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated thu	rd parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities Complete Part X of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			2,725.	26	1,745.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			***************************************
ç	ł	lines 27 through 29, and lines 33 and 34.					
ဦ	27	Unrestricted net assets			1,927,364.	27	2,421,723.
alai	28	Temporarily restricted net assets				28	
8	29	Permanently restricted net assets				29	
Ş		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 🔲 and			
J.		complete lines 30 through 34.					
ţŞ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	<del></del>
Ž	33	Total net assets or fund balances		o. o.nor junes	1,927,364.	33	2,421,723.
	34	Total liabilities and net assets/fund balances			1,930,089.		2,423,468.

Form **990** (2009)

## INTERNATIONAL UNION OF OPERATING :

ENGINEERS LOCAL UNION NO. 965

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

37-0347820 Page 12 Form 990 (2009) Part XI Financial Statements and Reporting No Yes Accounting method used to prepare the Form 990. X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х За Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

3ь

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

### Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			<u> </u>
Nan		TIONAL UNION OF		Emp	loyer identification number
	ENGINEE	RS LOCAL UNION I	NO. 965		37-0347820
Pa	ort I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527 o	rganization.
1	Provide a description of the organiz	ation's direct and indirect polit	ical campaign activities	in Part IV	
2	Political expenditures			▶ \$	0.
3	Volunteer hours				0.
Pε	ert I-B Complete if the org	<u>janization is exempt un</u>	der section 501(c		
1	Enter the amount of any excise tax	•		▶ \$	
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5 ▶\$	· — — — — — — — — — — — — — — — — — — —
3	If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		J	\	(-\(\alpha\)
PE		janization is exempt un			
1	Enter the amount directly expended	, ,	·		<u> </u>
2	Enter the amount of the filing organ	ization's funds contributed to d	other organizations for s	section 527	
	exempt function activities			▶ \$	<u> </u>
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
	line 17b			<b>&gt;</b> \$	·
4	Did the filing organization file Form	•			└ Yes └ No
5	Enter the names, addresses and er				
	For each organization listed, enter t				
	that were promptly and directly deliced (PAC) If additional space is needed			eparate segregated fund or	a political action committee
	<del></del>	· · · · · · · · · · · · · · · · · · ·	······································	<del></del>	1 () ( ) ( )
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter 0.	
				Tanas in thoma, anter a t	delivered to a separate
					political organization.  If none, enter -0
					il none, enter o.
		•			
				<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		<del></del>	
				Ì	
			<del></del>		
					<del>                                     </del>
					1

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

Schedule C (Form 990 or 990-EZ) 2009

### : INTERNATIONAL UNION OF OPERATING

Schedule C (Form 990 or 990-EZ) 2009 ENGI	NEERS LOCAL UNIO	N NO. 965		)347820 Page 2
Part II-A Complete if the organization	n is exempt under sect	ion 501(c)(3) and file	d Form 5768	
(election under section 501	(h)).			
A Check   If the filing organization belong	gs to an affiliated group.			
B Check 🕨 🔲 if the filing organization check	ed box A and "limited control" p	provisions apply	<del></del>	<del></del>
	oying Expenditures eans amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying	))		
b Total lobbying expenditures to influence a leg				
c Total lobbying expenditures (add lines 1a and	d 1b)			
d Other exempt purpose expenditures				
e Total exempt purpose expenditures (add line	s 1c and 1d)			
f Lobbying nontaxable amount Enter the amo	unt from the following table in b	ooth columns		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000	20% of the amount on line	1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	xcess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	xcess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000.		
Over \$17,000,000	\$1,000,000			
				<u> </u>
g Grassroots nontaxable amount (enter 25% o	f line 1f)	_		
h Subtract line 1g from line 1a. If zero or less, e				
<ul> <li>Subtract line 1f from line 1c. If zero or less, e</li> </ul>				<del></del>
j If there is an amount other than zero on either	er line 1h or line 1i, did the orgar	nization file Form 4720		
reporting section 4911 tax for this year?				Yes No
	4-Year Averaging Period Und at made a section 501(h) elect low. See the instructions for li	ion do not have to compl		
Lobi	oying Expenditures During 4-1	ear Averaging Period		
Calendar year (or fiscal year beginning in)	2006 <b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) Total
2a Lobbying nontaxable amount			···	
<b>b</b> Lobbying ceiling amount	•			
(150% of line 2a, column(e))				
c Total lobbying expenditures				
d Occasionate residential amount				
d Grassroots nontaxable amount			······································	-
e Grassroots ceiling amount (150% of line 2d, column (e))				
(100 /0 01 11110 20, 001011111 (0))			11	
f Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2009

### : INTERNATIONAL UNION OF OPERATING

Schedule C (Form 990 or 990-EZ) 2009 ENGINEERS LOCAL UNION NO. 965

37-0347820 Page 3

	01111 000 01 000 022/ 2000	
Part II-B	Complete if the organization is exempt u	under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).	

		(a)	<u> </u>	(b	<u>)</u>
		Yes	No	Amo	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		ĺ		
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?		_		
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
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				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ			
b	If "Yes," enter the amount of any tax incurred under section 4912		1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			***************************************	
	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), section 501(c)(6).	on 501(c)(	5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
<b>D</b>		F04/-V	5) 27-72	-41	X
Part	III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."		5), or se		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and		5), or se		
1	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members	rt III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	rt III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members	rt III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	rt III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	rt III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	rt III-A, lir	5), or se ne 3 is ar		
1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	ort III-A, lir	5), or se ne 3 is ar		<u>I</u>
1 2 a b c 3	Section 162(e) amounts of political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ical	5), or se ne 3 is ar		<u>I</u>
1 2 a b c	Section 162(e) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and	ical	5), or se ne 3 is ar		
1 2 a b c 3	Solic)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 ar	ical	5), or se ne 3 is ar 1 2a 2b 2c 3		<u>I</u>

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	<u></u>	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	· <del></del>	storically important land area
	Protection of natural habitat	_	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		<del></del>
_	year ▶	, , , , , , , ,	· g
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		<del></del>
8	Does each conservation easement reported on line 2(d) above		
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expensi	e statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization		
	Conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
·	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ь	If the organization elected, as permitted under SFAS 116, to		oce sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, o		
	these items:	Todalar III lartiforando di padila dalvio	o, provide the fellowing amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	actives or other similar assets for financia	
-			ar gain, provide
а	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	ro relating to these items.	<b>&gt;</b> ¢
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
U	ASSOLS INCIDUOU III FORM 990, Part A		<b>▶</b> \$

INTERNATIONAL UNION OF OPERATING 37-0347820 Page 2 ENGINEERS LOCAL UNION NO. 965 Schedule D (Form 990) 2009 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items 3 (check all that apply): Loan or exchange programs Public exhibition Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Νo Yes to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d 1e e Distributions during the year 1f f Ending balance Yes Nο 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (c) Two years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as. a Board designated or quasi-endowment **b** Permanent endowment ▶ c Term endowment

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds.

3a(i) 3a(ii) 3b

No

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,886.		98,886.
<b>b</b> Buildings	······································	824,631.	120,012.	704,619.
c Leasehold improvements		131,434.	36,987.	94,447.
d Equipment		137,405.	96,480.	40,925.
e Other		153,029.	94,886.	58,143.
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10(c).)		997,020.

Schedule D (Form 990) 2009

### INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965 Schedule D (Form 990) 2009

37-0347820 Page 3

Part VII	Investments - Other Securities. Se	ee Form 990, Part X, I	ine 12.		
•	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu	
Financial d	erivatives				
	d equity interests				
=					
·····					
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Total /Col /	(h) must aqual Form 000. Doct V. aal /P) line 12.)			······································	
	(b) must equal Form 990, Part X, col (B) line 12 ) ► Investments - Program Related. S	Con Form 000 Bort V	lina 12		
Part VII		see Form 990, Part A,	iine 13.	(c) Method of value	iation:
	(a) Description of investment type	(b) Book value		Cost or end-of-year ma	
		ļ			<del></del>
		· <del> </del> ···			
		ļ			<del> </del>
					······································
Total. (Col (	b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets. See Form 990, Part X, line				
	(a	Description			(b) Book value
			·		<u> </u>
Total. (Col	umn (b) must equal Form 990, Part X, col (B) lin	e 15)		<u> </u>	•
Part X	Other Liabilities. See Form 990, Part X	, line 25.			
1.	(a) Description of liability		(b) Amount		
Federal inc	come taxes				
-					
		· · · · · · · · · · · · · · · · · · ·			
Total. (Col	umn (b) must equal Form 990, Part X, col (B) lin	e 25)			
		/			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Pa	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial S	State	men	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			2,161,880.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,675,164.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			486,716.
4	Net unrealized gains (losses) on investments		4			7,643.
5	Donated services and use of facilities		5			
6	Investment expenses		6	-		
7	Prior period adjustments		7			
8	Other (Describe in Part XIV )		8			
9	Total adjustments (net) Add lines 4 through 8		9			7,643.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			7,643. 494,359.
	TXII Reconciliation of Revenue per Audited Financial Statemen		ith Revenue p	er R	eturr	
1	Total revenue, gains, and other support per audited financial statements				1	2,429,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a_	7,6	43.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	259,5	97.		
е	Add lines 2a through 2d				2e	267,240.
3	Subtract line 2e from line 1				3	<u>267,240.</u> _2,161,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b		·		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	2,161,880.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	per	Retu	rn
1	Total expenses and losses per audited financial statements				1	1,956,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b			i 1	
c	Other losses	2c				
ď	Other (Describe in Part XIV)	2d	280,8	85.	1 1	
e	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·		2e	280,885.
3	Subtract line 2e from line 1				3	1,675,164.
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	4a				
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b		<u> </u>		4c	0.
5	_Total expenses_Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,675,164.
Pai	TXIV Supplemental Information		<del></del>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III.	. lines	la and 4: Part IV.	nes 1	b and 2	2b. Part V. line 4: Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
			- part to promoc a	.,	.,	
					-	
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
PAC	C INCOME - SEPARATE ENTITY FOR TAX PURPOSES	<u> </u>				
CDI	ECIAL EVENT EXPENSE - SHOWN NET ON 990					
SFI	CIAL EVENT EXPENSE - SHOWN NET ON 990					
PAF	RT XIII, LINE 2D - OTHER ADJUSTMENTS:		<del></del> -			
PAC	E EXPENSES - SEPARATE ENTITY FOR TAX PURPOS	ES				
SPI	CCIAL EVENT EXPENSE - SHOWN NET ON 990					
			<del></del>			ulo D (Form 990) 2009

Schedul	e D (For	m 990) 200	19	INTI ENG	ERNA INE	ATION	NAL U	UNION L UNI	OF C	OPERA $96$	TING		37-0	347820	Page 5
Part >	(IV Su	ppleme	ntal In	formation	(cont	tinued)									
PART	VI,	LINE	1E,	OTHER	IS	FOR	AUT	OMOBI	LES.		<del></del>				
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### SCHEDULE G (Form, 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

Name of the organization

Capartment of the Treasury

Internal Revenue Service

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number

37-0347820

	21.011.22			_		<del></del>	<del></del>
Part I	Fundraising Activities.	Complete if the organization answer	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indica	te whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a 🔲	Mail solicitations				overnment grants		
ь 🗀	Internet and email solicitations				nment grants		
c 🗀	Phone solicitations	g 🗓 Special	fundra	alsing	events		
d 🗀	In-person solicitations						
		or oral agreement with any individual					[]
		art VII) or entity in connection with p					<del></del>
		ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	pe
comp	pensated at least \$5,000 by the	organization	,				·
•	i) Name of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
				<u> </u>			
				<del></del> -			
			-				
<del></del>			<u> </u>				
Total		<b>&gt;</b>					
3 List all	states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	on or licensing.
				···			
		<u> </u>				_ <del></del> _	
							<del></del>
		1. 7. 1.					
•							

Schedule G (Form 990 or 990-EZ) 2009 ENGINEERS LOCAL UNION NO. 965

Pa	ırt l		_		l IV, line 18, or reported	more than	\$15,000	0
		on Form 990-EZ, line 6a. List events with	gross receipts greater th	nan \$5,000. (b) Event #2	(c) Other events	<del></del>		
•			1	(b) Event #2	NONE		tal even	
			SCHOLARSHIP		NONE	(add col	. <b>(a)</b> thro	ough
			GOLF OUTING	(event type)	(total number)	- c	ol. <b>(c)</b> )	
Revenue			(event type)	(event type)	(total number)			
Ven	١.		21 470				21,4	70
æ	i	Gross receipts	21,470.			<del> </del>	21,4	70.
		Lang. Chamtalia annimitutiona						
	2	Less: Charitable contributions			· · · · · · · · · · · · · · · · · · ·		-	
		Cress income (line 1 minus line 2)	21,470.				21,4	70.
	3	Gross income (line 1 minus line 2)	21/4/00			<del>                                     </del>		,,,,
	4	Cash prizes	258.				2	58.
	**	Oddii piized				<del> </del>	<del>_</del>	
	5	Noncash prizes						
Direct Expenses	٦	Notices prizes				<del> </del>	<del></del>	
ben	6	Rent/facility costs	1,824.				1,8	24.
型	٥	Theritraciiity costs	1,021.			<del>                                     </del>		
ect	,	Food and beverages						
حَّ	7	rood and beverages			····-	+		
		Entertainment						
	8	Entertainment Other direct expenses	958.			-	9	58.
	9	Direct expenses  Direct expense summary, Add lines 4 through		l		+,	3,0	
	10	Net income summary. Combine line 3, colum	, ,			1	18,4	
D:	irt l		answered "Yes" to Form	990. Part IV. line 19. or r	reported more than		10/1	
-	., .	\$15,000 on Form 990-EZ, line 6a.		000, 1 (11, 11, 111, 110, 10, 01,	oportoo moro man			
		Ψ13,300 OH 1 OHH 330 EZ, line 0a.		(b) Pull tabs/instant		(d) Total	gaming	(add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) th		
Ver						1		
æ	١.	Crass volley in						
	1	Gross revenue				-		
	2	Cash prizes						
ses	-	Cash prizes			······································	+		
Direct Expenses	3	Noncash prizes						
翌	٦	Noticasii piizes				+		
ect		Rent/facility costs						
۵	4	Nem raciiity costs				+		
	_	Other direct expenses						
	5	Other direct expenses	<b>V</b> 0/	V 0/	Yes %	-	·····	
		Valuataan laban	Yes %	Yes %		<b>'</b> ]		
	6	Volunteer labor	No	No No	No	+	***********	
	_	Durant and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	- F b (-1)		_	1,		,
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)			1		
		Net Ozerban her d			_			
	8	Net gaming income summary. Combine line 1	r, column (a), and line /			. <del>]</del>	Yes	No
	F . 4		A			F	163	110
		er the state(s) in which the organization opera	· · -					1
		he organization licensed to operate gaming ac	tivities in each of these s	states?		96	<u> </u>	
b	† "	No," explain:						
	_		<del></del>					
						۱.,		1
		re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	10	a	<del> </del>
b	If "	Yes," explain:						
						ļ		
	_	<del></del>					.	1
11		es the organization operate gaming activities v				11	<del>'</del>	ļ
12		he organization a grantor, beneficiary or truste	e ot a trust or a member	ot a partnership or other	r entity formed to			1

### ; INTERNATIONAL UNION OF: OPERATING

Schedule G (Form 990 or 990-EZ) 2009 ENGINEERS LOCAL UNION NO. 965 37-0	<u>034782</u>		ge <b>3</b>
•		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%_		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		······
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:			
Name ▶			
Address	_		
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ► \$			
Description of services providea	_		
	-		
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year 🕨 \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 1 (Form 990)			Grants and Governments	Other Assistances, and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	ies Jes		2009.	47
Department of the Treasury Internal Revenue Service		Сомр	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" on Fo  ➤ Attach to Form 990.	" on Form 990, Pai m 990.	rt IV, line 21 or 22.		Open to Public Inspection	ō
Name of the organization	LION INTERNATIONAL UNION OF OP ENGINEERS LOCAL UNION NO.	NAL UNIO	N OF OPERATING ION NO. 965	ING				Employer identification number 37-0347820	mber 20
Part 1 General In	General Information on Grants and Assistance	d Assistance	F 1						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	istance, and the selec		ı
criteria used to a	criteria used to award the grants or assistance? Decembe in Dart IV the occapitation's procedures for monthly the use of some funds in the Hatel States.	ance?	t to con out onto	September 2	30			X Yes	<b>&amp;</b>
ar #	Grants and other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 21, for any	overnments and	1 Organizations in the	United States. C	omplete if the organia	Inization answered "Y	es" to Form 990. Par	t IV. line 21. for any	,
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	,000. Check this	box if no one recipien	it received more th	ian \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if addition	nal space is needed	
1 (a) Name and ac	1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	;
				-					;
									;
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government or	ganizations					<b>A</b> A	
_	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	5000

# INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

· Page 2

37-0347820

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. PART I, LINE 2: THE ORGANIZATION AWARDS SCHOLARSHIPS FROM ITS ALL DISTRIBUTIONS TO RECIPIENTS ARE APPROVED BY THE (d) Amount of non-cash assistance 。 21,250. (c) Amount of cash grant (b) Number of recipients 19 AVAILABLE TO LOCAL 965 CHILDREN AND GRANDCHILDREN THE CHUCK SMITH MEMORIAL SCHOLARSHIP FUND IS (a) Type of grant or assistance BOARD OF DIRECTORS SCHOLARSHIP FUND. SCHEDULE I,

:

Schedule I (Form 990) 2009 932102 02-02-10

### **SCHEDULE 0** (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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

INTERNATIONAL UNION OF OPERATING

Employer identification number

Name of the organization	ENGINEER	S LOCAL UNIO	NO. 965		37-0347820	
FORM 990, PART						
THE LOCAL SERV	ES MEMBERS	IN THE CENT	RAL AND WEST	CENTRAL	ILLINOIS ARE	Α.
FORM 990, PART	VI, SECTI	ON A, LINE 6	THE UNION H	AS MEMBE	RS.	
						<del></del>
FORM 990, PART	VI, SECTI	ON A, LINE 7	A: AN ELECTIO	N COMMIT	TEE OF 5 MEM	BERS
WHO ARE NOT CAI	NDIDATES F	OR ANY OFFICE	E ARE ELECTED	BY THE	LOCAL UNION	AT ITS
REGULAR MEMBERS	SHIP MEETI	NG IN THE MOI	NTH OF JUNE (	AFTER NO	MINATION OF	
CANDIDATES) PR	ECEDING TH	E ELECTION,	AND SHALL HAV	E FULL C	HARGE OF THE	
ELECTION. ELEC	CTION OF C	FFICERS TAKES	S PLACE AT TH	E REGULA	R MEMBERSHIP	
MEETING.						
FORM 990, PART	VI, SECTI	ON A, LINE 7	B: SOME DECIS	IONS OF	THE GOVERNING	<u> </u>
BOARD ARE SUBJ	ECT TO APP	PROVAL BY MEMI	BERS. FOR EX	AMPLE, P	ERMANENT PLA	NT AND
SHOP AGREEMENTS	S MUST BE	APPROVED AT	A MEETING OF	THE MAJO	RITY OF THE	
MEMBERS EMPLOY	ED UNDER T	HE AGREEMENT	. ALL MEMBER	S EMPLOY	ED UNDER THE	
AGREEMENT SHALL	L BE NOTIF	TIED OF SUCH I	MEETING.			
				· ···		<del></del>
FORM 990, PART	VI, SECTI	ON B, LINE 1	l: A COPY OF	THE FORM	990 IS PROV	IDED
TO THE ORGANIZA	ATION'S GO	OVERNING BODY	, GENERALLY B	EFORE IT	IS FILED.	MIKE
ZAHN, BUSINESS	MANAGER,	ALWAYS REVIE	NS THE FORM A	ND SIGNS	IT BEFORE I	r is
FILED. IF TIME	E PERMITS	BETWEEN THE	ORGANIZATION'	S RECEIP	T OF THE FOR	м 990
AND THE DUE DAT	TE, THE EX	ECUTIVE BOAR	MEMBERS ALS	O REVIEW	IT BEFORE I	r is
FILED. IF TIME	E DOES NOT	PERMIT, THE	EXECUTIVE BO	ARD REVI	EWS IT AT TH	EIR

IN ADDITION, COPIES ARE MADE AVAILABLE TO MEMBERS AT THE

NEXT MEETING.

### SCHEDULE O (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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

FORM 990, PART VI, SECTION B, LINE 12C: EACH NEW RESPONSIBLE PERSON IS
REQUIRED TO REVIEW A COPY OF THE CONFLICTS OF INTEREST POLICY AND
ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. EACH RESPONSIBLE PERSON
MUST ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE POLICY SHALL
BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF ALL OFFICERS
AND EMPLOYEES OF THE LOCAL UNION AND ALL EXPENSES SHALL BE SET BY THE
MEMBERSHIP OF THE LOCAL UNION. SUCH COMPENSATION AND EXPENSES SHALL BE
FIXED AT THE NEXT REGULAR MEETING AFTER THE ELECTION OF THE OFFICERS DURING
THE MEETING OF THE INSTALLATION OF OFFICERS. SUCH COMPENSATION AND EXPENSE
ALLOWANCE SHALL NOT THEREAFTER BE CHANGED WITHOUT A NOTICE TO THE
MEMBERSHIP THAT SAME IS TO BE VOTED UP, SUCH NOTICE BEING MAILED TO ALL THE
MEMBERS PRIOR TO SUCH CALLED MEETING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS MEMBERSHIP MEETINGS.
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY
WOULD BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenus Service	► Comple	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	ss" to Form 990, Part IV, line 33, 3  ▶ See separate instructions.	33, 34, 35, 36, or 37 ons.		AUCS 7. Open to Public Inspection
Name of the organization	INTERNATIONAL UNION OF ENGINEERS LOCAL UNION	UNION OF OPERATING AL UNION NO. 965			En	Employer identification number 37-0347820
Part ! Identification of Di	isregarded Entities (Complete	Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)	o Form 990, Part IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	a) ess, and EIN rded entity	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				-		
				·		
Part ii Identification of Related Tax-Exe organizations during the tax year.)	elated Tax-Exempt Organizal g the tax year.)	Identification of Related Tax-Exempt Organizations (Complete of 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.)	swered "Yes" to Form 990, Pa	irt IV, line 34 becaus	e it had one or more	related tax-exempt
(e)	(6	(q)	(3)	(D)	(e)	6)
Name, address, and EIN of related organization	ess, and EIN rganization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
OPERATING ENG. APPRENTICESHIP & SKILL	CESHIP & SKILL	PROVIDE APPRENTICESHIP				INTERNATIONAL UNION OF
IMPROVEMENT COMMITTEE FOR CENTRAL IL	-, 3208	TRAINING PROGRAM FOR NEW				OPERATING ENGINEERS
YOUNG ROAD, MECHANICSBURG	JRG, IL 62545	UNION MEMBERS.	ILLINOIS	501(C)(3)	SCHOOL	LOCAL 965
IUOE LOCAL 965 PEC - 26	26-2407673	O				
SPRINGETELD II. 62703		ELECTIONS OF LOCAL PUBLIC	STONTITU	100		
HA For Divery Art and Bananark Bodinition Act Notice and the Justine for Form 600						

INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965

Page 2 37-0347820·

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managing partner?

Seneral or

6

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Schedule R (Form 990) 2009

Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 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.) ate allocations? Yes No Disproportion-Ξ Share of end-of-year assets Share of total Income Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity <u>©</u> Legal domicile (state or foreign country) Û Primary activity Name, address, and EIN of related organization Œ Part III

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

	<b>'</b> •	., .								
	ε	Percentage ownership -							_	
		Share of end-of-year assets								
	€	Share of total income								
•	<b>(</b> 9	Type of entity (C corp, S corp, or trust)								
	9	Direct controlling entity								
	9	Legal domicile (state or foreign country)								
, ,	(q)	Primary activity								
Constitution of control of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the configuration of the	(a)	Name, address, and EIN of related organization								

932162 02-04-10

Schedule R (Form 990) 2009

# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

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Schedule R (Form 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes
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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b X
c Giff, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		X bt
e Loans or loan guarantees by other organization(s)		1e X
f Cala of acceste to other organization(e)		X
Care or asserts to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		x X
i Lease of facilities, equipment, or other assets to other organization(s)		Ti X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		- X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Rembursement paid by other organization for expenses		1p X
		19 X
<ul> <li>Connection is a property from other organization(s).</li> <li>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.</li> </ul>	saction thresholds.	
(a) Name of other organization(s)	(b) Transaction Antype (a-r)	(c) Amount involved
(1) OPERATING ENG. APPRENTICESHIP & SKILL IMPROVEMENT COMMITTEE FOR CENTRAL IL	Д	179,219.
(2)		
(3)		,
(7)		
(5)		
(9)		
932163 02-04-10	Schedule F	Schedule R (Form 990) 2009

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## INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965 Schedule R (Form 990) 2009 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) (b)	(9)	(5)	9	(e)	(B)	(5)	3	
Nill box saddbe ameN	Drimary activity	alicin	Are all partners	Share		Code V-I IRI		5
of entity	יייומין מכוחוו		section 501(c)(3) organizations?		tionate allocations?	arnount in box 20	managing partner?	₽°
		country)	Yes No	,		(Form 1065)	Yes	8
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