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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

A Fo	rthe 2	:009 ca <u>lendar y</u>	ear, or tax year beginning 01-0,	1-2009 and ending 12-31-200	9					
3 Che	eck if ap	plicable Please	C Name of organization INTERNATIONAL UNION OF OPE	RATING		D Employer ide	ntification number			
– Add	lress cha	ange use IRS	ENGINEERS LOCAL 12	NATING.		95-131093				
– Nan	ne chan	ge print o	r Doing Business As			E Telephone nu	mber			
– _{Initi}	ıal returi	type. So n Specific		of mail is not delivered to street addre	ocs\ Doom/cuito	(626) 792-8	3900			
– Ten	mınated	Instruc tions.	150 East Corson Street	ii maii is not delivered to street addre	ess) Room/suite	G Gross receipts s	\$ 121,060,985			
_	ended re		City or town state or country	and ZID + 4						
_			City or town, state or country, a PASADENA, CA 911033839	and ZIP + 4						
Арр	lication	pending								
			Name and address of principal o	fficer		ıs a group return				
			LIAM C WAGGONER EAST CORSON STREET		affilia	ates?	ΓYes Γ Nο			
			ADENA, CA 911033839		H(b) Are a	II affiliates include	ed?			
					1 ' '		(see instructions)			
Tax	x-exem _l	pt status 🔽 50	1(c) (5) ◀ (insert no)	(1) or		ıp exemption nui				
W	aheit a	: ▶ N/A			"(c)					
		<u> </u>			1					
			oration 🗌 Trust 🦳 Association 🔽 Oth	er - LABOR ORG	L Year of fo	rmation 1938 M	State of legal domicile CA			
Pa	rt I	Summary								
			the organization's mission or n THE WELFARE OF MEMBERS A		I MATTERS D	ELATING TO LA	A B O D - M A N A G E M E N T			
20	1	RELATIONS	THE WELLAKE OF MEMBERS A	NO REPRESENT THEM IN AL	LMATTERS	LEATING TO E	ADOR-MANAGEMENT			
sovemance										
Ξ										
<u>ş</u>										
9	2	Check this box	If the organization disconti	nued its operations or disposed	d of more than	25% of its net a	ssets			
ð.	3	Number of votir	ng members of the governing bo	dy (Part VI, line 1a)		3	22			
ACUMINES	4	Number of inde	pendent voting members of the	governing body (Part VI, line 1	b)	. 4				
ž Į	5	Total number of	femployees (Part V, line 2a)			5	162			
3	6	Total number of	f volunteers (estimate if necess	ary)		6	(
τ	1		elated business revenue from P							
		_	usiness taxable income from Fo	-	7b					
				······	Drie	or Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	FIR	, rear	O Current rear				
ē					22.622.040					
ent	9	•	ce revenue (Part VIII, line 2g)		33,632,018	27,579,384				
Raveni	10		come (Part VIII, column (A), lii		4,354,077	2,265,215				
_	11		(Part VIII, column (A), lines 5		242,871	423,252				
	12		—add lines 8 through 11 (must	ie	38,228,966	30,267,851				
	13		nilar amounts paid (Part IX, col				0			
	14		o or for members (Part IX, colu	,		1,875,513	1,360,480			
					_ —	1,300,480				
8	15	Salaries, other	r compensation, employee bene	fits (Part IX, column (A), lines	5-	17,882,308	18,245,285			
Expenses	16a	,	undraising fees (Part IX, columr	(A), line 11e)		, ,	0			
e di	ь									
Ð		_	expenses (Part IX, column (D), line 25	· -	12.122.122					
	17	· ·	es (Part IX, column (A), lines 1			13,189,180 12,480,				
	18		s Add lines 13–17 (must equa			32,947,001	32,086,662			
OFF	19	Revenue less	expenses Subtract line 18 fron	n line 12		5,281,965	-1,818,811			
net Assets or Fund Balances					_	g of Current Year	End of Year			
geg	20	Total sassts /	Part V June 16\				121 520 240			
18:	20		Part X, line 16)			133,215,728	131,520,340			
# # H	21		s (Part X, line 26)			2,004,989	2,067,203			
	22		fund balances Subtract line 21	rrom line 20		131,210,739	129,453,137			
Par	t II	Signature								
			f perjury, I declare that I have examır ue, correct, and complete Declaration							
			· · · · · · · · · · · · · · · · · · ·							
Sign	ı	*****			2010	-11-12				
lere	•	Signature of o	fficer		Date					
			AGGONER BUSINESS MANAGER							
		Type or print i								
		Preparer's		Date	Check If	Preparer's identif	ying number			
aid		signature M	ILLER KAPLAN ARASE CO LLP		self-	(see instructions)				
	arer's	Eirm/o n=== /-	MOURE & MILLED MADIAN ADAGE 6 00		empolyed 🕨	1				
Jse (If self-employed)	<i>i,</i> • •	ш		EIN Þ				
/3C \	Only	address, and ZIP				<u> </u>				
		<u></u>	NORTH HOLLYWOOD, CA 91	6022828		Phone no 🕨 (8	18) 769-2010 			
			eturn with the preparer shown a		_		▼Yes 「No			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE THE WELFARE OF MEMBERS AND REPRESENT THEM IN ALL MATTERS RELATING TO LABOR-MANAGEMENT RELATIONS

2	_		rogram services during the year whi	ch were not listed on	res ✓ No							
	If "Yes," describe	these new services on Schedu	ile O									
3			significant changes in how it conduct	_	Yes ▽ No							
	If "Yes," describe these changes on Schedule O											
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are ro venue, if any, for each program serv	equired to report the amount								
	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	TO PROMOTE THE V	, , , ,	NT THEM IN ALL MATTERS RELATING TO LAB	, ,								
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)							
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
4d	Other program s	ervices (Describe in Schedule	0)									
	(Expenses \$			(Revenue \$)							
4e	Total program se	ervice expenses►\$										

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSU	. vi Keuuli	eu Stii	cuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
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 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 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 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 liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
		F	orm 990	(2009)

	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	l
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
IG	of U.S. Information Returns. Enter -0- if not applicable			
	1a 155			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
_	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 at any time during the year?			
		8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

150 EAST CORSON STREET pasadena, CA 911033839

(626) 792-8900

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

Se	ction A. Governing Body and Management			
			Yes	No
4.	Enterethe number of setting members of the second part of the			
1a b	Enter the number of voting members of the governing body 1a 22 Enter the number of voting members that are independent 1b 0	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
2	other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Re</u>	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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 taxable entity during the year?	16a		No
ь	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 exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the BARBARA J HILL	he orga	ınızatıor	n ►

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total .									 - -	2,816,212	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 18

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	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	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
MILLER KAPLAN ARASE CO LLP 4123 LANKERSHIM BOULEVARD NORTH HOLLYWOOD, CA 916022828	AUDITING & ELEC SVS	247,969
WSA SECURITY INC 10311 S LA CIENGA BOULEVARD LOS ANGELES, CA 90045	SECURITY & ALARM S	200,026
GOLDEN STATE PRODUCTIONS 15141 NOTTINGHAM LANE HUNTINGTON BEACH, CA 92647	AUDIO & VISUAL T/CO	130,172
LA FARGO BUILDERS INC 5717 ROYAL SPRINGS AVENUE LAS VEGAS, NV 891312178	REMODELING/CONST SVS	132,388
WAVE TECHNOLOGY SOLUTIONS 8805 RESEARCH DRIVE STE 100 IRVINE, CA 92618	SCANNING &FILING SVS	108,542
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►6) who received more than	

Page 8

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
يٌ	c	Fundraising eve	ents 1c					
ž.	d	Related organiz	ations 1d					
% E %	e	Government grants	s (contributions) 1e					
5 8	l f	All other contribution	ons, gifts, grants, and 1f					
Fe E	_	similar amounts no	ot included above butions included in					
돌등	g							
Ç E	h		s 1a-1f	▶				
				Business Code				
TEL 6	2a	MEMBERSHIP DUES	S AND ASSESSMENTS	900,099	27,579,384	27,579,384		
e. e.	ь		_	111,111				
or Œ	_ 							
ě	d							
æ	e							
Ē	_	All other progra	DE CORVICO POVODIJO					
Program Service Revenue	f	An other progra	am service revenue					
	g	Total. Add lines	s 2a – 2f		27,579,384			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	⊢	2,197,652			2,197,652
	4	Income from inves	tment of tax-exempt bond p					
	5	Royalties						
		Curre Brute	(ı) Real 165,544	(II) Personal				
	6а ь	Gross Rents Less rental	0					
	•	expenses	_					
	С	Rental income or (loss)	165,544					
	d	Net rental incor	me or (loss)		165,544			165,544
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	90,752,449	108,248				
	ь	than inventory Less cost or other basis and sales expenses	90,752,419	40,715				
	c	Gain or (loss)	30	67,533				
	d	Net gaın or (los	s)		67,563			67,563
<u>ə</u>	8a	Gross income for events (not income						
Other Revenue		\$ of contributions See Part IV , lin						
ther F	ь		penses b Joss) from fundraising 6	avents 🕨				
0	c 9a		rom gaming activities					+
		See Part IV, lin						
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code				
	11a	OTHERINCOM	1 E	900,099	95,940	95,940		
		CENTRAL OFF	ICE	900,099	161,768	161,768		
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		257,708			
	12	Total revenue.	See Instructions	►	30,267,851	27,837,092		2,430,759

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	l other organizations must complete column (A) but are not required to o	complete column			(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	1,360,480							
5	Compensation of current officers, directors, trustees, and key employees	2,199,341							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	10,297,522							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,792,306							
9	Other employee benefits	1,958,365							
10	Payroll taxes	997,751							
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	168,141							
c	Accounting	155,060							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	0							
13	Office expenses	643,700							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	1,407,743							
17	Travel	318,814							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	10,150							
20	Interest	0							
21	Payments to affiliates	3,068,884							
22	Depreciation, depletion, and amortization	2,315,203							
23	Insurance	0							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	PRINTING AND NEWSLETTER EXP	572,178							
Ь	BUSINESS AGENTS ALLO WANCES	848,674							
c	AUTO EXPENSES	605,440							
d	STRIKE EXPENSES	568,563							
e	REPAIRS AND MAINTENANCE	651,349							
f	All other expenses	1,146,998							
25	Total functional expenses. Add lines 1 through 24f	32,086,662							
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			559,759	1	5,095,704			
	2	Savings and temporary cash investments			50,807,409	2	48,782,579			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			4,452,051	4	3,199,309			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	current and former officers, directors, trustees, key employees, and							
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	n other disqualified persons (as defined under section 4958(f)(1)) and							
		Schedule L				6				
ets	7	Notes and loans receivable, net			889,050	7	876,094			
Assets	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges			182,801	9	206,791			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	42,106,69	1					
	ь	Less accumulated depreciation	10b	21,820,818	18,553,205	10c	20,285,873			
	11	Investments—publicly traded securities			57,771,453	11	53,073,990			
	12	Investments—other securities See Part IV, line 11				12				
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			133,215,728	16	131,520,340			
	17	Accounts payable and accrued expenses .			2,004,989	17	2,067,203			
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ä		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties				23				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			2,004,989	26	2,067,203			
		Organizations that follow SFAS 117, check here ▶	lete l	ines 27						
anc	27	Unrestricted net assets			131,210,739	27	129,453,137			
Balance	28	Temporarily restricted net assets				28				
Ā	29	Permanently restricted net assets				29				
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	d con	nplete						
<u>_</u>		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32				
¥	33	Total net assets or fund balances			131,210,739	33	129,453,137			
_	34	Total liabilities and net assets/fund balances			133,215,728	34	131,520,340			

Part XI Financial Statements and Reporting

			Yes	No			
L	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
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						
	☐ 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 Act and OMB Circular A-133?	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

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As Filed Data

DLN: 93493316005480

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** INTERNATIONAL UNION OF OPERATING **ENGINEERS LOCAL 12** 95-1310931 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{\rightarrow}\)_** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

g the organization's accession and othe s (check all that apply) Public exhibition Scholarly research Preservation for future generations ride a description of the organization's concept to be sold to raise funds rather than the second and Custodial Arrang	ollections and expla or receive donations	d e	ne fol	_	orexc	re a significa :hange progr			ction		
Scholarly research Preservation for future generations Ide a description of the organization's concepts XIV In the year, did the organization solicit of the search of	or receive donations	e	Γ			:hange progr	ams				
Preservation for future generations and a description of the organization's conclusion of the organization solicition of the year, did the organization solicition to be sold to raise funds rather than the conclusion of the concl	or receive donations	e ın hov	Γ	Othe	er						
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XIV ng the year, did the organization solicit of the state of the sold to raise funds rather than the state of the state	or receive donations	ın hov									
ets to be sold to raise funds rather than t Escrow and Custodial Arrang			w the	y furth	er the	organızatıon	's ex	empt purpos	e ın		
Escrow and Custodial Arrang			,					ular	Г	es (Г No
Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990	,	
ne organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıb	utions	or other ass	etsı	not	Γ,	es (┌ No
es," explain the arrangement in Part XI\	/ and complete the	follow	ing t	able		Г			\		
							1.		a moui	nt	
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	000 5 : 27					L	TI				
		e 217							י ו	es	No
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Endowment Funds. Complete										Four Ye	ears Back
inning of year balance	(a) carrent rear	(2	y	rear	1 (5)	TO TOUTS BUCK	(4)	Timee Tears Bac	1 (3)		sars back
tributions											
estment earnings or losses											
nts or scholarships											
er expenditures for facilities programs											
ninistrative expenses											
of year balance											
ride the estimated percentage of the yea	r end balance held a	as									
d designated or quasi-endowment 🕨	%										
nanent endowment 🕨 %											
n endowment ▶ %											
	ssion of the organiz	ation	thata	are he	ld and	admınıstered	d for	the	_		
nization by										Yes	No
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_				 			•	🛚			
-	·				•		•		3D		<u> </u>
					990 P	Part X line	10				
<u> </u>	, una Equipine	<u> </u>				1		(c) Accumulat	ed		
Description of investment										(d) Boo	ok value
						6,694	,823			1	6,694,823
ngs						14,988	,661	6,100,	803		8,887,858
chold improvements						4,391	,980	1,459,	854		2,932,126
ment						15,563	,097	13,822,	227		1,740,870
						468	,130	437,	934		30,196
l lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990 Part X colur	nn (B)). line	10(c)		•			-		0,285,873
I I I I I I I I I I I I I I I I I I I	Inning balance Intions during the year Instrative expenses Inde the estimated percentage of the year Inde the year All year All year Inde the year All year	nning balance Itions during the year Inputions during the year Ing balance The organization include an amount on Form 990, Part X, lines," explain the arrangement in Part XIV Endowment Funds. Complete if the organization (a)Current Year	Inning balance Intions during the year Ing balance The organization include an amount on Form 990, Part X, line 21? The organization include an amount on Form 990, Part X, line 21? The organization include an amount on Form 990, Part X, line 21? The organization and The organizatio	Inning balance Intions during the year Institutions during the year Ing balance Interest of the organization include an amount on Form 990, Part X, line 21? In a syliam the arrangement in Part XIV Investments—Land, Buildings, and Equipment. See F Description of investment In a syliam the arrangement in Part XIV In a s	ributions during the year ributions during the year ing balance the organization include an amount on Form 990, Part X, line 21? es," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Y (a)Current Year (b)Prior Year Inning of year balance (a) Initiations (b) Initiative expenses (b) Initiative expenses (c) Initiative e	Inning balance Itions during the year Inputions during the year Ing balance Ithe organization include an amount on Form 990, Part X, line 21? In put the arrangement in Part XIV In put the arrangement in Part XIV in put the related organizations is listed as required on Schedule R? In part XIV the intended uses of the organization's endowment funds Investments—Land, Buildings, and Equipment. See Form 990, Put the arrangement in put the passes in put the passes in put the passes in put the arrangement in put the passes in put the arrangement in put the passes in put the arrangement in passes in put the arrangement in put the passes in put the	Inning balance Introductions during the year Inpalance Indee organization include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization answered "Yes" to Form 990, Introduction include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization answered "Yes" to Form 990, Include the arrangement in Part XIV Introduction include an amount on Form 990, Part X, line 21? Introduction include an amount on Form 990, Part X, line 21. Introduction include an amount on Form 990, Part X, line 21. Introduction include an amount on Form 990, Part X, line 21. Introduction include an amount on Form 990, Part X, line 21. Introduction include an amount on Form 990, Part X, line 21. Introduction include an amount on Form 990, Part X, line 21.	Inning balance Intions during the year Intuitions during the year Ing balance Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 21? Interpolation include an amount on Form 990, Part X, line 10. Interpolation i	Inning balance Intions during the year Intuitions during the year Intelligence (a) Color of the year Intuition (a) Color of the year Intuition (b) Color of the year Intuition of Investment basis (investment) Intuition of Investment basis (investment) Intuition of Investment basis (investment) Intuition of Investment depreciation of Intuition depreciation Intuition of Investment basis (investment) Intuiti	Name	International planance and provided and prov

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,267,851
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,086,662
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,818,811
4	Net unrealized gains (losses) on investments	4	61,209
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 - 8	9	61,209
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,757,602
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	30,329,060
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	61,209
3	Subtract line 2e from line 1	3	30,267,851
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,267,851
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	32,086,662
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	32,086,662
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,086,662
Par	t XIV Supplemental Information		
	onlete this part to provide the descriptions required for Dart II lines 2. E. and 0. Dart III lines 1 a and 4. D	art 11/	lines 1 h and 2 h

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier

Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493316005480

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization INTERNATIONAL UNION OF OPERATING **ENGINEERS LOCAL 12**

Employer identification number 95-1310931

Рa	Questions Regarding Compensatio	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	▼ First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.	rganızatıon follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		Νο
2	Did the organization require substantiation prior to	,			
	officers, directors, trustees, and the CEO/Executiv	e Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
ь	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		7		
8	Were any amounts reported in Form 990, Part VII,				
	subject to the initial contract exception described in Part III	n Regs section 53 4958-4(a)(3)? If "Yes," describe			
_			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
WILLIAM C WAGGONER	(I) (II)	254,514 0				24,983	3 279,497 0	270,433	
MICKEY J A DAMS	(I) (II)	193,018				24,983	3 218,001 0	191,893	
RONALD J SIKORSKI	(ı) (ıı)	190,922				24,983	3 215,905 0	5 158,042 0 0	
FRED C YOUNG	(I) (II)	178,252 0				23,984	202,236	5 187,284 0 0	
STEVE A BILLY	(ı) (ıı)	187,954 0				24,983	3 212,937 0	7 189,325 0 0	
KURT GLASS	(ı) (ıı)	184,736 0				24,983	3 209,719 0	185,851	
			-						
	+				+				
		 							
	+				+				
	+	 		+	+				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Return Reference	Explanation
OFFICERS OF THE	ORGANIZATION ALL TRAVEL-RELATED EXPENSES ARE APPROVED BY THE EXECUTIVE BOARD
ORGANIZATION	
MAY TRAVEL ON	
THE AIRCRAFT	
OWNED BY THE	
	OFFICERS OF THE ORGANIZATION MAY TRAVEL ON THE AIRCRAFT

Schedule J (Form 990) 2009

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DLN: 93493316005480

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

NTERNAT	f t he organizat ion TONAL UNION OF OPERATING					E	mployer id	dentifica	ntion numbe	er
	RS LOCAL 12						5-13109			
art I	Excess Benefit Tra									
	Complete if the organizat	tion answered "Y	'es" on Form 990,	Part IV, line 25a o	r 25b, or	Form	990-EZ,	Part V , I		
1	(a) Name of disq	ualified person		(b) Desc	rıptıon of	trans	action		(c) Co Yes	rrected? No
	er the amount of tax ımpos	•	•		-		ear unde	r		
						•	🕨	* \$ —		
3 Ent	er the amount of tax, ıf any	, on line 2, abov	e, reimbursed by th	ne organization .		•		· \$		
art II	Loans to and/or Complete if the organi			D, Part IV, line 26,	, or Form !	990-E	Z, Part V	, line 38	a	
a) Nam	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) In default?		(f) Approv by boar committ	ved d or	(g) Writt agreeme	
		To From			Yes	No	Yes	No	Yes	No

Total .		
Part III	Grants or Assistance Benefitting Interested Persons.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Complete if the organizations			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz rever	
	organization			Yes	No
BOB WAGGONER	FAMILY MEMBER OF WILLIAM	118,437	EMPLOYEE of the Organization		No
NONE	C WAGGONER, CURRENT	0	NONE		
NONE	OFFICER	0	NONE		

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DLN: 93493316005480

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service **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

Name of the organization
INTERNATIONAL UNION OF OPERATING
ENGINEERS LOCAL 12

Employer identification number
95-1310931

ldentifier	Return Reference	Explanation
PART VI,	THE VOTING MEMBERS	DUES THESE MEMBERS ELECT THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF
LINES 6-7	OF THE LOCAL UNION	THE GOVERNING BODY PART VI, LINE 11 FORM 990 IS DISTRIBUTED TO LOCAL UNION OFFICERS
	ARE REGULAR	AND REVIEWED DURING THE EXECUTIVE BOARD MEETING BEFORE IT IS FILED PART VI, LINE 15, SCH J
	MEMBERS WHO PAY	LINE 3 OFFICER COMPENSATION IS APPROVED BY THE MEMBERSHIP AND IS DESCRIBED IN THE
	FULL	LOCAL UNION'S BY-LAWS PART VI, LINE 19 LOCAL UNION'S BY-LAWS AND FINANCIAL
		STATEMENTS ARE MAINTAINED IN THE LOCAL UNION'S OFFICE AND ARE AVAILABLE UPON REQUEST

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

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DLN: 93493316005480

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PASADENA, CA 911033839

03-0468870

Name of the organization INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 12 Employer identification number

95-1310931

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c)
Legal domicile (state or foreign country)

(d) Total income

End-of-year assets

(f)Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
OPERAT ENG LOCAL 12 VOL LEGISLATIVE					
150 E CORSON ST	FED POL FUND	CA	527		NA
PASADENA, CA 911033839 02-0628164 OPERAT ENG LOCAL 12 POL FUND					
150 E CORSON ST	POL FUND	CA	527		N/A

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Cile	dule k (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction Autype(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 95-1310931

Name: INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL 12

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WILLIAM C WAGGONER BUSINESS MANAGER	40 0	X		Χ				254,514	0	0
MICKEY J A D A M S PRESIDENT	40 0	X		Х				193,018	0	0
RONALD J SIKORSKI VICE-PRESIDENT	40 0	X		Х				190,922	0	0
FRED C YOUNG FINANCIAL SECRETARY	40 0	X		X				178,252	0	0
STEVE A BILLY TREASURER	40 0	X		Х				187,954	0	0
KURT GLASS REC-CORRESPOND SEC	40 0	×		Х				184,736	0	0
GEORGE A BACA EXECUTIVE BOARD	1 0	X						8,933	0	0
RICHARD BLAIR EXECUTIVE BOARD	1 0	Х						9,700	0	0
KEVIN L FRANKS EXECUTIVE BOARD	1 0	X						9,987	0	0
THOMAS J OBERMEYER EXECUTIVE BOARD	1 0	Х						14,660	0	0
RANDY GOSSETT EXECUTIVE BOARD	1 0	X						7,705	0	0
WILLIAM M MALONE EXECUTIVE BOARD	1 0	X						9,538	0	0
JOHN V FLOT EXECUTIVE BOARD	1 0	Х						13,988	0	0
MICHAEL A MCFARLAND EXECUTIVE BOARD	1 0	Х						922	0	0
JAMES N LOWERY EXECUTIVE BOARD	1 0	X						9,185	0	0
ROBERT L OGIER JR EXECUTIVE BOARD	1 0	X						8,515	0	0
TERRY MCTAVISH EXECUTIVE BOARD	1 0	X						9,135	0	0
ALAN L PEEPLES EXECUTIVE BOARD	1 0	X						9,488	0	0
BRYAN S FORREST EXECUTIVE BOARD	1 0	X						7,373	0	0
DAN E SCARSDALE EXECUTIVE BOARD	1 0	X						7,391	0	0
DANNY E HAWN TRUSTEE	40 0			X				123,184	0	0
DAVID A GARBARINO TRUSTEE	40 0			Χ				131,972	0	0
CARL L MENDENHALL AUDITOR	40 0			X				125,351	0	0
STEVEN J MONTRIE AUDITOR	40 0			X				125,426	0	0
DANIEL BILLY AUDITOR	40 0			Х				115,721	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		((ition (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DOUGLAS W CLARK CONDUCTOR	40 0			×			•	127,548	0	0	
BERT TOLBERT GUARD	1 0			X				2,000	0	0	
DAVID L DAVISON TRUSTEE	40 0			X				127,428	0	0	
ROSENDO J RODRIGUEZ EXECUTIVE BOARD	1 0			X				4,795	0	0	
GEORGE M SWIFT BUSINESS AGENT	40 0					X		129,852	0	0	
MARTIN R COLLINS BUSINESS AGENT	40 0					X		124,565	0	0	
PATRICK A MCGUIRE BUSINESS AGENT	40 0					X		118,678	0	0	
NICKOLAS B TIMPE PILOT	40 0					Х		123,436	0	0	
RONALD L JAMES BUSINESS AGENT	40 0					X		120,340	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING AND NEWSLETTER EXP	572,178			
BUSINESS AGENTS ALLO WANCES	848,674			
AUTO EXPENSES	605,440			
STRIKE EXPENSES	568,563			
REPAIRS AND MAINTENANCE	651,349			