

# 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.

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning	and	ending		
В	heck if	C Name of organization			D Employer identific	cation number
a		INTERNATIONAL UNION OF	OPERATING		1	
	Addres: change	ENGINEERS LOCAL UNION	NO. 965			
	Name change	Doing Business As	· · · · · · · · · · · · · · · · · · ·		37-0	347820
	Initial	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number	
<u></u>	Termin-	3520 EAST COOK	,		217-	528-9659
	Amend				G Gross receipts \$	1,457,157.
一	Applica				H(a) Is this a group re	
	pending	F Name and address of principal officer MIC	HAEL ZAHN		for affiliates?	Yes X No
		3520 EAST COOK, SPRINGF			H(b) Are all affiliates inc	
		mpt status: 501(c)(3) X 501(c) ( 5 )				list (see instructions)
		:: ► N/A	(msertio.) (1)	01 321	H(c) Group exemption	•
			sociation Other	I Voor	<del></del>	A State of legal domicile: IL
		Summary	Sociation Circle	L TEAL	oriormation, 1931 W	A State of legal domicile. 11
10			ПО В	FDDFCF	NIM MEMBERS	OF THE
ဗိ		strefly describe the organization's mission or most			MI MEMBERS	OF THE
Governance	-	INTERATIONAL UNION OF OPE				
le.	2 (	check this box   if the organization disco- lumber of voting members of the governing body lumber of independent voting members of the go otal number of individuals employed in calendar y otal number of volunteers (estimate if necessary)	ntinued its operations or dispo	sea or more	1 1	
é	3 1	lumber of voting members of the governing body	(Part VI, line 1a)		3	14
න්	4 1	lumber of independent voting members of the go	verning body (Part VI, line 16)	1	4	
Activities &	5 7	otal number of individuals employed in calendar y	ear 2011 (Part V, line/2a)	180	5	20
ξį	6 1	otal number of volunteers (estimate if necessary)	olumn (C), June (2)	100	6	0
Act		otal unrelated business revenue from Part VIII, co	lumn (C), line 12	1, 1	7a	0.
	<u>1 d</u>	let unrelated business taxable income from Form	990-T, J66634		7b	0.
·			990-T, 16634	<b>"</b>	Prior Year	Current Year
ě	8 (	Contributions and grants (Part VIII, line 1h)	C WE CO	<b>/</b>	0.	0.
en		rogram service revenue (Part VIII, line 2g)	\ \(\alpha\)\\ \(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1,563,236.	1,403,445.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4		_	15,943.	14,104.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d	\ /		30,133.	33,662.
	12	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,609,312.	1,451,211.
	13 (	Grants and similar amounts paid (Part IX, column (	A), lines 1·3)		25,250.	22,250.
	3	Benefits paid to or for members (Part IX, column (A			48,977.	49,736.
es	15 8	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		1,180,532.	1,224,653.
Sus	1	Professional fundraising fees (Part IX, column (A),		_	0.	0.
Expenses	Ь∃	otal fundraising expenses (Part IX, column (D), lin	e 25) 🕨	<u> </u>		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		536,019.	552,109.
	18 1	otal expenses. Add lines 13-17 (must equal Part l	X, column (A), line 25)		1,790,778.	1,848,748.
	19 F	Revenue less expenses Subtract line 18 from line	12		<181,466.	<397,537.>
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·		Be	ginning of Current Year	End of Year
alan	20	otal assets (Part X, line 16)			2,251,417.	1,853,206.
t AB	21 1	otal liabilities (Part X, line 26)			4,736.	4,703.
	22 1	let assets or fund balances. Subtract line 21 from	line 20		2,246,681.	1,848,503.
Pa	art II	Signature Block				
Unde	er penal	ties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparei	has any knowledge.	
		Michael Delan			3/2/	12
Sigi	n	Signature of officer	-		Date	
Her		Michael D. Zahn Bus	iness Manager			
	ľ	Type or print name and title	, , , , , , , ,			
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		STEPHEN L. POVSE	Laty Line to	rsl lo	2/29/12 of self-employs	P00732334
	F		AECKEL LLP		Firm's EIN	43-0352985
		Firm's address 1000 MYERS BUILD				
		SPRINGFIELD, IL			Phone no. 2	17-789-0960
Mav	the IR	S discuss this return with the preparer shown abo			1	X Yes No
	01 01-23			ions.		Form <b>990</b> (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

# ENGINEERS LOCAL UNION NO. 965 37-0347820 Form 990 (2011) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III 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? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured 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. ) (Expenses \$ \_ including grants of \$ ) (Revenue \$ HOURS, WORKING TO ORGANIZE ALL WORKERS TO SECURE IMPROVED WAGES, CONDITIONS AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATION AND COLLECTIVE BARGAINING. ) (Expenses \$ including grants of \$ (Code (Expenses \$ including grants of \$ 4d Other program services (Describe in Schedule O) ) (Revenue \$ including grants of \$ Total program service expenses 4e

Form 990 (2011)

, INTERNATIONAL UNION OF OPERATING

			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		х
è	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<del></del>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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	8_		
9				х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del></del>	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		17	İ
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,,	}
	Schedule D, Parts XI, XII, and XIII	12a_	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	}		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	j	1	l
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_	<b> </b>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	j		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	[	l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990 (	2011)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ļ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ŀ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31	_	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~_	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	and the second of the second o			
-	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u>L</u>	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	(2011

ENGINEERS LOCAL UNION NO.

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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. 20 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? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter-10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Х

Form 990 (2011)

ENGINEERS LOCAL UNION NO. 965

37-0347820

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

	Check if Schedule O contains a response to any question in this Part VI					LXI
Sec	tion A. Governing Body and Management					
-			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			ļ
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	<u> </u>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	1 :		
	more members of the governing body?			7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by tl	ne following:			
а	The governing body?			_8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code )			<u> </u>
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	s, affiliates,	}		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	_X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<del> </del>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *	Yes," c	'escnbe			
	ın Schedule O how this was done			12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	1
15	Did the process for determining compensation of the following persons include a review and appro-		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			,,	
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
þ	• • •			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				i	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatı	on's	401		
	exempt status with respect to such arrangements?	<del></del>	······································	16b		ل
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	T (C	tion 501(a)(0)= ==1:3	ove let		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-ı (Sec	1100 50 1(C)(3)\$ ONly)	availat	Л <del>О</del>	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request		of interest malian =	nd 6	novo!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	CONTILC	or interest policy, a	iu iinal	iciai	
	statements available to the public during the tax year.	~~~ ···	nordo of the arrain	ntion b		
20	State the name, physical address, and telephone number of the person who possesses the books	апо ге	corus or the organiz	auon 🌗	_	
	MICHAEL ZAHN - 217-528-9659 3520 E. COOK, SPRINGFIELD, IL 62703			•		
	SOAU B. LUUN. OENINUTIBUU. III 04/VJ					

ENGINEERS LOCAL UNION NO. 965

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Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL ZAHN	40.00							107 070	0	E1 020
BUSINESS MANAGER	40.00	X		X	_	<u> </u>	⊢	107,870.	0.	51,020
(2) DENNIS MINICK	40.00	7,		7.		ļ		07 100	0	E1 020
BUSINESS AGENT/PRESIDENT	40.00	X	$\vdash$	X	-	├		97,180.	0.	51,020
(3) LARRY RENOUD	40.00			x				97,180.	0.	51,020
BUSINESS AGENT/GUARD	40.00	A	├	A	_	╁		97,100.		31,020
(4) VINCENT SHAW	40.00	v		x			ļ	97,180.	0.	51,020
ORGANIZER/FINANCIAL SECRET	40.00	^	<u> </u>	^	├	-	H	97,100.		31,020
(5) BILL BOZARTH	40.00	l.	•	x	l			96,820.	0.	50,868
BUSINESS AGENT/VICE-PRESID	40.00	Λ	<u> </u>	^	1	$\vdash$	├	90,020.	<u> </u>	30,000
(6) MYRNA BOMKAMP	1.00	x		X		}		0.	0.	1,135
RECORDING SECRETARY	1.00	<u> </u>	t	ı^^		+-	╁			1,133
(7) MIKE REYNOLDS	1.00	X		x	ļ			0.	o.	935
TREASURER		1		1		1	-			723
(8) TOM GROVER	1.00	x		x				0.	0.	680
CONDUCTOR (9) STEVE JASON	1100	1				l		<del> </del>		
BUSINESS AGENT/TRUSTEE	40.00	x						95,882.	0.	51,020
(10) KENT CAMPBELL		<del></del>	$\vdash$				T			
TRUSTEE	1.00	x						0.	0.	440
(11) SHANNON BRICKEY										
TRUSTEE	1.00	X						0.	0.	640
(12) BRETT SCAGGS							Γ			
ORGANIZER/AUDITOR	40.00	X						95,381.	0.	46,728
(13) BRANDON REYNOLDS										
AUDITOR	1.00	X	<u> </u>				L	0.	0.	360
(14) JOE DANIEL					1					
ORGANIZER/AUDITOR	40.00	X	-		-			7,734.	0.	5,321
				$\vdash$	-					
				$\vdash$	$\vdash$	$\vdash$				
		1		<u> </u>	1	<u> </u>		<u> </u>		Form <b>990</b> (201

•		
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	990 (2011) ENGINEERS	LOCAL	U	110	NC	N	<u>).</u>	9	65	37-0	<u>347</u>	<u>820</u>	P	age 8
Pai	t VII Section A. Officers, Directors, Tru		npic	yee			ligh	est	Compensated Employ	ees (continued)				
	. (A) Name and title	(B) Average hours per week (describe	box offi	not c , unle	Positheck in the period and and and and and and and and and an	ition more rson	than	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on i	am	(F) timate lount other pensa	of
		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MIS		fro orga and	om the anizat I relat Inizati	e ion ed
										<u>i                                    </u>				
		·	 							<u> </u>				
								_						
							_			<del>-</del>				
	Sub-total		<u> </u>						695,227.		0.	361	2 2	07.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0. 695,227.		0.			0. 07.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wh	no re		,000 of reportab		30.	<u>., .</u>	1
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	ev en	nplo	vee.	. or	highest compensated e	mplovee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	uch individual			•	•	-					3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4	X	
	rendered to the organization? If "Yes," com, tion B. Independent Contractors					-						5		X
1	Complete this table for your five highest con										pens	ation fi	rom	
	the organization Report compensation for the organization Report compensation (A)  Name and business			ONI		Attii	OI W		(B)  Description of s		С	(Comper		n
	<u> </u>			7412			•							
				-										
		<del></del>						_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	_	ot li	mite	d to		se li:	sted	d above) who received п	nore than				
	The organization from the organization									. <u></u>		Form 9	990 (	2011)

Page 9

Form 990 (2011)

Statement of Revenue

ENGINEERS LOCAL UNION NO. 965

(D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 1306597. 1306597. 2 a DUES RECEIVED FROM MEM 900099 Program Service Revenue b ORGANIZING GRANT 900099 47,559. 47,559. 38,357. 38,357. c INITIATION, REINSTATEM 900099 900099 5,599. d FINES 5,599. 900099 5,333 5,333. f All other program service revenue 1403445. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,104 14,104. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 4,400. 6 a Gross rents b Less rental expenses 4,400. c Rental income or (loss) 4,400. 4,400 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 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 includina \$ contributions reported on line 1c) See Part IV, line 18 35,208. 5,946. b Less direct expenses 29,262. c Net income or (loss) from fundraising events 29,262. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 1451211. 1407845 0 43,366. Total revenue. See instructions.

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	22,250.	·		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				1
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	49,736.	·		
5	Compensation of current officers, directors,				
	trustees, and key employees	934,232.		<u> </u>	
6	Compensation not included above, to disqualified			]	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	440 545			
7	Other salaries and wages	118,615.			
8	Pension plan accruals and contributions (include			,	
	section 401(k) and section 403(b) employer contributions)	106 003		<del></del>	
9	Other employee benefits	106,903.	<del></del>		
10	Payroll taxes	64,903.	······································	<u> </u>	
11	Fees for services (non-employees).			}	
а	Management	72 610			
þ	Legal	73,619. 14,685.		<del></del>	
C	Accounting	14,003.			<del></del>
d	Lobbying Professional fundraising services. See Part IV, line 17		<del></del>		
e	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
f	Other	32,059.		-	
9 12	Advertising and promotion	2,638.			
13	Office expenses	68,660.			
14	Information technology	- 00/0001		<del></del>	
15	Royalties		···		
16	Occupancy	69,522.			
17	Travel	61,687.	<u></u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,202.			
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,114.			
23	Insurance	18,598.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MADOUM DIDIO DECENTRATO	74,942.			
b	CONTRIBUTIONS	24,204.			
c	MISCELLANEOUS EXPENSES	18,179.	<del></del>		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,848,748.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ł		}	
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)	. <u> </u>		<u> </u>	<u> </u>

Form 990 (2011)
Part X Balance Sheet

ENGINEERS LOCAL UNION NO. 965

L	rt X _	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		630,658.	1	223,527.
•	2	Savings and temporary cash investments	Ī	490,929.	2	451,255.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dir	ectors, trustees, key			
		employees, and highest compensated employee	s Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sections	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instruc	ctions)		6	
Assets	7	Notes and loans receivable, net	<u> </u>		7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 1,374,235.			
	b	Less: accumulated depreciation	10ы 458,685.	979,664.	10c	915,550.
	11	Investments - publicly traded securities	<u></u>	150,166.	11	262,874.
	12	Investments - other securities. See Part IV, line 1	1	<del></del>	12	
	13	Investments - program-related See Part IV, line 1	l1 <u> </u>		13	<u></u>
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	-		15	1 052 006
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	2,251,417.	16	1,853,206.
	17	Accounts payable and accrued expenses	-	4,736.	17	4,703.
	18	Grants payable			18	<del></del>
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete F		<del></del>	21	
Liabilities	22	Payables to current and former officers, director				
Liat		highest compensated employees, and disqualific	ed persons Complete Part II		00	
_		of Schedule L	As all Abound as advant		22	
	23	Secured mortgages and notes payable to unrela		<del>-</del>	23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay		****	24	1 1000
	25	parties, and other liabilities not included on lines				
	ł	Schedule D	17-24) Complete Falt X of		25	
	26	Total liabilities. Add lines 17 through 25	Ī	4,736.	26	4,703.
	20	Organizations that follow SFAS 117, check he	ere X and complete			
v		lines 27 through 29, and lines 33 and 34.				
ည	27	Unrestricted net assets		2,246,681.	27	1,848,503.
alai	28	Temporarily restricted net assets			28	-
ФВ	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117, cl	heck here 🕨 🔲 and			
5	1	complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Assi	31	Paid-in or capital surplus, or land, building, or ed	1		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		2,246,681.	33	1,848,503.
	34	Total liabilities and net assets/fund balances		2,251,417.	34	1,853,206. Form <b>990</b> (2011)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

37-0347820 ENGINEERS LOCAL UNION NO. 965 Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets  $\mathbf{x}$ Check if Schedule O contains a response to any question in this Part XI 1,451,211. 1 Total revenue (must equal Part VIII, column (A), line 12) 1,848,748. ż Total expenses (must equal Part IX, column (A), line 25) 2 <397,537.> 3 Revenue less expenses. Subtract line 2 from line 1 3 2,246,681. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 <641.> Other changes in net assets or fund balances (explain in Schedule O) 5 5 1,848,503. 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting  $\mathbf{x}$ Check if Schedule O contains a response to any question in this Part XII Yes No X Other SEE SCH O Accounting method used to prepare the Form 990. Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 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

Both consolidated and separate basis

Form 990 (2011)

3<u>a</u>

3b

Х

separate basis, consolidated basis, or both:

Consolidated basis

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

X Separate basis

Act and OMB Circular A-133?

# **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

OMB No 1545-0047

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.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nam	ne of organization INTERNA	TIONAL UNION OF	OPERATING	Empl	loyer identification number
_	ENGINEE	<u>RS LOCAL UNION N</u>	O. 965		37-0347820
Pa	rt I-A Complete if the org	janization is exempt und	ler section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ration's direct and indirect politic	al campaign activities		
Pa	rt I-B Complete if the org	janization is exempt und	ler section 501(c	)(3)	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the org	janization is exempt und	ler section 501(c		<del></del>
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			<b>▶</b> \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-PO		
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011  Part II-A Complete if the org	ENGINE: ganization	ERS L is exer	AL UNION OF OCAL UNION npt under section	NO. 965	37- ed Form 5768	0347820 Page 2
<del></del>		··	sated group (and list in	Part IV each affiliated	group member's na	me address FIN
expenses, and sha	_			T art IV cacif anniated	group momber o man	, 233,000, 2111,
• —			id "limited control" pro	visions apply		
Limi	its on Lobby	ing Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public	opinion (g	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	-	-				
c Total lobbying expenditures (add I						
d Other exempt purpose expenditur		,		ļ	<u> </u>	
e Total exempt purpose expenditure		1c and 1d			·	
f Lobbying nontaxable amount Ent	-			h columns		
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		the amount on line 1e			
Over \$500,000 but not over \$1,00	00.000		0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0				
g Grassroots nontaxable amount (er	nter 25% of I	ne 1f)		_		
h Subtract line 1g from line 1a If zei						
i Subtract line 1f from line 1c If zero	o or less, ent	er -0-				
j If there is an amount other than ze			line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
	zations that olumns belo	made a s w. See th	e instructions for line	n do not have to comp s 2a through 2f on pa		
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a) 20	08	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount	1					
(150% of line 2a, column(e))	ļ					
c Total lobbying expenditures						
d Grassroots nontaxable amount						

Schedule C (Form 990 or 990-EZ) 2011

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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Schedule C (Form 990 or 990 EZ) 2011 ENGINEERS LOCAL UNION NO. 965 37-034782

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				_
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i			_	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u>,.                                    </u>	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c)	(5), or se	ection	
	<del></del>		Yes	No
1. Were authoropially all (00%) or more) dues resouved pendeductible by members?		1	Y	1
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	<del> </del>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		2 3 (5), or se	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."		2 3 (5), or se (b) Part	X	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	d "No" OR	2 3 (5), or se	X	
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# **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

Par	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	3.	
		(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 wr	iting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	*	Yes No
6	Did the organization inform all grantees, donors, and donor adv		used only
Ŭ	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		nization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edi		torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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	<b>-</b>		2b
c	No. 1	cture included in (a)	2c
d		ter 8/17/06, and not on a historic structi	ль
_	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, as	nd enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2011 ENGINEERS LOCAL UNION NO. 965 37-0347820 Page 2 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 (check all that apply). а Public exhibition Loan or exchange programs b Scholarly research Other С Preservation for future generations 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the 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 □ No on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f Yes 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by. 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (investment) basis (other) depreciation 98,886. 98,886. 1a Land 834,374. 669,403. 164,971 **b** Buildings 131,434 50,608. 80,826. Leasehold improvements 137,405 125,363. 12,042. d Equipment 54,393. 172,136 117,743 e Other 915,550. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011

(a) Description of security or category	See Form 990, Part X, lin		Method of valuation.
(including name of security)	(b) Book value		end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)	<del></del>		
(F)			
(G)			
(H)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, II		
(a) Description of investment type	(b) Book value		Method of valuation. and-of-year market value
(1)			
(2)			***************************************
(3) (4)	<del></del>		
(5)			
(e) 			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			<u></u>
Part IX Other Assets. See Form 990, Part X, II	ne 15. (a) Description		(b) Book value
<del></del>	(a) Description		(b) Book value
(2)	<del></del>		
(3)			
(4)			
(6)			
(7)			
(8)	<del></del>		
(9)		······································	
(10)	15 )		
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability	Χ, ιιιο 23	(b) Book value	
(1) Federal income taxes			
(5)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)	<del></del>		
(11)			
	line 25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote in Part XIV, provide the footnote in Part XIV, provide the text of the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in P	te to the organization's financial s	statements that reports the organization's	s liability for uncertain tax positions under  Schedule D (Form 990) 201
U 1*20* 12			Jonedale D (1 01111 330) 20 1

INTERNATIONAL UNION OF OPERATING Schedule D (Form 990) 2011 ENGINEERS LOCAL UNION NO. 965 37-03

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 37-0347820 Page 4

1	Lotal revenue (Form 990, Part VIII, Column (A), line 12)		11		1,431,411.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,848,748.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<397,537.>
4	Net unrealized gains (losses) on investments		4		<u> &lt;641.</u> >
5	Donated services and use of facilities .		5		
6	Investment expenses .		6		
7	Prior period adjustments		7		<del></del>
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		<641.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		<u>&lt;398,178.</u> >
Par	t XII Reconciliation of Revenue per Audited Financial States	ments With	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,573,770.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	<641	<u></u> ⊳	
þ	Donated services and use of facilities	2b	<del></del> .	_	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV.)	2d	<u>123,200</u>	<u>.</u>	
е	Add lines 2a through 2d			2e	122,559.
3	Subtract line 2e from line 1			3	1,451,211.
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		- 1	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	0.
5 Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  TXIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses p	5 er Retu	1,451,211.
1	Total expenses and losses per audited financial statements			1	1,921,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b		2b	<del></del>		
c	Other losses	2c		7 1	
_	Other (Describe in Part XIV.)	2d	73,193	3 <b>.</b>	
	Add lines 2a through 2d			2e	73,193.
3	Subtract line 2e from line 1			3	1,848,748.
4	Amounts 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			
	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b	<del></del>		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,848,748.
Pai	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	ırt III, lines 1a ai	nd 4, Part IV, lines	s 1b and ?	2b, Part V, line 4, Part
X, line	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also co	omplete this pa	rt to provide any a	additional	I information
PAF	RT X, LINE 2: THE LOCAL DID NOT REPORT AN	VY UNCER	TAIN TAX	POSI	TIONS
UNI	DER FIN 48.			_	<del></del>
			<del></del>		
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
PA(	C INCOME - SEPARATE ENTITY FOR TAX PURPOS	SES		- · · · · -	117,254.
SPF	ECIAL EVENT EXPENSE - SHOWN NET ON 990				5,946.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 123,200.

# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965 37-0347820 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) PART XIII, LINE 2D - OTHER ADJUSTMENTS: 67,247. PAC EXPENSES - SEPARATE ENTITY FOR TAX PURPOSES 5,946. SPECIAL EVENT EXPENSE - SHOWN NET ON 990 TOTAL TO SCHEDULE D, PART XIII, LINE 2D 73,193. PART VI, LINE 1E, OTHER IS FOR AUTOMOBILES.

## **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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. ➤ See separate instructions.

2011

Open To Public Inspection

Name of the organization

INTERNATIONAL UNION OF OPERATING

Employer identification number

37-0347820 ENGINEERS LOCAL UNION NO. 965 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ fillers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Nο key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b if "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity from activity fundraiser or entity (fundraiser) organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2011 ENGINEERS LOCAL UNION NO. 965 37-0347820 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE SCHOLARSHIP (add col (a) through GOLF OUTING col (c)) (total number) (event type) (event type) Revenue 35,208. 35,208 Gross receipts 2 Less. Charitable contributions 35,208. Gross income (line 1 minus line 2) 35,208. 700. 700. 4 Cash prizes 679. 679. Noncash prizes 5 Direct Expenses 2,478. Rent/facility costs 2,478. 1,160. 1,160. Food and beverages 8 Entertainment 929. 929. Other direct expenses 5,946 10 Direct expense summary. Add lines 4 through 9 in column (d) 29,262. Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % % Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities Yes No a Is the organization licensed to operate gaming activities in each of these states? b if "No," explain: Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain.

# 37-0347820 Page 3 Schedule G (Form 990 or 990-EZ) 2011 ENGINEERS LOCAL UNION NO. 965 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a 13b % **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 > Gaming manager information: Name > Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided 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? 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 > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

132083 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

INTERNATIONAL UNION OF OPERATING

OMB No 1545-0047	Open to Public Inspection	Employer identification number 37-0347820		[ ]	A res	V, line 21, for any	_ <b>♦</b> per	(h) Purpose of grant or assistance					
				the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	additional space is need	the and address of organization (b) EIN (c) IRC section or a government of cash grant or government (b) EIN (c) IRC section (d) Amount of cash grant or government (d) Method of valuation (book, rappraisal, assistance other)					
ns, ates	ganization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.			ity for the grants or ass		ganization answered "	Il can be duplicated if	(f) Method of valuation (book, FMV, appraisal, other)					
ce to Organization s in the United St	s" to Form 990, P. orm 990.	TING 5		ne grantees' eligibil	Inted States	Complete if the or	than \$5,000. Part	(e) Amount of non-cash assistance					
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	on answered "Yes" to Fo  Attach to Form 990.			s or assistance, th	t funds in the Unit	ne United States.	ent received more t	(d) Amount of cash grant				the line 1 table	
	Complete if the organizati	NO OF OPERATING ILON NO. 965			criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	d Organizations in th	s box if no one recipie	(c) IRC section if applicable				Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	i table
	Сощр	INTERNATIONAL UNION OF	and Assistance	to substantiate the	istance? ocedures for moni	Governments an	\$5,000. Check thi	( <b>b</b> ) EIN				and government or	IS listed in the inte
		INTERNATIONAL ENGINEERS LOCA	General Information on Grants and Assistance	on maintain records	criteria used to award the grants or assistance? Describe in Part IV the organization's procedure	Grants and Other Assistance to Governments and Organizati	received more than	sss of organization nment				of section 501(c)(3) a	Enter total number of other organizations listed in the line i ladie
SCHEDULE 1 (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Part I General Infor	Does the organization maintain records to substantiate the amount of	criteria used to awar Describe in Part IV t	art II	recipient that	1 (a) Name and address of organization or government				1	3 Enter total number of

37-0347820 Schedule I (Form 990) (2011) ENGINEERS LOCAL UNION NO. 965

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
THE CHUCK SMITH MEMORIAL SCHOLARSHIP FUND IS AVAILABLE TO LOCAL 965 CHILDREN AND GRANDCHILDREN	15	22,250,	0.0		•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION AWARDS SCHOLARSHIPS FROM ITS	RGANIZATI	ON AWARDS	SCHOLARSHI	PS FROM ITS	
SCHOLARSHIP FUND. ALL DISTRIBUTIONS TO	_	RECIPIENTS ARE APPROVED BY THE	RE APPROVE	D BY THE	
BOARD OF DIRECTORS.					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

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

Attach to Form 990.

See separate instructions.

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number

37-0347820

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			i
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			ĺ
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III.			İ
	Compensation committee X Written employment contract			
	Independent compensation consultant    X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee		ļ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			İ
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			ĺ
а	The organization?	5a		<b></b>
þ	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, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		1	
а	The organization?	6a		
b	Any related organization?	6b	-	-
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	l _		1
	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	<del> </del>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	Щ.

Page 2

INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965

Schedule J (Form 990) 2011

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

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

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

						•		
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	€	107,870.	0	0	29,095.	21,925.	158,890.	0
1 MICHAEL ZAHN	(1)	0.	0	0	0.	0	0	0
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7	3							
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	Ξ							
4	: E							
	ε							
9	: (3)							
	ε							
9	(E)							
	ε							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
6	(ii)							
	(!)							
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	Ξ							
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	ε							
12	Ξ							
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16	₫							
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# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37 - 0347820

ENGINEERS LOCAL UNION NO.	965	37-0347820
FORM 990, PART I, LINE 1, DESCRIPTION OF	ORGANIZATION MIS	SSION:
THE LOCAL SERVES MEMBERS IN THE CENTRAL A	ND WEST CENTRAL	ILLINOIS AREA.
FORM 990, PART VI, SECTION A, LINE 6: THE	UNION HAS MEMBE	ERS.
FORM 990, PART VI, SECTION A, LINE 7A: AN	ELECTION COMMIT	TTEE OF 5 MEMBERS
WHO ARE NOT CANDIDATES FOR ANY OFFICE ARE	ELECTED BY THE	LOCAL UNION AT ITS
REGULAR MEMBERSHIP MEETING IN THE MONTH O	F JUNE (AFTER NO	MINATION OF
CANDIDATES) PRECEDING THE ELECTION, AND S	HALL HAVE FULL C	CHARGE OF THE
ELECTION. ELECTION OF OFFICERS TAKES PLA	CE AT THE REGULA	AR MEMBERSHIP
MEETING.		
	<del></del>	
FORM 990, PART VI, SECTION A, LINE 7B: SO	ME DECISIONS OF	THE GOVERNING
BOARD ARE SUBJECT TO APPROVAL BY MEMBERS.	FOR EXAMPLE, F	PERMANENT PLANT AND
SHOP AGREEMENTS MUST BE APPROVED AT A MEE	TING OF THE MAJO	ORITY OF THE
MEMBERS EMPLOYED UNDER THE AGREEMENT. AL	L MEMBERS EMPLOY	ED UNDER THE
AGREEMENT SHALL BE NOTIFIED OF SUCH MEETI	NG.	
FORM 990, PART VI, SECTION B, LINE 11: A	COPY OF THE FORM	4 990 IS PROVIDED
TO THE ORGANIZATION'S GOVERNING BODY, GEN	ERALLY BEFORE IT	r is filed. MIKE
ZAHN, BUSINESS MANAGER, ALWAYS REVIEWS TH	E FORM AND SIGNS	S IT BEFORE IT IS
FILED. IF TIME PERMITS BETWEEN THE ORGAN	IZATION'S RECEIF	PT OF THE FORM 990
AND THE DUE DATE, THE EXECUTIVE BOARD MEM	BERS ALSO REVIEW	V IT BEFORE IT IS
FILED. IF TIME DOES NOT PERMIT, THE EXEC	UTIVE BOARD REVI	IEWS IT AT THEIR
NEXT MEETING. IN ADDITION, COPIES ARE MA	DE AVAILABLE TO	MEMBERS AT THE

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 RESPONSI	BLE PERSON IS
REQUIRED TO RE	VIEW A COPY OF THE CONFLICTS OF INTEREST PO	DLICY 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 AN	NUALLY BY EACH MEMBER OF THE BOARD OF DIREC	CTORS.
FORM 990, PART	VI, SECTION B, LINE 15: THE COMPENSATION C	OF ALL OFFICERS
AND EMPLOYEES	OF THE LOCAL UNION AND ALL EXPENSES SHALL E	BE SET BY THE
MEMBERSHIP OF	THE LOCAL UNION. SUCH COMPENSATION AND EXP	PENSES SHALL BE
FIXED AT THE N	EXT REGULAR MEETING AFTER THE ELECTION OF T	THE OFFICERS DURING
THE MEETING OF	THE INSTALLATION OF OFFICERS. SUCH COMPEN	ISATION AND EXPENSE
ALLOWANCE SHAI	L NOT THEREAFTER BE CHANGED WITHOUT A NOTIC	CE TO THE
MEMBERSHIP THA	AT 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 M	MAKES ITS
FINANCIAL STAT	TEMENTS AVAILABLE TO THE PUBLIC AT ITS MEMBE	ERSHIP MEETINGS.
THE ORGANIZATI	ON'S GOVERNING DOCUMENTS AND CONFLICTS OF 1	INTEREST POLICY
WOULD BE AVAII	ABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART	XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED	LOSSES ON INVESTMENTS:	-641.
THE LOCAL USES	THE MODIFIED CASH BASIS OF ACCOUNTING.	

SCHEDULE R
(Form 990)
Department of the Treat Internal Revenue Service
Name of the organ

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

SCHEDULE R (Form 990) Department of the Treasury		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.	and Unrelated Partner: fes" to Form 990, Part IV, line 33, 3	rtnerships ne 33, 34, 35, 36, ictions.	or 37.	0	2011 Open to Public Inspection
Name of the organization	anization INTERNATIONAL UNION OF OPE ENGINEERS LOCAL UNION NO.	UNION OF OPERATING				Employer identification number 37-0347820	cation number 3.2.0
Part I Identi	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes"	to Form 990, Part IV, line 33	÷			
	(5)	(P)	(9)	(b)	(e)		E
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total	End-of-)	-	. Direct controlling
	of disregarded entity		foreign country)				entity
		- 1					
		•			_		
Part II Ident	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 bo	ecause it had one	or more related tax-exe	mpt
	(a)	(q)	(2)	(p)	(e)	<b>(£)</b>	(g)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling entity	controlled
	טו ופומנסט סואמיוונעמייסיי		Ioreign country)		501(c)(3))		Yes No
OPERATING EN	OPERATING ENG, APPRENTICESHIP & SKILL	PROVIDE APPRENTICESHIP				INTERNATIONAL	
IMPROVEMENT	CENTE					UNION OF	<b>&gt;</b>
YOUNG ROAD	MECHANICSBURG IL 62545	-	TUTTOUTS	201(5)(3)	SCHOOL SCHOOL	OFERATING	4
IUOE LOCAL 9	IUOE LOCAL 965 PEC - 26-2407673	ATTEMPTING TO INFLUENCE by Experience					
SOLU EAST COON SIREET	on sincer	DEBICES OF DOORD FOREST	PILINOIS	527			×
SENTINGE TELL	1	01.1.000		1			
		1					
		•					
For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 ENGINEERS LOCAL UNION NO. 965

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) PartIII

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37-0347820

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 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.) 3 Ξ Code V-UBI General or P managing c amount in box parine? 20 of Schedule Pes No From 1065) Yes No Share of end-of-year assets Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> 6 Direct controlling entity Share of total income ፱ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> **e** Pnmary activity Direct controlling entity 9 ছ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Schedule R (Form 990) 2011

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

of the state and the VM and III II when O are the state in the state of the state o					\ \ \	4
Note, Complete line i il any entity is listed in Parts II, III, or IV of this schedule	or or more re	potel accitetiaepro batel	Dotte II.V.		S	
		rated organizations iisted	22	-		×
a neception (I) interest (II) arithmetes (III) royantes or (IV) refer from a controlled entiry		•	•	5		4
<b>b</b> Gift, grant, or capital contribution to related organization(s)		:	•	<b>9</b>		×
c. Giff. grant, or capital contribution from related organization(s)				<u></u>		×
			•	,		<b> </b>
d Loans or loan guarantees to or for related organization(s)				<u> </u>		4
e Loans or loan guarantees by related organization(s)				1e		×
Sale of accets to related organization(e)				*		×
כמוס כן מסטמוט נכן יסומוסט כן שמי ויבמוסין כן						:
g Purchase of assets from related organization(s)				Đ,		×
h Exchange of assets with related organization(s)				=		×
				Ŧ		×
בפספס כן ומכווונוסט, פקטוףווסווי, כן כנווסן מטטפנט נט יפומוסט כושמייובמונטיו(ט)			•			
i lease of facilities equipment or other assets from related organization(s)				Ŧ		×
J. Datamoran of manual or mombarship of fundamora polintations for related propulation(s)	(a)acitation			\$		×
R Pellottialice of services of filetimership of fortolassing solicitations for the	mization(s) .			₹		<b>;</b>   >
I Performance of services of membership or fundraising solicitations by related organization(s)	inization(s)		:			4
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		: .	Ę		×
n Sharing of paid employees with related organization(s)			:	£	×	
o Beimbursament baid to related organization(s) for expenses				-0		×
	•			ţ	×	
מספונים ליים ביים ביים ביים ביים ביים ביים בי				-		
						<b>&gt;</b>
q Other transfer of cash or property to related organization(s)				2		4
r Other transfer of cash or property from related organization(s)				<b>+</b>		×
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.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
OPERATING ENG. APPRENTICESHIP & SKILL (1) IMPROVEMENT COMMITTEE FOR CENTRAL IL	Δı	185,326.				
(2)						
(3)						
(4)						
(5)						
(6)						
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INTERNATIONAL UNION OF OPERATING

Schedule R (Form 990) 2011 ENGINEERS LOCAL UNION NO. 965

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

ř					., -	
(h)         (i)         (j)         (k)         *           Dispitopor- tionate allocations 2 of Schedule K-1         General or Percentage - Terran				-		Schedule R (Form 990) 2011
General or managing partner?				-		(Forn
(20 mg/c)	 			 		Jule R
(i) code V-UB cunt in box schedule K			:			Sched
amo of S	 		 	 		
Disproportional dispressions?						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec 501(c)(3) 0195 ? 4) Yes No			-			
Predominant income parties sec (related, unrelated, 500(6)3 excluded from tax under section 512-514) Yes No		,				
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e						

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Part VII	Supplemental Infor	mation	LOCA	TH OILT	<u> </u>	.10.	703	31 03 4 1020 Fage 5
	Complete this part to pro-	vide additional infor	mation fo	r responses	to aue	estion	s on Schedule B	(see instructions).
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