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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 private foundations)

OMB No. 1545-0047

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990.

Inspection

Α	For th	ne 2013 calendar year, or tax year beginning	and ending						
В	Check (	C Name of organization		D Employer identific	ation number				
	Addr	ess INTL UNION OF OPERATING ENGIN LOCA	L 139						
	Nam- chan	ge Doing Business As		39-03	368025				
	Initia	n Number and street (of P.U. box if mail is not delivered to street address)	Room/suite						
누	Term ated Ame	I O DON 130	(262)	896-0139 10,680,343.					
늗	— returi ∏Appi	n City or town, state or province, country, and ZIP or foreign postal co	G Gross receipts \$						
_	Lion pend	FEMAUREE, WI 330/2		H(a) Is this a group ref					
		same as C above		H(b) Are all subordinates ind	·· — —				
$\overline{\mathbf{I}}$	Tax-ex		7(a)(1) or 52	_	list. (see instructions)				
		ite: ► N/A		H(c) Group exemption	number ►				
ĸ	Form o	of organization: Corporation Trust X Association Other	L Yea	r of formation: 1938 M	State of legal domicile: WI				
P	art I								
ာ ဗွ	1	Briefly describe the organization's mission or most significant activities:	O ELEVAT	E THE TRADE (	OF				
Activities & Governance		OPERATING ENGINEERS AND IMPROVE THE S		CONOMIC AND V					
, er	2	Check this box if the organization discontinued its operations o	disposed of mo	1 1	sets 15				
ිලි	3	Number of voting members of the governing body (Part VI, line 1a)		3	0				
<b>ං</b> ජ ග	5	Number of independent voting members of the governing body (Part V, line 3)		4	38				
ij	5	Total number of individuals employed in calendar year 2013 (Part V, line 2: Total number of volunteers (estimate if necessary)	a) .	6	0				
ξį	7,	a Total unrelated business revenue from Part VIII, column (C), line 12	•	. 7a	0.				
Ř	ı	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
Revenue				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		0.	11,841.				
	9	Program service revenue (Part VIII, line 2g)		9,192,744.	9,782,426.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		162,647.	137,628.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,093.	18,000.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	9,360,484.	9,949,895.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u> -	61,375.	41,567.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,638,866.	5,029,680.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5 5· 10)	0.	0.				
Expenses	102	a Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.		0.				
页	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,940,881.	4,127,110.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,641,122.	9,198,377.				
	19	Revenue less expenses. Subtract line 18 from line 12	.	719,362.	751,518.				
Net Assets or	3			Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		14,524,224.	15,023,659.				
ABS	21	Total liabilities (Part X, line 26)	_	1,033,653.	767,316.				
칉	22	Net assets or fund balances. Subtract line 21 from line 20		13,490,571.	14,256,343.				
	art II		1 11		and the state of the state of the state of				
		nalties of perjury. Lectore that I have examined this return, including accompanying s ect, and complete. Declaration of preparer (other than officer) is based on all informat			y knowledge and beller, it is				
tru	e, com	ect, and complete decial additional purposition for than officer) is based on all information	on or willon prepar	er rias arry knowledge.					
Sig		Signature of officer		Date					
He		TERRY MCGOWAN, BUSINESS MANAGER/PF	RESIDENT						
•••		Type or print name and title	·						
_		Print/Type preparer's name Preparer's signature	•	Date Check	PTIN				
Pa	id	Andy Hein ULL N	L	HILLIN II self-employe					
Pre	eparer			Firm's EIN ▶	47-0900880				
Us	Use Only Firm's address   566 West Lake St Suite 300								
_		Chicago, IL 60661		Phone no.31	2-655-0037				
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No				

# Form 990 (2013) INTL UNION O Part IV Checklist of Required Schedules

	<del></del>	$\neg \neg$	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
	as applicable			i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	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	110		-
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Ì	İ '	
	Schedule D, Parts XI and XII	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 and XII is optional	404	1	y
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	125	<del> </del>	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del></del>	<del>                                     </del>	- <del></del> -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}	]	ļ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		l	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del>                                     </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l	ļ	
40	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	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del> </del>	<del>  ^</del>
19	complete Schedule G, Part III	19	1	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

# Form 990 (2013) INTL UNION OF OPER Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		- 3	
	government 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 or 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	_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	- }	ļ	
	Schedule J	23	X	
24a	· · · · · · · · · · · · · · · · · · ·			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		
	Schedule K. If "No", go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	• • • • • • • • • • • • • • • • • • • •	25-		
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	i		٠,,
	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	<b>-</b>	<b>├</b> ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
31	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	<del>                                     </del>	-	<del> </del>
	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, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	ł	ŀ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	l	ł
	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		ł	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	20	x	1
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2013)
		1 0111	, 555	(4010)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 25 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 38 filed for the calendar year ending with or within the year covered by this return X 2b 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 (see instructions) 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3b** b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)? 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. X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? 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? 7e 71 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h 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 8 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. 9 9a a Did the organization make any taxable distributions under section 4966? 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 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 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

14h

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 or note to any line in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
		$\neg \neg$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			7.0
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6	X	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	┝┷┥		
<i>1</i> a	more members of the governing body?	7a	X	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- "	<u> </u>	
b	persons other than the governing body?	76	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		ا ۵٫ ا	X	
	The governing body?	8a 8b	X	
	Each committee with authority to act on behalf of the governing body?	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	ا "		
366	tion D. I Oncies (This Section B requests information about policies not required by the internal revenue Gode.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		- <del></del>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		i
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	]
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}		}
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	,	Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>-</b>	
	TERRY MCGOWAN - 262-896-0139			
	N27 W23233 ROUNDY DR, PEWAUKEE, WI 53072			

	$\alpha$	(2013)	
-()////	9411	1/11/31	

#### INTL UNION OF OPERATING ENGIN LOCAL 139

39-0368025

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

Check if Schedule O contains a response or note to any line	e 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.

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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 unle	ss pe	ition more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) SHAUN MCHUGH Trustee	40.00			X				104,208.	0.	59,190.
(2) DANIEL SPERBERG	40.00	H	-	₽	-	-		104,200.	- 0.1	39,190.
Vice President	20.00		ļ.,	x	ļ			138,738.	0.	4,758.
(3) BILL DREYER	3.00	┝┥	<del>-</del>	<u> </u>	┝╌	$\vdash$	-	130,730.	<u>.</u>	1,750.
AUDITOR	3.00		İ	x				0.	0.	0.
(4) GLENN ROLOSON	3.00	$\vdash$	<del> </del>	Ë	一	十一	<del> </del>			
E-BOARD		1		x		l		2,568.	٥.	0.
(5) TERRY MCGOWAN	40.00		┢		Г		$\vdash$	<u> </u>		
BUS MGR/PRES				х				171,903.	0.	59,190.
(6) DAVID VELIE, JR.	3.00						Г			
FORMER E-BOARD		1		X	İ			1,276.	0.	0.
(7) SHANE GRIESBACH	40.00									
E-BOARD			Ĺ	X		[		114,718.	0.	59,190.
(8) DARRIN BURSAW	3.00									
AUDITOR		<u> </u>	L	X		<u> </u>	L	0.	0.	0.
(9) SAM SMITH	40.00	]							_	
Conductor				X	匚		<u> </u>	104,120.	0.	59,190.
(10) JIM AXTMAN	3.00	1		l						_
E-BOARD		╙		X	<u> </u>	<u> </u>	L.	2,356.	0.	0.
(11) MATTHEW ISON	3.00		1	ĺ	ĺ		1			_
E-BOARD	<del>-                                     </del>	╙	_	X	1	ļ	├_	1,064.	0,	0.
(12) TIM GOETZ	40.00	4			l	1	l	104 104	1	FO 100
Trustee	2 00	┡	<u> </u>	X	<u> </u>	┡	<del> </del>	104,184.	0.	59,190.
(13) CRAIG GLOVER	3.00	ļ		,,		1	ŀ	1 400		
E-BOARD	40.00	├	<u> </u>	X	├-	╀	├-	1,420.	0.	0.
(14) PATRICK B NELSON	40.00	-	i	x				104 224	0.	E0 100
Trustee (15) RANDY PATROW	40.00	$\vdash$	├	^	}−	⊬	├	104,224.	<del>                                     </del>	59,190.
(15) RANDI PATROW Treasurer	40.00	┨	İ	x				124,939.	0.	59,190.
(16) RODNEY J BESSETT	40.00	$\vdash$	╁	^	╁─	+	-	144,555.		33,130.
Former Treasurer	30.00	1		x			1	79,371.	0.	39,131.
(17) JEFFREY ARTUS	3.00		╁	<del>  ^</del>	╁╾	$\vdash$	<del>                                     </del>	,,,,,,,,	<del> </del>	33,131.
E-BOARD	3.00	1		X	1	1		2,356.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										·×		
` (A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Est	imate	ed
•	hours per	box	, unle	ss pe	rson	ıs boti	n an	compensation	compensation	am	ount (	of
	week	_	cer an	o a o	recto	r/trus	100)	from	from related		other	
	(list any hours for	Individual trustee or director	ŀ	ŀ	l			the	organizations (W-2/1099-MISC)		ensa	
	related	e or d	<u> </u>	l		saled		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)		m the	
	organizations	ruste	frus		<b>a</b>	шреп		(***23 1039-141100)		-	relat	
	below	dual	Institutional trustee		Key employee	st co	<b>a</b> 5	1			nizati	
	line)	hdi	Instit	Officer	Key	Highest compensated employee	Fe			_		
(18) RYAN OEHLHOF	40.00							İ				
REC SEC				X				139,792.	0.	59	<del>)</del> ,1	90.
(19) STEVE BUFFALO	40.00			-			ŀ		_			
FINANCIAL SECRETARY	_			X				139,230.	0.	59	7,1	90.
(20) GREG WEST	40.00											
GUARD				X		l	<u>.</u>	108,038.	0.	58	3,8	63.
(21) TROY SCHMIDT	3.00						1					
E-BOARD				X	L	L	L	1,706.	0.			0.
(22) JEFF VERHEYEN	3.00				1							
FORMER E-BOARD		L	L	X	L	L	L	1,484.	0.		<u>2,5</u>	<u>56.</u>
(23) RICHARD MILNER	3.00				ŀ	l						
E-BOARD		匚		X		<u> </u>		2,572.	0.			0.
(24) NICOLAS MICHAELS	3.00				ļ		ŀ					_
AUDITOR		L	<u> </u>	X	<u> </u>	上	<u> </u> _	0.	0.			0.
(25) JAMES RUETER	3.00	ĺ	ĺ	İ			1			1		_
E-BOARD		<u> </u>	<u> </u>	X	_	┞.	<u> </u>	648.	0.			0.
(26) AVERY SMITH	3.00	1				1	l	1 000		ł		
E-BOARD	L			X		<u> </u>	<u>L</u>	1,080.	0.	-		0.
1b Sub-total								1,451,995.				18.
c Total from continuation sheets to Part VI	I, Section A							569,660.				95.
d Total (add lines 1b and 1c)							<u> </u>	2,021,655.		70.	3,0	13.
2 Total number of individuals (including but n	ot limited to th	nose	list	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			16
compensation from the organization	<del></del>							<del></del>	<del></del>		Yes	16 No
										-	105	140
3 Did the organization list any former officer,			e, K	ey e	mpi	oyee	, or	nignest compensated e	employee on			X
line 1a? If "Yes," complete Schedule J for s					-+:-:			ther seminonestion from	the example then	3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	ا ۾ ا	x	
5 Did any person listed on line 1a receive or a									udual for services	4		
rendered to the organization? If "Yes," com	•					-	Cia	red organization or indiv	ridual for services	5		х
Section B. Independent Contractors	piete derieda	-	101 3	0017	pu	307.			<del></del>			
Complete this table for your five highest co	mpensated in	den	end	ent o	cont	tract	ors	that received more than	\$100,000 of compen	sation f	rom	
the organization. Report compensation for											. •	
(A)								(B)		(C	;)	
Name and business	address							Description of	services (	Comper		n
BAUM SIGMAN AUERBACH & N	EUMAN,	LT	D,	2	00	W						
								33	7,4	84.		
						_		I				

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(cl		(C Posr all t	tion		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) THOMAS DEWAR	40.00	Ι						40.055		22 245
ORMER E-BOARD		L.		X				49,966.	0.	29,045
28) ALLAN FOGEL	40.00							104 150	0	FO 100
USINESS AGENT	40 00		<u> </u>	$\vdash$		X		104,159.	0.	59,190
29) LEONARD SHELTON	40.00	1	ł			<b>.</b>		102 002	_	FO 100
SUSINESS AGENT	40.00	├-	├-	$\vdash \vdash$	$\vdash$	X		103,992.	0.	59,190
30) GUY YUKER	40.00	1				x		102 067	0.	50 100
OISPATCHER (31) DAN SOBATTA	40.00	├—	-	$\vdash$	Н	^		103,867.	<u> </u>	59,190
BUSINESS AGENT	40.00					x		103,850.	0.	59,190
(32) ROBERT WEAVER	40.00	├—	-	$\vdash$	<del>                                     </del>	<u> </u>	-	103,630.		33,130
BUSINESS AGENT	40.00					x		103,826.	0.	59,190
				П						
		-		$\vdash$						<del></del>
						<u>_</u>	L			
	<u> </u>									
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		-	-			┢	$\vdash$			
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		├	$\vdash$			├-				<u> </u>
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		_	_		_					
		1				T				
		_	$\vdash$	$\vdash$	$\vdash$	<del> </del>	$\vdash$	<del> </del>	1	
		-	_	<u> </u>	-	-				
<del></del>										
· · · · · · · · · · · · · · · · · · ·								569,660.		324,99

Form **990** (2013)

1 4	-		Check if Schedule O cont		or note to any lin	ne in this Part VIII			
	•		Check if Schedule O Cont	ants a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included about the contributions included in lines Total. Add lines 1a-1f MEMBERSHIP DUES	ots, and ove of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	11,841.	11,841.	9 551 073.		
Program Service Revenue	2	a b c d e f	RENTL INC TX EX  All other program service rever  Total. Add lines 2a-2f	MPT PUR		9,782,426.	9,551,073.		
	3 4 5		Investment income (including other similar amounts) Income from investment of ta Royalties	•	<b>&gt;</b>	109,976.			109,976.
		c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
		b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	732,000	26,100.	27,652.			27,652.
Other Revenue	8	а	Gross income from fundraisir including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of				i	
0	9	а	Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less: direct expenses	_					
	10	c a b	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	s returns					
	11		Miscellaneous Revenue GRIEVANCES  All other revenue		Business Code 900099	18,000	18,000.		
	12	е	Total. Add lines 11a-11d Total revenue. See instructions.		<b>&gt;</b>	18,000	9,800,426.	0	. 137,628.

Form 990 (2013) INTL UNION OF Part IX Statement of Functional Expenses

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX . (B)	<u> </u>	(D)				
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	24,587.							
2	Grants and other assistance to individuals in	1 - 000		1					
	the United States. See Part IV, line 22	17,000.							
3	Grants and other assistance to governments,			1					
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	2 162 222		}					
	trustees, and key employees	2,169,022.	· · · · · · · · · · · · · · · · · · ·						
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	1 604 740							
7	Other salaries and wages	1,604,748.							
8	Pension plan accruals and contributions (include	ECC 007							
	section 401(k) and 403(b) employer contributions)	566,907.							
9	Other employee benefits	433,953.							
10	Payroll taxes	255,050.		<del> </del>					
11	Fees for services (non-employees):								
a	Management	343,964.	<del></del>	·					
ь	Legal	58,865.		<del></del>	<del></del>				
C .	Accounting	56,827.	<del></del>	<del> </del>	<del></del>				
d	Lobbying  Professional fundratures converse See Bort IV line 17	30,627.		<del>                                     </del>					
0	Professional fundraising services. See Part IV, line 17				<del></del>				
T	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,			<del></del>					
g	column (A) amount, list line 11g expenses on Sch 0.)	5,103.							
12	Advertising and promotion	371,729.		<del> </del>					
13	Office expenses	276,246.		<del></del>					
14	Information technology	53,920.		<del> </del>					
15	Royalties	30,320							
16	Occupancy	317,804.	<del></del>	<del>                                     </del>					
17	Travel	179,747.	<del></del>	<del>                                     </del>					
18	Payments of travel or entertainment expenses		<del></del>	<del> </del>					
	for any federal, state, or local public officials			İ					
19	Conferences, conventions, and meetings	244,433.							
20	Interest	13,686.							
21	Payments to affiliates	1,364,034.							
22	Depreciation, depletion, and amortization	449,969.							
23	Insurance	92,590.							
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	ORGANIZING EXPENSE	76,775.							
b	POSTAGE AND SHIPPING	67,844.							
С	PRINTING AND PUBLICATIO	56,857.							
d	CONTRACT ADMIN. EXP.	35,523.							
e	All other expenses	61,194.							
25	Total functional expenses. Add lines 1 through 24e	9,198,377.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.		}		J				
	Charle bare >	I	1	1	l				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,081,298.	1	1,483,670.
	2	Savings and temporary cash investments	1,598,638.	2	1,626,763.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	429,220.	4	415,013.
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees. Complete		ļ	
		Part II of Schedule L		5	
	6	Loans and other 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 section 501(c)(9) voluntary		-	
Assets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
SSI	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	1 504
	9	Prepaid expenses and deferred charges	2,805.	9	1,524.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 12,318,203.  10b 4,773,221.	7 640 450		7 544 000
			7,649,459. 3,762,804.	10c	7,544,982. 3,951,707.
	111	Investments - publicly traded securities	3,702,804.	11	3,331,707.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13 14	
	14	Intangible assets		15	
	15 16	Other assets See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	14,524,224.	16	15,023,659.
	17	Accounts payable and accrued expenses	350,805.	17	366,490.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to current and former officers, directors, trustees,			
iţi		key employees, highest compensated employees, and disqualified persons.			
Liabilities	1	Complete Part II of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties	661,093.	23	380,889.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24) Complete Part X of	64	}	10.00-
		Schedule D	21,755.	25	19,937.
	26	Total liabilities. Add lines 17 through 25	1,033,653.	26	767,316.
	l	Organizations that follow SFAS 117 (ASC 958), check here ▶                                 and	İ	ļ	
Sec		complete lines 27 through 29, and lines 33 and 34.	12 400 571		14,256,343.
lauc	27	Unrestricted net assets	13,490,571.	<del></del>	14,230,343.
Ва	28	Temporarily restricted net assets	<del> </del>	28	<del> </del>
<u>p</u>	29	Permanently restricted net assets	<del></del>	29	<del> </del>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	J	1	}
Š	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	<del> </del>
t <b>A</b> s	31	Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	<del> </del>
S E	32	Total net assets or fund balances	13,490,571.	33	14,256,343.
	34	Total liabilities and net assets/fund balances	14,524,224.		15,023,659.
	<del></del> _	Total machines and flet assets/fully balances		1 ~ .	5 990 (0010)

	1990 (2013) INTL UNION OF OPERATING ENGIN LOCAL 139	39~	03680	25	Pag	<sub>le</sub> 12
Pai	rt XI Reconciliation of Net Assets					
	*Check if Schedule O contains a response or note to any line in this Part XI					
		1 1	_		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,19	8,3	<u>77.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13			71.
5	Net unrealized gains (losses) on investments	5		1	4,2	<u>54.</u>
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1				
	column (B))	10	14	<u>, 25</u>	6,3	<u>43.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X.
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		}			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>O</b> .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	{	İ		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs	,			
	consolidated basis, or both:					1
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt				
	review, or compilation of its financial statements and selection of an independent accountant?		1	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au	dit			
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

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

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

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

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization			1 .	yer identification number
	ION OF OPERATING			39-0368025
Part I-A   Complete if the org	ganization is exempt un	der section 501(c) o	r is a section 527 or	ganization.
<ol> <li>Provide a description of the organic</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	zation's direct and indirect politi	cal campaign activities in		24,325.
Part I-B Complete if the or	ganization is exempt un	der section 501(c)(3	).	
1 Enter the amount of any excise tax	incurred by the organization un	nder section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manage	gers under section 4955	▶ \$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	O for this year?		Yes No
4a Was a correction made?				L_ Yes L_ No
b If "Yes," describe in Part IV.		To the PATEN		- \( (0)
Part I-C Complete if the or	<del> </del>		<u></u>	<del></del>
1 Enter the amount directly expende		•		5,524.
2 Enter the amount of the filing organ	nization's funds contributed to c	other organizations for sec		
exempt function activities			▶\$	<del></del>
3 Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL,	<b>&gt;</b> c	5,524.
line 17b  4 Did the filing organization file Form	. 4400 BOL for this year?		•	X Yes No
5 Enter the names, addresses and e made payments. For each organiza contributions received that were prolitical action committee (PAC). If	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to	aid from the filing organiza o a separate political organ	tion's funds. Also enter th nization, such as a separa	h the filing organization e 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
OPERATING ENGINEERS				
139 CONDUIT	53072	80-0459262	5,524.	18,801.
	<b>*</b>			
				1
	<del> </del>			<del></del>
	}			}
	<u> </u>	<del></del>	<del></del>	<del></del>
		)		
	I	1		1

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 INTL Part II-A Complete if the organizati (election under section 50	on is exe	OF OPERATING THE OPERATION OF COMPANY OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OF	G ENGIN LOCA n 501(c)(3) and file	AL 139 39-0 ed Form 5768	368025 Page 2
A Check if the filing organization belor		liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exce	ss lobbying	expenditures).			
B Check ► ☐ If the filing organization chec			visions apply	(a) Filing organization's	(b) Affiliated group totals
(The term "expenditures" r	neans amou	ints paid or incurred.)		totals	totals
1a Total lobbying expenditures to influence pul	hlic opinion (	arass roots lobbying)			<del> </del>
b Total lobbying expenditures to influence a le			•		<del>                                     </del>
c Total lobbying expenditures (add lines 1a ar	-	ay (direct leady ing)	·		
d Other exempt purpose expenditures	,		}		
e Total exempt purpose expenditures (add lin	es 1c and 1c	<del>1</del> )	·		
f Lobbying nontaxable amount. Enter the am		•	h columns.		
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			[
Over \$500,000 but not over \$1,000,000	+	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		00 010, 01,000,000.		
Ονει ψ17,000,000	μ ψη,οοο,				
g Grassroots nontaxable amount (enter 25%	of line 1f)		· <del></del>	· · · · · · · · · · · · · · · · · · ·	
h Subtract line 1g from line 1a. If zero or less,					· · · · · · · · · · · · · · · · · · ·
i Subtract line 1f from line 1c. If zero or less,				<del></del>	
j If there is an amount other than zero on eith		line 1. did the organiz	ا ation file Form 4720	· · · · · · · · · · · · · · · · · · ·	<del></del>
reporting section 4911 tax for this year?		mio ii, did tiio organiz			Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations the				olete all of the five	
columns be	elow. See th	e instructions for line	es 2a through 2f on pa	ıge 4.)	
Lot	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	<del>-</del>				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				<u> </u>	
(150% of line 2d, column (e))	. <u></u>				
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 3

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	1)	(b)	<del></del>
of the lobbying activity.	Yes	No	Amo	unt
<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> </ul>				
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	<u> </u>			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b></b>			
b If "Yes," enter the amount of any tax incurred under section 4912		1		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<b></b>			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	: a= 504/a)	(F)	-4:00	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	1011 30 1 (C)	(a), or se	cuon	
501(c)(6).			Yes	No
4. Mare authorizable all (00% or mare) disease account and distallable by march and		1	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>		2		
3 Did the organization make only includes loopying experioritares of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		$\frac{x}{x}$
Part III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)		ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				ne 3, is
answered "Yes."	•		•	·
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
expenses for which the section 527(f) tax was paid).		ĺ	}	
a Current year		2a		
b Carryover from last year		2b_		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e		)	}	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	1 .	İ	
expenditure next year?		4	<del> </del> -	<del></del>
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5_	L	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	In lict): Port I	I A line 2:	and Part ILE	Lino 1
Also, complete this part for any additional information	ip listy, rait i	17A, III 16 2, 1	and Fast in	), III l <del>e</del> 1.
Part I-A, Line 1:				
	<del></del>		<del></del>	
Explanation: During the reporting year, the Local co	ntribu	ted pr	izes t	<b>.</b> 0
an affiliated PAC fund to be raffled off. Proceeds	from t	he raf	fle	
were retained by the respective PAC fund. In additi	on, the	e Loca	1	
engages with separate segregated funds to conduct po	litica	l acti	vity.	
The Local receives funds and promptly delivers them	to the	se ser	arate	

Schedu Part	ile C (Form 9	990 or 990-EZ) 2 plemental in	2013 INTL formation	UNION (continued)	OF OP	ERATING E	NGIN	LOCAL	139	39-03680 	25	Page 4
segi	egated	d funds.	<del></del>				<u></u>	·········				-
Part	: I-C (	Continua	tion fo	r Inco	mplete	Name/Add	ress	Inform	natio	n :		
OPER	RATING	ENGINEE	RS 139	CONDUI	<b>.</b> T							
<u>N27</u>	W23233	ROUNDY	DRIVE	PEWAUK	EE, WI	53072						
		· · · · · · · · · · · · · · · · · · ·					<del></del>				- <u>-</u> .	_
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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.

Information about Schedule D (Form 990) and its instructions is at www irs gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTL UNION OF OPERATING ENGIN LOCAL 139

Employer identification number 39-0368025

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	unting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
đ	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		└_ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes — No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Dar	t III   Organizations Maintaining Collections of	Art Historical Treasures or (	Other Similar Assets
Fai	Complete if the organization answered "Yes" to Form		other Chillian Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		ance of public service, provide, art art Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		ot and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	ducation, or research in furtherance or pr	dolic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>L</b> ¢
	(ii) Assets included in Form 990, Part X		<b>\$</b>
•	If the organization received or held works of art, historical trea	seurae, or other similar assets for financi	
2	the following amounts required to be reported under SFAS 1		iai gairi, provide
~	Revenues included in Form 990, Part VIII, line 1	TO POO 300) relating to these items.	•
a	Assets included in Form 990, Part X		*
U	Associational and south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and the south and th		. F Ψ

Sche	dule D (Form 990) 2013 INTL UN	ION OF OPE	RATI	IG ENG	IN LOCA	L 13	9 :	39-03	68025	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simil	ar Asse	t <b>s</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	are a sig	nıficant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	با ليا ا	oan or exct	nange program	ทร				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purp	ose in Parl	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	toncal treas	sures, or othe	r simılar a	assets		-	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?			L_	Yes	□ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatıo	n answered "	Yes" to F	om 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.			<u> </u>					
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for o	contribution	s or other ass	ets not in	ncluded	_	-	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	」Yes	L∐ No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo						
		(a) Current year	(b) P	nor year	(c) Two years	s back (	d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance				<b>_</b>					
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses				ļ					
đ	Grants or scholarships				ļ				<b></b>	
е	Other expenditures for facilities					l			!	
	and programs									
f	Administrative expenses								<u> </u>	
g	End of year balance		L						L	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administe	red for th	e organ	ızation	<u></u>	
	by:								$\overline{}$	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<del></del>
р	If "Yes" to 3a(ii), are the related organization	•			•				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm				<b>.</b>	0-44	· 10			
	Complete if the organization answere								(0.7.	<del></del>
	Description of property	(a) Cost or o			t or other		cumulat reciation		(d) Book	value
		basis (invest	ment)		(other)		reciation	<del>''  </del> -	1 110	227
	Land	<del> </del>			2,227.	3 6	13,0	160		,227.
b	Buildings				2,000.	٥, ١	$\frac{13}{62}$ , 1		3,030	0.
C	Leasehold improvements				36,705.		320,4		566	,271.
d	Equipment	<del></del>			15,087.		377,5			,544.
	Other		V cot				, , , ,	743.		,982.
<u>ı ota</u>	. Add lines 1a through 1e. (Column (d) must e	equal rorm 990, Pan	, colul	ıırı (¤), iine	<i>1</i> ∪( <i>C</i> ).)				<u>, , , , , , , , , , , , , , , , , , , </u>	, , , , , , ,

19,937.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 INTL UNION OF OPERATING ENGIN LOCAL 139	39-0368025 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1 9,964,149.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments 2a 24, 254	
b Donated services and use of facilities 2b	~
c Recoveries of prior year grants 2c	7
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e 14,254.
3 Subtract line 2e from line 1	2e 14,254. 3 9,949,895.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	7
c Add lines 4a and 4b	<b>│</b> 4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 9,949,895.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial statements	1 9,198,377.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	1 1
b Prior year adjustments 2b	7
c Other losses 2c	7
d Other (Describe in Part XIII.)	7 )
e Add lines 2a through 2d	2e 0.
3 Subtract line 2e from line 1	3 9,198,377.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	<b>¬</b> } }
c Add lines 4a and 4b	7 4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 9,198,377.
Part XIII Supplemental Information.	
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, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Part V, lines 1b and 2b; Par	ne 4; Part X, line 2; Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Part X, Line 2:	
Explanation: The Internal Revenue Service has advised that	the Local
<del></del>	
qualifies under Section 501(c)(5) of the Internal Revenue	Code and is,
therefore, subject to tax only on income, if any, unrelated	d to its
tax-exempt purpose.	
Management is required to evaluate tax positions taken by	the Local and
recognize a tax liability (or asset) if the Local has taken	n an uncertain
position that more likely than not would not be sustained	upon examination
by the taxing authorities. As of December 31, 2013, there	were no
	<u> </u>
uncertain positions taken or expected to be taken that wou	ld require
recognition of a liability (or asset) or disclosure in the	financial

Schedule D (Form 990) 2013

Schedule D (	Form 990) <b>Supple</b> :	2013 <b>ment</b> a	l Infor	INTI matior	L UN	NION inued)	OF	OP	ERA!	ring	EN	GIN	LOC	AL	139	39.	-036	8025	Р	age 5
stateme	ents.	Тh	e Lo	cal@	For	cms	990	, R	etu	rn o	f C	rgar	niza	tic	on E	emj	ot 1	rom		
Income	Tax,	for	the	fis	cal	yea	irs	end	ing	201	Ο,	2011	l an	d :	2012	ar	e sı	ıbjec	:t	to
examina	ation	by	the	IRS,	gei	nera	11 <u>y</u>	fo	r t	nree	ує	ars	aft	er	the	y w	ere	file	ed.	
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Form 990)	ပ ခ်	Governments, and Individuals in the United States  Complete if the organization answered "Yes" to Form 990. Part IV, line 21 or 22.	id Individual	S In the Unit	ted States		2013
Department of the Treasury	3		► Attach to Form 990.	n 990.			Open to Public
nternal Revenue Service	► Inform	▶ Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990	(Form 990) and its	instructions is at	t www irs gov/form99	a	Inspection
Vame of the organization	INTL UNION OF OPERATING	ERATING ENGIN	ENGIN LOCAL 139	6	,		Employer identification number 39-0368025
Part I General Information on Grants and Assistance	Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of	records to substantiate	the amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
cntena used to award the grants or assistance?	its or assistance?						X Yes No
낋	ation's procedures for mo	onitoring the use of grant	funds in the United	States.			
Part II Grants and Other Assis	tance to Governments	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	e United States. Ca	omplete if the orga	anization answered "Y	es" to Form 990, Part IV	', line 21, for any
recipient that received m	ore than \$5,000. Part II c	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ional space is need	fed.	2 7 7 7 8 80		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

332 101 10-29-13

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in
 3 Enter total number of other organizations listed in the line 1 table
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

39-0368025 INTL UNION OF OPERATING ENGIN LOCAL 139 Schedule I (Form 990) (2013)

Page 2

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 can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) F G THE THE LOCAL WILL INQUIRE WITH ORGANIZATIONS RECEIVING SIGNIFICANT DONATIONS AS Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ΒY DONATIONS ARE MADE UPON REQUESTS FROM VARIOUS ORGANIZATIONS. Explanation: THE BOARD AND MEMBERSHIP APPROVES ALL DONATIONS MADE (d) Amount of non-cash assistance 0 17,000. (c) Amount of cash grant (b) Number of recipients THE FUNDS RECEIVED. SCHOLARSHIPS TO ELIGIBLE DEPEND OF MEMBERS (a) Type of grant or assistance Part I, Line 2: OF THE USE LOCAL.

Schedule ( Form 990) (2013)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTL UNION OF OPERATING ENGIN LOCAL 139

**Employer identification number** 39-0368025

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.			İ
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence	l		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	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 directors,			_
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the items officered in the Tan	-	<del>                                     </del>	
3	Indicate which if any of the following the filing organization used to establish the compensation of the organization's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	· · · · · · · · · · · · · · · · · · ·			i
	establish compensation of the CEO/Executive Director, but explain in Part III.		]	
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	'	1	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ū	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	l	l	{
	contingent on the revenues of:		l	
а	The organization?	<u>5a</u>	<b>↓</b>	<u> </u>
b	Any related organization?	5b	ļ	—
	If "Yes" to line 5a or 5b, describe in Part III.		1	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	ļ	Į.
	contingent on the net earnings of:	ļ	l	l
а	The organization?	6a		
b	Any related organization?	6b	<u> </u>	L
	If "Yes" to line 6a or 6b, describe in Part III.	}		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
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_		<u></u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	]	

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

Schedule J (Form 990) 2013

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.

	1	(B) Breakdown of W-2 a	W-2 and/or 1099-MI	nd/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2).(0(2)	in prior Form 990
(1) SHAUN MCHUGH	E	103,912.	0	296.	35,400.	23,790.	163,398.	0
St	<u> </u>	0	0	0	0			0
(2) TERRY MCGOWAN	18	170,97	0	928.	35,400.	23,790.	231,093.	0
~	<u> </u>	0	0	li	i I			0
(3) SHANE GRIESBACH	2	114,348.	0	370.	35,400.	23,790.	173,908.	0
~	<u> </u>	0	0	0	1			0
(4) SAM SMITH	18	103,86	0	252.	35,40	23,790.	163,31	3
بنز	2 🛢	0	0	0				
(5) TIM GOETZ	Ξ	103,900.	0	284.	35,40	23,790.	163,37	0
~~~	: €	0	0	0				
(6) PATRICK B NELSON	18	103,920.	0	304.	35,400.	23,790.	163,41	
tee	<u> </u>	0	0	0				
(7) RANDY PATROW	2	124,528.	0	411.	35,400.	23,790.	184,12	0
asurer			0	0				0
(8) RYAN OEHLHOF	18	139,300.		492.	32,40	23,790.	198,98	0
0,1	: 🗉	0		0		- 1		0.
(9) STEVE BUFFALO	Ξ	138,984.	0	246.	35,400.	23,790.	198,420.	0
FINANCIAL SECRETARY	<u> </u>			ŀ	ľ		,	
(10) GREG WEST	ε	107,84		193.	35,238.	23,625.	166,901.	
GUARD	<u> </u>	0	0	- 1	- 1	- 1		
(11) ALLAN FOGEL	Ξ	103,616.		543.	35,400.	23,790.	163,34	
BUSINESS AGENT	≘			0		- 1	4 (2)	
(12) LEONARD SHELTON	Ξ	103,61		376.	35,400.	23, 790.	103,10	
BUSINESS AGENT	(11)			0	- 1	- 1	0 62 6	
(13) GUY YUKER	Ξ	103,61		251.	35,400.	23,790.	163,05	
DISPATCHER	Ξ			0	1	- 1	7,7	
(14) DAN SOBATTA	Ξ	103,61		234.	35,40	23,790.	103,040.	
BUSINESS AGENT	Ξ			0	ķ		40	
(15) ROBERT WEAVER	Ξ	103,616.		210.	35,40	23,790.	163,016.	
BUSINESS AGENT		0	0	0	0.	0	5	
	Ξ					1		
	(E)							
2,202							Schedi	Schedule J (Form 990) 2013

#### **SCHEDULE 0** (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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTL UNION OF OPERATING ENGIN LOCAL 139

Employer identification number 39-0368025

Schedule O (Form 990 or 990-EZ) (2013)

Form 990, Part I, Line 1, Description of Organization Mission: CONDITIONS OF ITS MEMBERS. Form 990, Part III, Line 4d, Other Program Services: TO ORGANIZE WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS. THE ORGANIZATION HAD A MEMBERSHIP OF 8,806 AT THE END OF THE REPORTING PERIOD. Form 990, Part VI, Section A, line 6: Explanation: Line 6 explanation - REGULAR MEMBERS REPRESENT JOURNEYMEN AND FOREMEN. APPRENTICES REPRESENT MEMBERS WHO HAVE NOT YET REACHED JOURNEYMEN STATUS. THESE MEMBERS PAY FULL DUES. OWNER OPERATORS PAY DUES AT A RATE OF \$50 PER MONTH BECAUSE THESE MEMBERS ARE NOT REQUIRED TO PAY WORKING DUES. "S" MEMBERS PAY DUES AT A RATE OF TWO TIMES THEIR HOURLY RATE. RETIRED/DISABLED MEMBERS PAY DUES AT \$10 PER MONTH DUE TO THEIR EMPLOYMENT STATUS. Form 990, Part VI, Section A, line 7a: Explanation: Line 7a explanation - MEMBERS ELECT OFFICERS EVERY THREE YEARS FOLLOWING PRESCRIBED PROCEDURES IN THE UNION'S BYLAWS. Form 990, Part VI, Section A, line 7b: Explanation: Line 7b explanation - PER THE CONSTITUTION OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS, ALL ACTS OF THE EXECUTIVE BOARD SHALL BE REVIEWABLE BY THE LOCAL MEMBERSHIP BUT SHALL BE MAINTAINED IN FULL FORCE AND EFFECT, SUBJECT TO REVOCATION BY ACTION OF THE MEMBERSHIP OF THE

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

332211

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990 Ez) (2013)	Page 2
Name of the organization INTL UNION OF OPERATING ENGIN LOCAL 139	Employer identification number 39-0368025
LOCAL IF TAKEN AT THE NEXT SUBSEQUENT MEMBERSHIP MEETING	FOLLOWING THE
ADOPTION OF THE ACT IN QUESTION.	
Form 990, Part VI, Section B, line 11:	
Explanation: THE EXECUTIVE BOARD AUTHORIZES THE BUSINESS	MANAGER AND
SECRETARY TREASURER TO REVIEW THE FORM 990 BEFORE IT IS F	PILED.
Form 990, Part VI, Section B, Line 12c:	
Explanation: THE WRITTEN CONFLICT OF INTEREST POLICY IS I	NCLUDED IN THE
BYLAWS OF THE LOCAL AND THE CONSTITUTION OF THE INTERNATI	ON UNION OF
OPERATING ENGINEERS. ANY MEMBER OR EMPLOYEE OF THE ORGANI	ZATION CAN CONTACT
IUOE (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE COM	NSTITUTION) WITH
ANY COMPLAINT ARISING UNDER THE CONSTITUTION, OR ANY OTHE	ER DISCIPLINARY
RULE, REGULATION, PRACTICE OR PROCEDURE ADOPTED BY IUOE.	
THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPI	LOYEES TO REPORT ON
FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLI	ICTS OF INTEREST.
THIS INFORMATION IS OPEN TO THE PUBLIC	
Form 990, Part VI, Section B, Line 15:	
Explanation: OFFICERS AND KEY EMPLOYEES COMPENSATION IS	APPROVED BY THE
MEMBERSHIP.	
Form 990, Part VI, Section C, Line 19:	
Explanation: THE LOCAL'S BYLAWS AND THE CONSTITUTION OF	THE INTERNATIONAL
UNION OF OPERATING ENGINEERS IS AVAILABLE THROUGH THE US	DEPARTMENT OF
LABOR, OLMS, ONLINE PUBLIC DISCLOSURE ROOM. THE CONSTITU	UTION IS FILED
UNDER THE INTERNATIONAL UNION OF OPERATING ENGINEERS, WHO	O FILES THE edule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization INTL UNION OF OPERATING ENGIN LOCAL 139	Employer identification number 39-0368025
INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS. I	IN ADDITION, OUR
ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DE	EPARTMENT OF LABOR
WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSUR	RE ROOM.
FORM 990, PART XII LINE 2C	
Explanation: NO CHANGE FROM THE PRIOR YEAR	
	<del></del>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

► See separate instructions. Related Organizations and Unrelated Partnerships

OMB No 1545-0047	2013	Open to Public

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Employer identification number 39-0368025 Inspection

INTL UNION OF OPERATING ENGIN LOCAL 139 Name of the organization

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

	(a)	(q)	(0)	(P)	(e)		
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direc	itrolling
	of disregarded entity		foreign country)			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.	ions Complete if the organization and	swered "Yes" on Form 990, Pa	rt IV, line 34 becaus	e it had one or more	e related tax-exem	10

rations during the tax year.							
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5/2(b)(13) controlled entity?	(b)(13) ed ?
of related organization		וסופוקוו כסמוונוץ)		501(c)(3))		Yes	Š
OPERATING ENGINEERS 139 FED PAC - 80-0459252							
		-					×
Pewaukee, WI 53072	PAC Fund	Wisconsin	/70				
OPERATING ENGINEERS STATE PAC - 91-2107611							
N27 W23233 ROUNDY DRIVE		-	r				×
Pewaukee, WI 53072	PAC Fund	Wisconsin	/70				
			1				
						_	

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

Schedule R (Form 990) 2013

39-0368025

Page 2

INTL UNION OF OPERATING ENGIN LOCAL 139

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. Schedule R (Form 990) 2013 Part III

organizations treated as a partnership during the tax year.	rnersnip dunng tne ta	x year.			-				-		-	
(a)	2	<u> </u>	( <del>Q</del> )	(e)	_	E	(6) —		<u> </u>	<b>e</b>	3	æ ′
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership pariner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corp	oration or Trust Co	omplete if the	e organization	answered "Ye	es" on Form	990, Part IV,	line 34 l	ion or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	one or mo	re related
(a) Name, address, and EIN of related organization	<u> </u>	Pnm	ıctıvıty	(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		Share of Peend-of-year or assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
332162 09-12-13										Schedu	e R (Forn	Schedule R (Form 990) 2013

025 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

¥	,					Yes
I During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	In Parts II-IV?			4
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		:		٠	1a	×
b Gift, grant, or capital contribution to related organization(s)					4	×
c Gift, grant, or capital contribution from related organization(s)					10	×
d Loans or loan guarantees to or for related organization(s)	•			:	7	×
		•	•	•	2	
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				:	10	4
f Dindonde from related organization(e)						<u>×</u>
					+	: >
g Sale of assets to related organization(s)		•			5	4
h Purchase of assets from related organization(s)		•			¥	×
i Exchange of assets with related organization(s)					÷	×
j Lease of facilities, equipment, or other assets to related organization(s)	•	;	•	•	=	×
						-
k Lease of facilities, equipment, or other assets from related organization(s)	:	;	,	•	¥	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	•			<b>1</b>	×
n Shanna of facilities equipment mailing lists or other assets with related organization(s)		:			٤	×
	. (2)	•		•		
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					٥	×
n Reimbursement paid to related organization(s) for expenses					<b>-</b>	<u>×</u>
					÷	×
q neimbursement paid by related organization(s) for expenses				•	2	:
r Other transfer of cash or property to related organization(s)			:		+	×
s Other transfer of cash or property from related organization(s)					1s	×
	ho must complete th	is line, including covered	relationships and transaction tl	hresholds.		
(e)	(q)	(၁)		(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	uning amount inv	olved	
(1)						
(2)						
(5)						
(4)						
(5)						
332163 09-12-13				Schedule R (Form 990) 2013	(Form 9	90) 2013

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Schedule R (Form 990) 2013 INTL UNION OF OPERATING ENGIN LOCAL 139

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

General of Percentage managing ownership Schedule R (Form 990) 2013 Yes No bisproper Code V-UBI Ge bonate amount in box 20 m allocations? of Schedule K-1 P Com 1065)  $\epsilon$ Ξ end-of-year Share of assets Share of total income Predominant income parmersec (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No (e)
Are all
partners sec
501(c)(3)
orgs? € (state or foreign Legal domicile country) <u>ত</u> Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R	Supplemental Information	ONION OF O	TUNG DULINAS	HOCAL 139 39-03000	Page 5
Part VII		enoncee to avections	on Schadula B (see instru	tions)	
	Provide additional information for re-	sponses to questions	on Schedule H (see Instruc	cuons)	
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# Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1545-1709

 $\mathbf{X}$  If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 39-0368025 INTL UNION OF OPERATING ENGIN LOCAL 139 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P O BOX 130 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PEWAUKEE, 53072 WI 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return **Application** Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 8870 Form 990-T (trust other than above) TERRY MCGOWAN The books are in the care of ► N27 W23233 ROUNDY DR - PEWAUKEE, WI 53072 Telephone No. ► 262-896-0139 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

by using EFTPS (Electronic Federal Tax Payment System) See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

3b

0.