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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury In ernal Revenue Service

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.lrs.gov/form990.

B Cr ap		2014 calendar year, or tax year beginning	anu	ending	=			
ар	neck if	C Name of organization			D Employer identif	ication number		
	plicable	INTERNATIONAL UNION OF	OPERATING					
	Address change	ENGINEERS LOCAL UNION	NO. 965					
	Name change	Doing business as	· · · · · · · · · · · · · · · · · · ·		37-0347820			
$\vdash$	Initial return	Number and street (or P.O. box if mail is not deli	E Telephone numbe					
$\vdash$	Final	3520 EAST COOK		Room/suite		528-9659		
	return/ termin- ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$	2,146,786.		
	Amende		Eli Orioleigh postarcode		H(a) Is this a group r			
	Jreturn ]Applica		JARI. ZAUN					
	Jtion pending	F Name and address of principal officer.PIT C			for subordinates			
				$\neg$	H(b) Are all subordinates			
				or 527	7	list. (see instructions)		
		e: ▶ N/A	occupies Other N	1	H(c) Group exemption			
		7 guilleuron L	sociation Other	L Year	of formation: 1931	M State of legal domicile: IL		
Pa		Summary						
ا بو		Briefly describe the organization's mission or most			NT MEMBERS	OF THE		
Activities & Governance	-	INTERATIONAL UNION OF OPE						
<u> </u>	2 (	Check this box 🕨 📖 if the organization discor	itinued its operations or dispo	sed of more	than 25% of its net a			
<u>.</u>	3 1	lumber of voting members of the governing body	(Part VI, line 1a)		3	1.4		
	4 1	lumber of independent voting members of the gov	rerning body (Part VI, line 1b)		4	8		
	5 T	otal number of individuals employed in calendar y	ear 2014 (Part V, line 2a)		5	19		
	6 7	otal number of volunteers (estimate if necessary)			. 6	0		
ا زُ	7 a T	otal unrelated business revenue from Part VIII, co	umn (C), line 12		<b>7a</b>	0.		
.	b١	let unrelated business taxable income from Form	990-T, line 34		7b	0.		
$\top$					Prior Year	Current Year		
, [	8 (	Contributions and grants (Part VIII, line 1h)			0.	0.		
	9 F	Program service revenue (Part VIII, line 2g)	_		1,589,868.	2,129,876.		
İ		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	-	6,719.	12,510.		
:	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		4,400.	4,400.		
		otal revenue - add lines 8 through 11 (must equal		1,600,987.	2,146,786.			
†		Grants and similar amounts paid (Part IX, column (		0.	0.			
-		Benefits paid to or for members (Part IX, column (A			50,838.			
,		Salaries, other compensation, employee benefits (F			995,298.	1,235,143.		
Sacradu I		Professional fundraising fees (Part IX, column (A), li			0.	0.		
1		otal fundraising expenses (Part IX, column (D), line		0.		1		
í I		otal fundraising expenses (Fart IX, column (A), lines 11a-11d,		<del></del>	467,037.	584,114.		
		otal expenses. Add lines 13-17 (must equal Part I)	•		1,513,173.	1,865,507.		
					87,814.			
ᇷ	19 F	Revenue less expenses Subtract line 18 from line	<u> </u>	D.				
	oo ~	'atal acceta (Bort V. line 16)		Be	ginning of Current Year 1,849,639.	End of Year 2,105,670.		
┋		otal assets (Part X, line 16)	•		6,833.	8,726.		
Daidic	04 7	otal liabilities (Part X, line 26)		ļ		2,096,944.		
und Balanc		, , , , , , , , , , , , , , , , , , , ,	line 20	l	7 977 0114			
Fund Balanc	22 N	let assets or fund balances Subtract line 21 from	line 20		1,842,806.	2,030,344.		
Pa	22 N	let assets or fund balances Subtract line 21 from Signature Block		and state				
Pa nde	22 N rt II r penali	Signature Block lies of perjury, I declare that I have examined this return,	including accompanying schedule		ents, and to the best of n			
Pai nde ue,	22 N rt II r penali	let assets or fund balances Subtract line 21 from Signature Block	including accompanying schedule		ents, and to the best of n			
ode ie,	22 N rt II r penali	Signature Block  les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying schedule		ents, and to the best of m has any knowledge.			
ode ie, ign	rt II r penal correct	Signature Block lies of perjury, I declare that I have examined this return,	including accompanying schedule		ents, and to the best of n			
Pai nde ue, ign	rt II r penal correct	Signature Block les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer	including accompanying schedule		ents, and to the best of m has any knowledge.			
ode de, de,	rt II r penali correct	Signature Block Lies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title	including accompanying scheduler) is based on all information of w	hich preparer	ents, and to the best of mass any knowledge.  Date	ny knowledge and belief, it is		
nde de, ign ere	rt II r penali	Signature Block Lies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title  Print/Type preparer's name	including accompanying scheduler) is based on all information of w	hich preparer	ents, and to the best of mass any knowledge.  Date  Check	ny knowledge and belief, it is		
aid	rt II r penali	let assets or fund balances Subtract line 21 from Signature Block uses of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title  Print/Type preparer's name  STEPHEN L. POVSE	Preparer's signature	hich preparer	ents, and to the best of mass any knowledge.    3 // // // // // // // // // // // // /	PTIN yed P00732334		
Painde ue, ign lere aid	rt II r penali correct	Signature Block  les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of object  Type or print name and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR	Preparates signature	hich preparer	ents, and to the best of mass any knowledge.  Date  Check	ny knowledge and belief, it is		
Pande nde ue, ign ere	rt II r penali correct	Signature Block  les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR.  Firm's address 1000 MYERS BUILD	Prepare's signature  AECKEL LLP  ING	hich preparer	ents, and to the best of me has any knowledge.    3 //6     Date   Check     3/10/15     Firm's EIN	PTIN yed P00732334 43-0352985		
Painde nde, ue, dign lere aid repaise (	rt II r penalicorrect	Signature Block Lies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR.  Firm's address 1000 MYERS BUILD SPRINGFIELD, IL	Preparer's signature AECKEL LLP ING 62701	hich preparer	ents, and to the best of me has any knowledge.    3 //6     Date   Check     3/10/15     Firm's EIN	PTIN yed P00732334 43-0352985		
Paid Inde rue, Sign Here Paid Prepaid Jse (	rt II r penalicorrect	Signature Block  Les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print hame and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR.  Firm's address 1000 MYERS BUILD  SPRINGFIELD, IL  S discuss this return with the preparer shown about	Preparer's signature  AECKEL LLP ING 6 2 7 0 1 ve? (see instructions)	hich preparer	ents, and to the best of me has any knowledge.    3 //6     Date   Check     3/10/15     Firm's EIN	PTIN yed P00732334 43-0352985 .7-789-0960 X Yes No		
Paid Sign Here Paid Sign May	rt II r penalicorrect arer Only the IR	Signature Block  Ties of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print name and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR.  Firm's address 1000 MYERS BUILD SPRINGFIELD, IL  S discuss this return with the preparer shown about the	Preparer's signature  AECKEL LLP ING 6 2 7 0 1 ve? (see instructions) e, see the separate instructions	ions.	Date  Check  Firm's EIN  Phone no. 21	PTIN yed P00732334 43-0352985 .7-789-0960 X Yes No Form 990 (2014)		
Unde true, Sign Here Paid Prepa Use (	rt II r penalicorrect arer Only the IR	Signature Block  Les of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office)  Signature of officer  Type or print hame and title  Print/Type preparer's name  STEPHEN L. POVSE  Firm's name KERBER, ECK & BR.  Firm's address 1000 MYERS BUILD  SPRINGFIELD, IL  S discuss this return with the preparer shown about	Preparer's signature  AECKEL LLP ING 6 2 7 0 1 ve? (see instructions) e, see the separate instructions	ions.	Date  Check  Firm's EIN  Phone no. 21	PTIN yed P00732334 43-0352985 .7-789-0960 X Yes No Form 990 (2014)		

	, INTERNATIONAL UNION OF OPERATING ,
orm	990 (2014) ENGINEERS LOCAL UNION NO. 965 37-0347820 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
4	Briefly describe the organization's mission:
	TO REPRESENT MEMBERS OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS
	IN THE CENTRAL AND WEST CENTRAL ILLINOIS AREA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	TO ORGANIZE ALL WORKERS TO SECURE IMPROVED WAGES, HOURS, WORKING
	CONDITIONS AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION,
	NEGOTIATION AND COLLECTIVE BARGAINING.
45	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$)
4b	(Code) (Expenses \$
	· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4-0	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► Form 990 (2014)
	Form <b>990</b> (2014)

			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		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		-	
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
-	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		<u> </u>
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.			
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	4 4 h		х
_	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	11b		
C	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	1.0		
•	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		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI 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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		$\mathbf{x}_{-}$
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(001.4)
		F		1004 A

37-0347820 Page 4

		-		
	The state of the s		Yes_	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic 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 or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		<u> </u>
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		v	
	Schedule J	_23_	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
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		<u> </u>
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		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	İ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ <u>X</u> _
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		35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014)

Form 990 (2014) ENGINEERS LOCAL UNION NO. 965

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			
<del></del>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		i	
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<u> </u>
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a_		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ		
40	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Eorm	aan	(2014)

Form 990 (2014)

Form 990 (2014) ENGINEERS LOCAL UNION NO. 965 37-0347820 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

To line 99. 8h or 10h below, describe the circumstances, processes, or changes in Schedule O. See instructions

	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		$\longrightarrow$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	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	
þ	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	<u>X</u>	
13	Did the organization have a written whistleblower policy?	13	<u>X</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		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			77
	taxable entity during the year?	16a	-	X
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE  Output of Control 1023 (or 1024 if control 1020 and 2021 (Section F01/c)/(2)a copy.)	worls-	lo.	
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) a	avallad	I <del>C</del>	
	for public inspection. Indicate how you made these available. Check all that apply.  Other (explain in Schodule O)			
	Own website Another's website Other (explain in Schedule O)	16	n,c!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	Jidi	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	MICHAEL ZAHN - 217-528-9659 3520 E. COOK, SPRINGFIELD, IL 62703			
	3520 E. COOK, SPRINGFIELD, IL 62703			

Form 990 (2014) ENGINEERS LOCAL UNION NO. 965

37-0347820 Pag

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 in this Part VII	<b>.</b>	

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

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

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

Check this box if neither the organizate (A)	(B)	Jiga		((	<b>C)</b>		isal	(D)	(E)	(F)
Name and Title	Average	,,,		Pos	ıtior		<b></b> -	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		ceran	dad	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	0 10	ge Ste			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	Institutional trustee		yee	mper		(11 2) 1000 111100)		and related
	below	dual	ntton	   =	Key employee	est co	듈			organizations
	line)	ig i	Instr	Officer	Key.	Highest compensated employee	툴			
(1) MICHAEL ZAHN	40.00	]								
BUSINESS MANAGER		X		X	<u> </u>	<u> </u>	<u> </u>	120,502.	0.	64,508.
(2) DENNIS MINICK	40.00	1							_	
BUSINESS AGENT/PRESIDENT		X		X	ļ			109,524.	0.	64,508.
(3) MICHAEL WESTFALL	1.00	ļ		ŀ					•	
GUARD		X				_		_0.	0.	1,080.
(4) VINCENT SHAW	40.00			۱			į	100 504	•	64 500
ORGANIZER/FINANCIAL_SECRET	40.00	X		X		-	_	109,524.	0.	64,508.
(5) BILL BOZARTH	40.00	٠,		٠,,				24 402	•	10 102
BUSINESS AGENT/VICE-PRESID	1 00	X	├	Х	⊢	$\vdash$		24,402.	.0.	19,102.
(6) MYRNA BOMKAMP	1.00	X		İ				0.	0.	1 075
RECORDING SECRETARY	1.00	^				┢		<u>U.</u>	<u>U.</u>	1,075.
(7) MIKE REYNOLDS	1.00	X						0.	0.	1,080.
TREASURER (8) TOM GROVER	1.00			-	-	$\vdash$	-	0.	•	1,000.
CONDUCTOR	1.00	x						0.	0.	_810.
(9) CLINT SHEHORN	1.00			-		1				
TRUSTEE	<u> </u>	X						0.	0.	425.
(10) KENT CAMPBELL	40.00									
BUSINESS AGENT		x		x				109,524.	0.	61,508.
(11) SHANON BRICKEY	1.00								•	
TRUSTEE		X				ļ		0.	0.	510.
(12) BRETT SCAGGS	40.00									
ORGANIZER/AUDITOR		X		X				109,524.	0.	64,508.
(13) BRANDON REYNOLDS	1.00		1							
AUDITOR		X						0.	_0.	468.
(14) CHRIS ARNOLD	1.00									
ORGANIZER/AUDITOR		X					_	0.	0.	510.
		4								
		$\vdash$	_	_		├				
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37-0347820

ENGINEERS LOCAL UNION NO. 965

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
•	Name and title	Average	(do		Pos heck			one	Reportable	Reportable	-	Es	timate	ed
		hours per week	ьох	, unle	ss pe	rson	is bot	th an	compensation	compensatio	- 1		nount	of
		(list any	_	<u> </u>			T	Ť	from the	from related organization:			other pensa	ition
		hours for	gie				8			(W-2/1099-MIS			om th	
		related	itee or	ustee			ensat		(W-2/1099-MISC)	•	Í	org	anızat	ion
		organizations below	la E	onal tr		loyee	E 8						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	i iii				orga	anızatı	ons
			드	트	6	포	I S	T.			-		_	
								l						
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			<u> </u>	_			<u> </u>	<u> </u>	<u></u> · · ·					
	Out Andre	<u> </u>	ŀ	<u> </u>					583,000.		0.	2.4	4,6	00
	Sub-total  Total from continuation sheets to Part V	I Section A						<b>&gt;</b>	0.		0.	34	4,0	00.
	Total (add lines 1b and 1c)	ii, Section A				•	•		583,000.		0.	34	4,6	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	ho r		0,000 of reportable				
	compensation from the organization									•				5
													Yes	No
3	Did the organization list any former officer,		uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	- 1			
	line 1a? If "Yes," complete Schedule J for s		_					_			1	3		X
4	For any individual listed on line 1a, is the su	-		-					·	the organization			7.7	
_	and related organizations greater than \$150 Did any person listed on line 1a receive or a			-						idual for convices		4	Х	
5	rendered to the organization? If "Yes," com	•				-		eiai	ed organization or indiv	idual for services		5		X
Sec	tion B. Independent Contractors	proto Comodur	<u></u>	<u> </u>	40	<i></i>								
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır	the organization's tax	year.				
	(A)			_					(B)		_	(C		
	Name and business	address	N	INC	<u> </u>				Description of s	services		ompe	nsatio	<u>n</u>
	<del></del>							$\dashv$						
		_							<del></del>					
								$\neg$						
								_						
	+1.1								1.1					
2	Total number of independent contractors (i	-	ot li	mite	a to		_	sted	apove) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🚩					<u> </u>							

ENGINEERS LOCAL UNION NO. 965

	,	Check if Schedule O cont	aine a response	or note to any lir	e in this Part VIII			
•		Check if Schedule O Cont.	anis 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	b c d e f	Related organizations Government grants (contribute All other contributions, gifts, gran similar amounts not included above	ts, and ve 1f					
				Business Code				
ایو	2 a	DUES RECEIVED F			2,062,253.	2,062,253.		
اء ځ	b		NSTATEM	900099	58,546.			
S E	С	DIVIDA		900099	4,896.	4,896.		
e all	d							
Program Service Revenue	е							
ፈ	f	All other program service reve	enue	900099	4,181.	4,181.		
	g	Total. Add lines 2a-2f		<u> </u>	2,129,876.			
	3	Investment income (including other similar amounts) Income from investment of tax		<b>•</b>	9,510.			9,510.
	5	Royalties .	, ,					
	6 a	Gross rents	(i) Real 4,400.	(ii) Personal				
		Less: rental expenses	0.					
		Rental income or (loss)	4,400.	<u> </u>	4 400			1
		Net rental income or (loss)		<u>▶</u> ,	4,400.	4,400.		· · · · · · · · · · · · · · · · · · ·
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		3,000.				
	b	Less: cost or other basis	}	_				
		and sales expenses	_	3,000.				
		Gain or (loss)		<u> 3,000.</u> ▶	3,000.	3,000.		
		Net gain or (loss) Gross income from fundraisin	a avanta (not		3,000.	3,000.		-
Other Revenue	ва	including \$ contributions reported on line	of					
ř		Part IV, line 18	a					
ਰ		Less direct expenses	b					
		Net income or (loss) from fund	_				<del> </del>	
	y a	Gross income from gaming ac						
	L	Part IV, line 19 Less: direct expenses	. a b	_				
		: Net income or (loss) from garr						
		Gross sales of inventory, less	-					
	10 a	and allowances	а					
	h	Less. cost of goods sold	b			:		
		: Net income or (loss) from sale	• •	<b></b>	1			
		Miscellaneous Revenu		Business Code			·····	
	11 a							
	b							
	C							
;	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	42	Total revenue See instructions		<b>.</b>	2.146.786.	2 137 276	0.	9.510.

Form 990 (2014)

Form 990 (2014) ENGINEERS LOCAL UNION NO. 965
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
<u>.                                    </u>	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	46,250.			
5	Compensation of current officers, directors,				
	trustees, and key employees	778,994.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	005 553			
7	Other salaries and wages	205,553.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	17/ 126			
9	Other employee benefits	174,136. 76,460.			
10	Payroll taxes	70,400.			
11	Fees for services (non-employees).				
a	Management	63,124.	· · · · · · · · · · · · · · · · · · ·		
b	Legal .	19,806.			
C	Accounting Lobbying	19,000.			
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<del></del>		
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	28,691.			
12	Advertising and promotion	2,867.	-		
13	Office expenses	70,214.			
14	Information technology				
15	Royalties				
16	Occupancy .	66,702.			
17	Travel	59,320.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<del></del>		
19	Conferences, conventions, and meetings	7,914.			
20	Interest		·		
21	Payments to affiliates	56 000			
22	Depreciation, depletion, and amortization	56,929.			
23	Insurance	20,961.			
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 0.)  TARGET FUND DISTRIBUTIO	96,733.			
a	MISCELLANEOUS EXPENSES	56,967.			
b	CONTRIBUTIONS	24,448.			<del> </del>
c d	GOLF OUTING	9,438.			<del> </del>
	All other expenses	2,430.			
25	Total functional expenses. Add lines 1 through 24e	1,865,507.			
<u>25</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Port Y | Balanco Sho

Pai	tΧ	Balance Sheet	·		<del></del>
		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	37 <b>4</b> ,975.	1	638,710.
	2	Savings and temporary cash investments	404,431.	2	404,176.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		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			
ध		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	_	7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges .		9	
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 1,353,524.			
	b	Less: accumulated depreciation 10b 493,680.	851,025.	10c	859,844.
	11	Investments - publicly traded secunties	219,208.	11	202,940.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	_
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,849,639.	16	2,105,670.
	17	Accounts payable and accrued expenses	6,833.	17	8,726.
	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	
<u>ies</u>	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		i	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	6,833.	26	8,726.
	20	Organizations that follow SFAS 117 (ASC 958), check here	0,033.	20	0,1200
w		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,842,806.	27	2,096,944.
alar	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	<u> </u>		
F		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,842,806.	33	2,096,944.
	34	Total liabilities and net assets/fund balances	1,849,639.		2,105,670.
					Form <b>990</b> (2014)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

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

Act and OMB Circular A-133?

37-0347820 ENGINEERS LOCAL UNION NO. 965 Page **12** Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,146,786. Total revenue (must equal Part VIII, column (A), line 12) 1 ,865,507. 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 281,279. 3 3 1,842,806. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 <27.141.> Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses Prior period adjustments 8 Я 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 2,096,944. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Both consolidated and separate basis X Separate basis \_ Consolidated basis

X

Form **990** (2014)

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

2014
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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organization</li> </ul>	ations: Complete Part III			
	ATIONAL UNION OF O	PERATING	Emple	oyer identification number
	ERS LOCAL UNION NO			37-0347820
Part I-A Complete if the or	ganization is exempt unde	r section 501(c) o	r is a section 527 or	rganization.
1 Provide a description of the organ 2 Political expenditures 3 Volunteer hours  Part I-B Complete if the or 1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a sectification was a correction made? b If "Yes," describe in Part IV.  Part I-C Complete if the or 1 Enter the amount directly expended 2 Enter the amount of the filing organization activities	ganization is exempt unde incurred by the organization managers on 4955 tax, did it file Form 4720 for ganization is exempt unde by the filing organization for sect inization's funds contributed to other	r section 501(c)(3 r section 4955 s under section 4955 or this year? r section 501(c), or section 527 exempt function or organizations for section sec	Part IV.  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes No
contributions received that were p	 n 1120-POL for this year?	of all section 527 politions the filing organizate political organ	tion's funds Also enter the nization, such as a separate	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.
IUOE LOCAL 965 PEC	SPRINGFIELD , IL 62703	26-2407673	0.	48,955.

Schedule C (Form 990 or 990-EZ) 2014	ENGIN	EERS L	OCAL UNION	NO. 965	37-(	0347820 Page 2
Part II-A Complete if the org	janizatio	on is exei	mpt under sectio	n 501(c)(3) and til	ea Form 5/68 (	election under
	tion belon	ne to an affi	listed group (and list i	n Part IV each affiliated	group member's par	ne address FIN
expenses, and sha		_		Trait iv each anniated	group member 3 har	ne, address, Env,
. <del></del>			nd "limited control" pr	ovisions apply		
Limi	ts on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence nub	lic opinion (	grass roots lobbying)			·
b Total lobbying expenditures to infli	•	-	•	•		<del>                                     </del>
c Total lobbying expenditures (add	· ·	•	ay (direct lood) ii ig/			<del>                                      </del>
d Other exempt purpose expenditure						
e Total exempt purpose expenditure		s 1c and 1c				
f Lobbying nontaxable amount. Ente				th columns.		
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	(5)		the amount on line 1e	"]		
Over \$500,000 but not over \$1,00	0,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000						
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)	•			
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under			
(Some organizations t			• •	•	of the five columns	below.
		•	ate instructions for li			<del></del>
	Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a)	2011	(ы) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

37-0347820 Page 3

Schedule C (Form 990 or 990-EZ) 2014 ENGINEERS LOCAL UNION NO. 965 37-034782

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

	(a)	)	(b	)
f the lobbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		ļ		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u>l l</u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
answered "Yes."  1 Dues, assessments and similar amounts from members				
·		1	<del></del>	
2. Section 162/e) pendeductible lebbuing and political expenditures (de not include emounts of politi	ioal	1		
	cal	1		
expenses for which the section 527(f) tax was paid).	cal			
expenses for which the section 527(f) tax was paid). a Current year	ical	2a		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	ical 	2a 2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	ical 	2a 2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		2a 2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	cess political	2a 2b 2c 3	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground)	cess political	2a 2b 2c 3	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groupstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION FOR INCOMPLETE NAME/ADDRESS INFO	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground structions); and Part II-B, line 1. Also, complete this part for any additional information.  ART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFOUNDEDUCTOR AND PRESS INFOUNDEDUCTOR A	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground structions); and Part II-B, line 1. Also, complete this part for any additional information.  ART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFOUNDEDUCTOR AND PRESS INFOUNDEDUCTOR A	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	
expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) eart IV Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFOUNDEDUCE LOCAL 965 PEC	cess political polist), Part II-	2a 2b 2c 3 4 5	nd 2 (see	

Department of the Treasury Internal Revenue Service

(Form 990)

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/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year		<del></del>					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a		• • • •					
	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?		. Yes No					
Pai		anization answered "Yes" to Form 990. Pa						
1	Purpose(s) of conservation easements held by the organizati		·					
•	Preservation of land for public use (e.g., recreation or e		rically important land area					
	Protection of natural habitat	Preservation of a certif						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last					
_	day of the tax year		in a constraint, cacomon on the last					
	out of the text your		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	•	2b					
	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
_	d Number of conservation easements on a certified historic structure included in (a) 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c							
u	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the						
Ŭ	year >	,g,						
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the per							
_	violations, and enforcement of the conservation easements if		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	ring the year					
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) above							
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No					
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and					
-	include, if applicable, the text of the footnote to the organizat							
	conservation easements							
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,					
	historical treasures, or other similar assets held for public exh							
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	•••	,					
	relating to these items	•	,,					
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		<b>\$</b>					
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial						
~	the following amounts required to be reported under SFAS 1		9, p					
а	B	to those to the	<b>▶</b> \$					
	Assets included in Form 990, Part X	•	<b>\$</b>					

		RS LOCAL U							<u>47820</u>	
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical T	reasures, c	or Othe	er Simila	<u>ar Asse</u>	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of th	e following tha	it are a si	gnificant i	use of its	collection r	tems
•	(check all that apply):									
а	Public exhibition	d		Loan or ex	kchange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizati	on's exer	mpt purpo	se in Par	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, hi	istorical tre	easures, or oth	er simılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizat	ion answered '	"Yes" to	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for	contribution	ons or other as	sets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
_		,	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year		•				1d			
	Distributions during the year	•					1e			
f	Ending balance		•	_			1f			
2a								☐ No		
b	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII									
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	1a Beginning of year balance									
b	b Contributions .									
С	c Net investment earnings, gains, and losses									
d	d Grants or scholarships									
е	e Other expenditures for facilities									
	and programs									
f										
g										
2	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
а										
b	b Permanent endowment %									
C	c Temporarily restricted endowment ▶%									
	The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by. Yes No									
	(i) unrelated organizations									
	(ii) related organizations . 3a(ii)									
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									
4										
Par					<b>6 5 600</b>	5				
	Complete if the organization answere	<del></del>		·				. 1		
	Description of property	(a) Cost or o		, , ,	st or other		ccumulate	I	(d) Book v	alue
		basis (investr	nent)		s (other)	aep	oreciation			006
	Land				98,886.		122 0	10		<u>, 886.</u>
	Buildings			8	34,374.		233,0	13.	00T	<u>,355.</u>
	Leasehold improvements			1	40 E00		120 2	40	11	240
	Equipment	-			40,589.		129,3			,249. ,354.
	Other	aud Farm 000 D-4	V a=1		79,675.		131,3	41.		, <u>354.</u> , 844.
<u>ı otal</u>	. Add lines 1a through 1e (Column (d) must e	<u>quai roiiii 990, Part</u>	∧, colur	ш (в), тпе	; (UC.) ,				009	,044.

Schedule	D (Form 990) 2014 ENGINEERS I	LOCAL UNION NO	O. 965	37-0347820 Page 3
Part VI	I Investments - Other Securities.		-	
	Complete if the organization answered "Yes"	' to Form 990, Part IV, line	11b See Form 990, Part X, line	12.
.(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financ	cial derivatives			
(2) Closel	ly-held equity interests	=		
(3) Other				
(A)			_	
(B)				
(C)				
(D)				
(E)		ļ		
(F)		<u> </u>		
(G)		<del>-</del> .	<del>                                     </del>	
<u>(H)</u>			<del></del>	<del></del>
	(b) must equal Form 990, Part X, col. (B) line 12.)			-
Part VII	III Investments - Program Related.			
	Complete if the organization answered "Yes"  (a) Description of investment	' to Form 990, Part IV, line (b) Book value	11c See Form 990, Part X, line	13. ost or end-of-year market value
	(a) Description of investment	(b) Book value	(E) Method of Valdation. Co	ost or end-or-year market value
(1)		-	+	
(2)		<del> </del>		
(3)		<del></del>		
(4)		<del>                                     </del>	<u> </u>	
(5)		<del> </del>		
<u>(6)</u> (7)	<del></del>	1		·
(8)		1		
(9)		1		
	(b) must equal Form 990, Part X, col. (B) line 13.)	· · · · · · · · · · · · · · · · · · ·		
Part IX		<u></u>		
1	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Part X, line	15
		Description		(b) Book value
(1)				
(2)				
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col (B) lin	<u>ie 15.)                                    </u>		<b>&gt;</b> L
Part X	<u>.</u>			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line		K, line 25.
1.	(a) Description of liability		(b) Book value	
	ederal income taxes			
(2)				
(3)				
(4)				_
(5)	<u> </u>			·
(6)				
(7)				

2. 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

(8)

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

INTERNATIONAL UNION OF OPERATING 37-0347820 ENGINEERS LOCAL UNION NO. 965 Schedule D (Form 990) 2014 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. 2,330,014. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: <27,141 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recovenes of prior year grants 2c 210,369. 2d d Other (Describe in Part XIII) 183,228. Add lines 2a through 2d 2e 3 2,146,786. 3 Subtract line 2e from line 1 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.) 0. c Add lines 4a and 4b 4c 2.146 786. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 2,102,262. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2b **b** Pnor year adjustments c Other losses 2c 236,755 d Other (Describe in Part XIII.) 2d 236,755. Add lines 2a through 2d 2e 3 1,865,507. Subtract line 2e from line 1 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.) 4b c Add lines 4a and 4b 4c 865 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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, line 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: INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965 IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE.

THE LOCAL HAS RECOGNIZED IN THE FINANCIAL STATEMENTS THE EFFECTS OF ALL

TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS,

AUDITS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE LOCAL IS

NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE

THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS

OF THE DATE OF THE STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS.

432054 10-01-14

Schedule D (Form 990) 2014 ENGINEERS LOCAL UNION NO. 965  Part XIII   Supplemental Information (continued)	37-0347820 Page 5
	NOT THE TAI MUE
PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE I	
MANAGEMENT AND GENERAL EXPENSES, IF APPLICABLE. THERE WERE	NO INTEREST OR
PENALTIES PAID DURING 2014 OR 2013.	
THE LOCAL FILES INFORMATIONAL FEDERAL TAX RETURNS IN THE FE	DERAL
JURISDICTION. THE FEDERAL TAX RETURNS PRIOR TO 2011 ARE CL	OSED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PAC INCOME - SEPARATE ENTITY FOR TAX PURPOSES	182,859.
SCHOLARSHIP INCOME - SEPARATE ENTITY FOR TAX PURPOSES	27,510.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	210,369.
	<del></del>
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC EXPENSES - SEPARATE ENTITY FOR TAX PURPOSES	181,751.
SCHOLARSHIP EXPENSES - SEPARATE ENTITY FOR TAX PURPOSES	22,025.
FOOD BANK EXPENSES - SEPARATE ENTITY FOR TAX PURPOSES	10.
DIAAF CONTRIBUTIONS	32,969.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	236,755.
PART VI, LINE 1E	
OTHER IS FOR AUTOMOBILES AND LAND IMPROVEMENTS.	
	<del></del>

### **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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. INTERNATIONAL UNION OF OPERATING

ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

**Questions Regarding Compensation** Part I No Yes 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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b 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 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 establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 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 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

Page 2

ENGINEERS LOCAL UNION NO. 965 Schedule J (Form 990) 2014

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	elq	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred in prior Form 990
(1) MICHAEL ZAHN	8	120,502.	0	0	36,148.	28,360.	185,010.	0
- 6	€	0	0	0	0	0		0
(2) DENNIS MINICK	ε	109,524.		0	36,14	28,360.	174,032.	0
	(E)			0.		0.		0.
(3) VINCENT SHAW	Ξ	109,524.	0.	0.	36,14	28,360.	174,03	0.
	(ii)		0.	0.				0
(4) KENT CAMPBELL	ε	109,52		0.	33,14	28,360.	171,03	0.
BUSINESS AGENT	Ξ	0.	0.	0		0.	0.	0.
(5) BRETT SCAGGS	ε	109,52	0.	0.	36,148.	28,360.	174,032.	0.
_	(E)	0	0	0	0.	0.	0.	0
	ε					<u> </u>		
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 37-0347820 INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965 Part III Supplemental Information Schedule J (Form 990) 2014

Page 3

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965

Employer identification number 37-0347820

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE LOCAL SERVES MEMBERS IN THE CENTRAL AND WEST CENTRAL ILLINOIS AREA.
FORM 990, PART VI, SECTION A, LINE 6:
THE UNION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
AN ELECTION COMMITTEE OF 5 MEMBERS WHO ARE NOT CANDIDATES FOR ANY OFFICE
ARE ELECTED BY THE LOCAL UNION AT ITS REGULAR MEMBERSHIP MEETING IN THE
MONTH OF JUNE (AFTER NOMINATION OF CANDIDATES) PRECEDING THE ELECTION, AND
SHALL HAVE FULL CHARGE OF THE ELECTION. ELECTION OF OFFICERS TAKES PLACE
AT THE REGULAR MEMBERSHIP MEETING.
FORM 990, PART VI, SECTION A, LINE 7B:
SOME DECISIONS OF THE GOVERNING BOARD ARE SUBJECT TO APPROVAL BY MEMBERS.
FOR EXAMPLE, PERMANENT PLANT AND SHOP AGREEMENTS MUST BE APPROVED AT A
MEETING OF THE MAJORITY OF THE MEMBERS EMPLOYED UNDER THE AGREEMENT. ALL
MEMBERS EMPLOYED UNDER THE AGREEMENT SHALL BE NOTIFIED OF SUCH MEETING.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY,
GENERALLY BEFORE IT IS FILED. MIKE ZAHN, BUSINESS MANAGER, ALWAYS REVIEWS
THE FORM AND SIGNS IT BEFORE IT IS FILED. IF TIME PERMITS BETWEEN THE
ORGANIZATION'S RECEIPT OF THE FORM 990 AND THE DUE DATE, THE EXECUTIVE
BOARD MEMBERS ALSO REVIEW IT BEFORE IT IS FILED. IF TIME DOES NOT PERMIT,
THE EXECUTIVE BOARD REVIEWS IT AT THEIR NEXT MEETING. IN ADDITION, COPIES
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014)  82211  82-27-14

Schedule O (Form	1 990 or 9	90-EZ) (20	14)					
Name of the orga	nization	INTE	RNAT	IONAL	UNIO	N OF	OPERAT	ING
		ENGI	NEER	S LOCA	AL UN	I NOI	NO. 965	<u>;                                    </u>
		_						
ARE MADE	Ανατι	ARLE	TО	MEMBER	RS AT	THE	GENERA	T. M

**Employer identification number** 37-0347820

EMBERSHIP MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH NEW RESPONSIBLE PERSON IS REQUIRED TO REVIEW A COPY OF THE CONFLICTS OF INTEREST POLICY AND ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. EACH RESPONSIBLE PERSON MUST ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF ALL OFFICERS AND EMPLOYEES OF THE LOCAL UNION AND ALL EXPENSES SHALL BE SET BY THE MEMBERSHIP OF THE LOCAL UNION. SUCH COMPENSATION AND EXPENSES SHALL BE FIXED AT THE NEXT REGULAR MEETING AFTER THE ELECTION OF THE OFFICERS DURING THE MEETING OF THE INSTALLATION OF OFFICERS. SUCH COMPENSATION AND EXPENSE ALLOWANCE SHALL NOT THEREAFTER BE CHANGED WITHOUT A NOTICE TO THE MEMBERSHIP IS TO BE VOTED UPON, SUCH NOTICE BEING MAILED TO ALL THE MEMBERS PRIOR TO SUCH CALLED MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS MEMBERSHIP MEETINGS. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY WOULD BE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 1:

THE LOCAL USES THE MODIFIED CASH BASIS OF ACCOUNTING.

FORM 990, PART XII, LINE 2C:

THE BOARD OF TRUSTEES SELECTS THE AUDIT FIRM AND REVIEWS THE AUDIT

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965	Employer identification number 37-0347820
•		
REPORT.		
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

OMB No 1545-0047 2014

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

Open to Public Inspection

**Employer identification number** 37-0347820 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 965 Name of the organization Part

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	(e) The End-of-year assets	_	(f) Direct controlling entity
					_	
Part II Identification of Related Tax-Exempt Organizations Complete if the organizations during the tax year.		organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	ecause it had one	or more related tax-exen	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
				501(c)(3))		Yes
OPERATING ENG, APPRENTICESHIP & SKILL IMPROVEMENT COMMITTEE FOR CENTRAL IL - 3208	PROVIDE APPRENTICESHIP 18 TRAINING PROGRAM FOR NEW				INTERNATIONAL UNION OF	
lΙ	UNION MEMBERS,	ILLINOIS	501(C)(3)	LINE 2	OPERATING	×
IUOE LOCAL 965 PEC - 26-2407673	ATTEMPTING TO INFLUENCE RIECTIONS OF LOCAL PUBLIC					
SPRINGFIELD IL 62703	DFFICES.	Trrinois	527			×
MEMOR	PROVIDE SCHOLARSHIPS FOR					
D IL 62703	COLLEGES UNIVERSITIES ETC	SIONITII	501(C)(3)	LINE 9		
965 FC	PROMOTING CHARITABLE,					
2020	,	Ciat		LINE		<u>×</u>

Schedule R (Form 990) 2014 ENGINEERS LOCAL UNION NO. 965

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. Part III

Page 2

37-0347820

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, i excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing Diversity Diversity (ii) Dather? (iii) Dather? (iv) Dather	(i) (k) General or Percentage managing ownership	tage ,
											-		
part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	janizations Taxable a poration or trust durin	is a Corpoid the tax	oration or Trust Co year	mplete if the	e organization	answered "Y	es" on Form	990, Part	V, line 34	because it ha	d one or r	nore relate	pe
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Secionary Secion	) (tron 0)(13) olled 1y? No
													•
													•
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ENGINEERS LOCAL UNION NO. 965 Schedule R (Form 990) 2014 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	ا۔
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed II	n Parts II-IV?			i
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity		:		<u>1</u>	×	ı
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)			:	7	×	•
d Loans or loan guarantees to or for related organization(s)				1d	×	ı
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				<b>=</b>	×	- 1
g Sale of assets to related organization(s)				19	×	ı
h Purchase of assets from related organization(s)				ŧ	×	ı
i Exchange of assets with related organization(s)	٠			÷	×	
j Lease of facilities, equipment, or other assets to related organization(s)			•	Ŧ	×	
k Lease of facilities, equipment, or other assets from related organization(s)	•			*	×	ı
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)	:		=	X	1
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	ı
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			t.	×	ı
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	•			9	×	ſ
p Reimbursement paid to related organization(s) for expenses				<del>1</del>	×	ı
q Reimbursement paid by related organization(s) for expenses				5	×	- 1
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				-	×	ı
s Other transfer of cash or property from related organization(s)				1s	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			- 1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
OPERATING ENG. APPRENTICESHIP & SKILL  (4) IMPROVEMENT COMMITTEE FOR CENTRAL, IL	c	236.178.				ı
	1					1
(2)						1
(3)						
(4)						1
(5)						ı
						ı
(6) 432183 08-14-14			Schedule R (Form 990) 2014	R (Form 9	990) 2014	14

37-0347820

Page 4

INTERNATIONAL UNION OF OPERATING

Schedule R (Form 990) 2014 ENGINEERS LOCAL UNION NO. 965

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.

t c 🐞				ا دا په
(k) Percentage Ownership				
al or				-
G) Genera manag partne				 
(h)   (i)   (j)   (k)   7				
(h) spropor- tionate ocations?				
Dispr tion alloca				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all Are all 501(c)(3) orgs?				
er 500 X				 
Predominant income particular (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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