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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)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2015 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change INTL UNION OF OPERATING ENGIN LOCAL 139 Name change 39-0368025 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P O BOX 130 (262)896-0139 termin-ated 12,171,517. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return PEWAUKEE, WI 53072 H(a) Is this a group return Applica-F Name and address of principal officer: TERRY MCGOWAN Yes 🗶 No for subordinates? pending same as C above \_\_Yes L H(b) Are all subordinates included? 501(c)(3) X 501(c) ( 4947(a)(1) or 527 I Tax-exempt status (insert no.) If "No." attach a list, (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Association Other -Corporation Trust L Year of formation: 1938 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: TO ELEVATE THE TRADE OF Activities & Governance OPERATING ENGINEERS AND IMPROVE THE SOCIAL, ECONOMIC AND WORKING if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► L 15 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>43</u> Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** 160,458. 276,967. Contributions and grants (Part VIII, line 1h) Revenue 11,020,068. 11,750,085. Program service revenue (Part VIII, line 2g) 117,877. 115,589. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,910. 13,690. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,318,313 12,156,331. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 65,265. 203,039. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 5,475,278. 6,183,842. Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 4,287,580. 4,654,099. Other expenses (Part IX, column (A), line 3.13.17 (must equal Part IX, column (A), line 25)2013 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f:24e) 9,828,123. 11,040,980. 1,490,190. 1,115,351. Assets or Balances **Beginning of Current Year End of Year** 16,199,208. 17,277,155. Total assets (Part X, line 16) 451,582. 465,861. 21 Total liabilities (Part X, line 26) Set. 15,747,626. 16,811,294. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign TERRY MCGOWAN, BUSINESS MANAGER/PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature ₽00499757 Paid Andy Hein Calibre CPA Group PLLC 47-0900880 Preparer Firm's name Firm's EIN 566 West Lake St Suite Use Only Firm's address

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Chicago, IL 60661

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2015)

Phone no. 312-655-0037

Form	990 (2015) INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 2
	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO ELEVATE THE TRADE OF OPERATING ENGINEERS AND IMPROVE THE SOCIAL,
	ECOMONIC AND WORKING CONDITIONS OF ITS MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 \$
	TO ORGANIZE WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF
	THEIR CONDITION AND STATUS. THE ORGANIZATION HAD A MEMBERSHIP OF 9,260
	AT THE END OF THE REPORTING PERIOD.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
	Form <b>990</b> (2015)

Form 990 (2015)

Part IV   Checklist of Required Sched
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				,
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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
	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			7,5
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	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	<b>-</b>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b></b> -	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<b>.</b>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>  -  </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا		x
	complete Schedule G, Part III	19 Form	990	
		rorm	330	(2015)

	rt IV Checklist of Required Schedules (continued)	3023		age 4
00-	Diddle annual to a superior and a superior to a superior to a superior of the		Yes	No
20a	, , , , , , , , , , , , , , , , , , , ,	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b		24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
٦	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del></del>	$\neg$	
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	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	27		X

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

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

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

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X

13a

14a

13b

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 15	5	_	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del>                                     </del>	X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	$\vdash$	X
5		6	X	-
6	Did the organization have members or stockholders?	<del></del>	-	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		x	
L	more members of the governing body?	7a	Α.	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	x	
_	persons other than the governing body?	7b	Α.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI-
10-	Did the exceptation have lead shorters broughed or offiliates?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del></del>		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<del></del> -	
·	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	x	
h	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	i	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.		J.W.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TERRY MCGOWAN - 262-896-0139			
	N27 W23233 ROUNDY DR. PEWAUKEE, WI 53072			

Form	990	(2015)	

#### INTL UNION OF OPERATING ENGIN LOCAL 139

39-0368025

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	Orga	111120		) (C)	пре	nsat	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	rtion	1 than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe dad	rson	ıs bot	th an	compensation from	compensation	amount of other
	(list any	į				I		the	from related organizations	compensation
	hours for	or dire	۵			sated		organization	(W-2/1099-MISC)	from the
	related	stee (	iruste			pensa		(W-2/1099-MISC)		organization
	organizations below	t lan	lonal		ploye	t call				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compens employee	Богтег			organizations
(1) SHAUN MCHUGH	40.00									
Trustee				X				109,403.	0.	89,710.
(2) DANIEL SPERBERG	40.00								***	
Vice President				X				146,549.	0.	89,710.
(3) BILL DREYER	3.00				I					
AUDITOR				X				0.	0.	0.
(4) GLENN ROLOSON	3.00									
E-BOARD				X				1,992.	0.	0.
(5) TERRY MCGOWAN	40.00									
BUS MGR/PRES				X				178,608.	0.	89,710.
(6) SHANE GRIESBACH	40.00					1				
E-BOARD				X		L		120,643.	0.	89,710.
(7) DARRIN BURSAW	40.00									
AUDITOR			L	X			Ш	109,957.	0.	89,710.
(8) SAM SMITH	40.00								_	
Conductor				X				120,407.	0.	89,710.
(9) JIM AXTMAN	3.00				ļ				_	_
E-BOARD				X				1,780.	0.	0.
(10) MATTHEW ISON	3.00				ļ			4 = 4	_	_
E-BOARD				X		L		1,780.	0.	0.
(11) TIM GOETZ	40.00								_	
Trustee				X				109,571.	0.	89,710.
(12) CRAIG GLOVER	3.00								_	_
E-BOARD	4.0	L		Х			Щ	2,620.	0.	0.
(13) PATRICK B NELSON	40.00							400 040		
Trustee	40.00			Х			Щ	120,210.	0.	89,710.
(14) RANDY PATROW	40.00							1.12 .122		00 400
Treasurer	2 00			Х		<u> </u>	Щ	143,423.	0.	89,422.
(15) JEFFREY ARTUS	3.00			,				0 004		_
E-BOARD	40.00		ļ.,	X	ļ.,.	-	Щ	2,224.	0.	0.
(16) STEVE BUFFALO	40.00			,				146 007	_	00 710
FINANCIAL SECRETARY	40.00			X		<u> </u>	<u> </u>	146,087.	0.	89,710.
(17) GREG WEST	40.00			ا ـ ا				120 200		00 710
GUARD		Ш		X	Ļ	L	Щ	120,369.	0.	89,710.

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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A) (B)					C)			(D)	(E)	1		(F)			
Name and title Average			not c	Pos			one	Reportable	Reportable		Es	timate	ed		
	hours per	(do not check more than one box, unless person is both a officer and a director/trustee				is bot	h an	compensation	n	ar	nount	of			
	week	┢┈	Cer ar	Паа	recto	T T	(ee)	- Irom	from related		)	other			
	(list any hours for	egg.	İ				İ	the .	organizations			•			
	related	ē	<b>8</b>			ated		organization	(W-2/1099-MIS	,C)		om th			
	organizations	trustee or director	Tast		8	übeü		(W-2/1099-MISC)			_	anizat d relat			
	below	뺼	thoma		glo	ye or	<u>_</u>					anizati			
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Form								
(18) TROY SCHMIDT	3.00														
E-BOARD				X				2,440.		0.	L		0.		
(19) RICHARD MILNER	3.00														
E-BOARD				X				2,448.		0.	ĺ		0.		
(20) NICOLAS MICHAELS	3.00														
AUDITOR				X				0.		0.			0.		
(21) JAMES RUETER	3.00														
E-BOARD				Х	<u> </u>	<u> </u>	L	2,668.		0.			0.		
(22) AVERY SMITH	3.00												_		
E-BOARD	40.00	<u> </u>		X	_	<u> </u>	_	2,444.		0.	<b></b>		0.		
(23) LEONARD SHELTON Rec SEC	40.00	ł		x		İ		146 220		0.	٥	0 7	10.		
(24) THOMAS DEWAR	40.00	-	-	_	<del> </del>	┢	┝	146,229.		<del>- '  </del>		<i>, ,</i>	<u> </u>		
BUSINESS AGENT	40.00					X		109,747.		0.	8	9 7	10.		
(25) ALLEN FOGEL	40.00	$\vdash$	-	_	-	╀▔	$\vdash$			<del>- '  </del>		<i>.,</i> .			
BUSINESS AGENT					ł	x		109,787.		0.	8	9,7	10.		
(26) GUY YUKER	40.00									$\neg$					
BUSINESS AGENT		<u> </u>				X		109,775.		0.			10.		
1b Sub-total						0.			362.						
c Total from continuation sheets to Part VI	I, Section A							219,039.		0.	_		20.		
d Total (add lines 1b and 1c)							<u> </u>	2,140,200.		0.	1	,524,	782.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	received more than \$100	,000 of reportable	9					
compensation from the organization													26		
<b>6</b> 5:14										ſ		Yes	No		
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			е, ке	ey en	npic	yee	, or	nignest compensated e	mployee on	I			X		
4 For any individual listed on line 1a, is the su			mn	onco	tion	anı	4 ^+	ther compensation from	the organization	ŀ	3				
and related organizations greater than \$150									are organization		4	х	ı		
5 Did any person listed on line 1a receive or a											H				
rendered to the organization? If "Yes," com								•		ı	5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors 1	that received more than	\$100,000 of com	pens	ation f	rom			
the organization. Report compensation for	the calendar y	ear (	endı	ng v	vith •	or w	rthi		/ear.						
(A) Name and business	address						ı	(B)  Description of s	enuces	C	Ompei	•	n		
BAUM SIGMAN AUERBACH & NE		יייי.	_	20	10	W	$\dashv$	Description of s	civices			isatio	<del>'</del> -		
	•		,		, 0	•••		LEGAL			29	7,7	58.		
	ADAMS STREET, SUITE, CHICAGO, IL LEGAL										<del>. , .</del>	<del></del>			
								1							
							_								
	<del></del>						$\dashv$		<del></del>						
2 Total number of independent contractors (ii	ncludina but n	ot lii	mıte	d to	tho	se lu	ster	d above) who received m	ore than						

								IN LOCAL 139	39-036	0025
Part VII Section A. Officers, Directors, Tru	stees, Key E	nplo	oyee			ligh	est		ees (continued)	
(A) Name and title	(B) (C) Average Position hours (check all that ap						ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) DAVID VELIE USINESS AGENT	40.00					х		109,542.	0.	89,710
28) JOHN OPPENEER	40.00	$\vdash$		-		4		100,042.	<b>U•</b>	03,110
USINESS AGENT						x		109,497.	0.	89,710
							_			
							_			
										· · · · · · · · · · · · · · · · · · ·
				Н		-				
··-										
otal to Part VII, Section A, line 1c								219,039.		179,420

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 276,967 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 276,967 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a MEMBERSHIP DUES AND ASSESSMENTS 900099 11,514,267 11,514,267 RENTL INC TX EXMPT PURPOS 532000 235,818 235,818 C d f All other program service revenue 11,750,085. Total. Add lines 2a-2f Investment income (including dividends, interest, and 116,595 116,595. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 14,180. assets other than inventory b Less' cost or other basis 15,186 and sales expenses <1,006. c Gain or (loss) <1,006. <1,006.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** GRIEVANCES 900099 13,690 13,690 11 a b C d All other revenue 13,690. e Total, Add lines 11a-11d 12,156,331. 11,763,775 115,589 Total revenue. See instructions.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 177,539. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 25,500 individuals. 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 Benefits paid to or for members Compensation of current officers, directors, 2,668,082. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,175,258. 7 Other salaries and wages Pension plan accruals and contributions (include 485,257. section 401(k) and 403(b) employer contributions) 565,826. Other employee benefits 289.419. 10 Payroll taxes 11 Fees for services (non-employees): a Management 303,873. **b** Legal 58,688. Accounting 93,500. d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,103. column (A) amount, list line 11g expenses on Sch O.) 635,029. 12 Advertising and promotion 304,239. 13 Office expenses 100,157. 14 Information technology Royalties 15 285,431. 16 Occupancy 172,223. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 271,041 19 Conferences, conventions, and meetings 1,739. 20 Interest 1,449,680. Payments to affiliates 21 487,131 22 Depreciation, depletion, and amortization 102,012. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 111,625. ORGANIZING EXPENSE PRINTING AND PUBLICATIO 72,616. 58,915 POSTAGE AND SHIPPING CONTRACT ADMIN. EXP. 54,924 86,173 All other expenses 11,040,980. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following SOP 98-2 (ASC 958-720)

Pai	τχ	Balance Sneet			
		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	2,602,241.	1	2,667,972.
	2	Savings and temporary cash investments	88,097.	2	76,266.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	537,324.	4	534,007.
	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			:-· · <u> ·-</u> ··
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,438.	9	5,249.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,669,267.			
	ь	Less accumulated depreciation 10b 5,376,544.	7,344,582.	10c	7,292,723.
	11	Investments - publicly traded securities	5,623,526.	11	6,700,938.
	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)	16,199,208.	16	17,277,155.
	17	Accounts payable and accrued expenses	414,572.	17	420,933.
	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	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
ilitic		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	16,669.	23	10,217.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	20,341.	25	34,711.
	26	Total liabilities. Add lines 17 through 25	451,582.	26	465,861.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	15,747,626.	27	16,811,294.
Bal	28	Temporanly restricted net assets		28	
- Pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /	32	Retained earnings, endowment, accumulated income, or other funds	45 845 665	32	46.044
2	33	Total net assets or fund balances	15,747,626.	33	16,811,294.
	34	Total liabilities and net assets/fund balances	16,199,208.	34	17,277,155.

	1990 (2015) INTL UNION OF OPERATING ENGIN LOCAL 139	39-	<u>-0368</u>	025	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,04		
3	Revenue less expenses. Subtract line 2 from line 1	3		,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,74		
5	Net unrealized gains (losses) on investments	5		<5	1,6	<u>83.</u> >
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	16	,81	<u>1,2</u>	<u>94.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:			1		
	Separate basis Consolidated basis Both consolidated and separate 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 separat	e basis	<b>3</b> ,			
	consolidated basis, or both:			1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	<b>)</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt	{		
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (	2015)

## **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," on 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.

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

If the organization answered "Yes," on 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," on 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

INTL UN	ION OF OPERATING	ENGIN LOCAL	139	39-0368025
Part I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.
Provide a description of the organiz     Political expenditures     Volunteer hours	zation's direct and indirect political	campaign activities in	Part IV. ▶\$	63,898.
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1 Enter the amount of any excise tax	- "		<b>▶</b> \$	
2 Enter the amount of any excise tax			<b>▶</b> \$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				***
Part I-C Complete if the org	ganization is exempt unde	r section 501(c),	<u> </u>	
1 Enter the amount directly expende	, , ,	•	·	17,671.
2 Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	_	
exempt function activities		l 5 1100 DOI	▶\$	
3 Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,	•	17,671.
4 Did the filing organization file Form	1120-BOL for this year?		•	X Yes No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC) If	ation listed, enter the amount paid fromptly and directly delivered to a s	rom the filing organiza separate political orga	ation's funds. Also enter th nization, such as a separa	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-
	PEWAUKEE, WI			
139 CONDUIT	53072	80-0459262	5,575.	21,820.
	PO BOX 130	04 0405644	10.006	4.4.4
	PEWAUKEE, WI 5307	91-2107611	12,096.	14,407.
CONSTRUCTION TRADES COALITION	PEWAUKEE, WI 53072	47-1328059	0.	10,000.
COADITION	53072	47-1320033		10,000.
			· · · · · ·	
	[			

Schedule C (Form 990 or 990-EZ) 2015	INTL U	JNION	OF OPERATIN	G ENGIN LOC	AL 139 39-0	0368025 Page 2
Part II-A Complete if the org	ganizatio	n is exe	mpt under sectio	on 501(c)(3) and fil	ea Form 5/68 (	election under
	ton belene		diata di musum (am di lati i	- Doubly and affiliated		
	-			n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha			• •	auguana annlu		
B Check ►  if the filing organiza	ition check	ed box A a	nd "limited control" pro	ovisions apply	/-> Fili	(L) A(6) - A
	ts on Lobb ditures" m		nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publ	ıc opınion (	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a lec	islative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	_		, , ,		-	
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		s 1c and 1c	d)			
f Lobbying nontaxable amount. Ent	•			th columns		<u> </u>
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	,, (5), (5)		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,000						
	<u> </u>		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000	_	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	<u></u>			
		: lua = 4.6				<del> </del>
g Grassroots nontaxable amount (er		•				-
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	· ·					<u> </u>
j If there is an amount other than ze		r line 1h or	line 11, did the organiz	ation file Form 4720	ĺ	
reporting section 4911 tax for this						Yes No
(Some organizations the	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns I	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount					<del></del>	
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						<del></del>
(150% of line 2d, column (e))						
f Grassroots Johnving expenditures		•				

# Schedule C (Form 990 or 990 EZ) 2015 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	<b>)</b>
of th	e lobbying activity.	Yes	No	Amo	ount
a b c d e f g h i j 2a	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:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?	Yes	No	Amo	ount
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1 1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<del> </del>			
	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(	5), or se	ction	
				Yes	No
1	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
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members	d "No," OR	t (b) Part	: III-A, lin	ie 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		_2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
ınstrı	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounctions); and Part II-B, line 1. Also, complete this part for any additional information. Line 1:	ıp list); Part II-	A, lines 1 a	nd 2 (see	
Du	ring the reporting year, the Local contributed pri	zes to	affil:	iated	
PA	c funds to be raffled off. Proceeds from the raff	les wer	e reta	ained	<del></del>
by	the respective PAC fund. In addition, the Local	engages	with		
sej	parate segregated funds to conduct political activ	ity. T	he Lo	<u>cal</u>	
rec	ceives funds and promptly delivers them to these s	eparate	segr	egated	<u></u>

Schedule C (Form 990 or 990 EZ) 2015 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 4  Part IV   Supplemental Information (continued)
funds.
Part I-C Continuation for Incomplete Name/Address Information:  OPERATING ENGINEERS 139 CONDUIT
N27 W23233 ROUNDY DRIVE PEWAUKEE, WI 53072
CONSTRUCTION TRADES COALITION
N27 W23233 ROUNDY DRIVE, po bOX 130 PEWAUKEE, WI 53072

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INTL UNION OF OPERATING ENGIN LOCAL 139

Employer identification number 39-0368025

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, IIr	ne 6.		
		(a) Donor advised funds	(b) Fu	nds 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			
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	_	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring	
	impermissible private benefit?		_	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7	· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certif	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ea	sements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	h)(4)(B)(i)	
	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 organiza	tion's financial statements that describes t	he organıza	tion's accounting for
	conservation easements.			
Ра	rt III Organizations Maintaining Collections o	•	ner Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex		ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS	•		· · · · · · · · · · · · · · · · · · ·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre		gain, provid	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_	
a	Revenue included on Form 990, Part VIII, line 1			\$
-	Assets included in Form OOD Dorf V		_	rr ·

		ION OF OPE							68025	
Par										
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	ınıfıcant	use of its	collection if	tems
	(check all that apply).									
а	Public exhibition	c			hange progr	ams				
b	Scholarly research	•	• []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	•		•	•			ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımilar a	assets	_	_	
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran	igements. Compli	ete if the	e organizatio	n answered	"Yes" on F	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	is or other as	ssets not i	ncluded		٦.,	<u> </u>
_	on Form 990, Part X?							L.,	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
7-	Ending balance Did the organization include an amount on F	orm 000 Bort V line	O1 for		otadial acc	arrat kabilit			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						.y ′		⊒ res i	
Par							<u> </u>			
<u> </u>		(a) Current year		rior year	(c) Two yea			ears back	(e) Four ye	ars back
1a	Beginning of year balance	(a) Garrent year	10/1	nor your	(6) 1110 702		<u> </u>	outo buon	(6) - 64: 76	are back
	Contributions	· · · · · ·			<u> </u>					
	Net investment earnings, gains, and losses	<del> </del>								
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance						,			
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:				<u> </u>	
а	Board designated or quasi-endowment	-	%	,						
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	e organız	ation		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(II), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par										
	Complete if the organization answere			/, line 11a S	See Form 990	D, Part X, II	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book v	alue
	<u> </u>	basis (investr	nent)		(other)	depr	reciation		1 110	
	Land				2,228.	3 4	<u> </u>		1,112,	
	Buildings				8,826.		68,4		5,290,	
	Leasehold improvements				2,184.		62,18		016	0.
	Equipment				9,664. 6,365.		52,8			807.
-	Other	aval Form 200, Darid	V a=1::-			9	93,0		7,292,	276.
ı otal	. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part	∧, colun	ıırı (¤), IINE 1	uc.j				<u>, 474,</u>	143.

Part VIII Investments - Other Securities.  Complete if the organization answered "yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-line in the property of	0 3 6 8 0 2 5 Page 3
(a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	f-year market value
1) Financial derivatives	f-year market value
22   Closely-held equity interests	
3) Other	-·
(A) (B) (C) (C) (D) (E) (F) (G) (H) Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-yaluation (c) Method of valuation (c) Method of valuat	
(B) (C) (D) (E) (F) (G) (H) (F) (G) (E) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
(C) (D) (E) (F) (G) (H) Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-ying) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	
(D) (E) (F) (G) (H)    Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-y, (1) (2) (3) (4) (5) (6) (7) (8) (9)   Investment   (b) Book value   (c) Method of valuation: Cost or end-of-y, (d)   (d	
(E) (F) (G) (H)    Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-y (1) (2) (3) (4) (5) (6) (7) (8) (9)   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7)	
(F) (G) (H) (F) (G) (H) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	<del></del>
(G) (H)  Total. (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-yold (1)  (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Cot. (b) must equal Form 990, Part X, cot. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (1)  (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7)	
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-yright (d) (e) Method of valuation: Cost or end-of-yright (d) (e) Method of valuation: Cost or end-of-yright (d) (e) Method of valuation: Cost or end-of-yright (d) (e) (e) (f) Method of valuation: Cost or end-of-yright (d) (e) Method of valuation: Cost or end-of-yright (e) Method	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-y (1)	
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-y  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	f-vear market value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	- year market value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	<del></del>
(4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	
(5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	
(6) (7) (8) (9)  Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7)	<del></del>
(7) (8) (9)  Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6)	<del></del>
(9)    Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (1)	
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Nother Assets.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description           (2)           (3)           (4)           (5)           (6)           (7)	
Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (2)  (3)  (4)  (5)  (6)  (7)	
(a) Description  (1) (2) (3) (4) (5) (6)	
(1) (2) (3) (4) (5) (6) (7)	
(2) (3) (4) (5) (6) (7)	(b) Book value
(3) (4) (5) (6) (7)	
(4) (5) (6) (7)	
(5) (6) (7)	
(6) (7)	
(7)	
	<del></del> -
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability (b) Book value	····
(1) Federal income taxes	
(2) PAYROLL WITHHOLDINGS 7,771.	
(3) DEPOSITS HELD 26,940.	
(4)	
( <del>4</del> ) ( <del>5</del> )	
(5) (6)	
(5)	

34,711.

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

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

Sche	edule D (Form 990) 2015 INTL UNION OF OPERATING E	NGIN LOCAL 139	<del>3</del> 9-	0368025 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		144 000 650
1	Total revenue, gains, and other support per audited financial statements			11,839,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	.   .E1 /	502	
a		2a <51,6	003.	
b	<b>-•</b>	2b		
С.	Recoveries of prior year grants	2c		į
d	,		<b></b>   ₀,	<51,683.
e	Add lines 2a through 2d Subtract line 2e from line 1		_ <u>2e</u> 3	11,891,335.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	11,001,000.
4	1 1 1 1 5 mm 000 B 1 1 1 1 1 mm 7 h	4a		
a b		4b 264,9	996.	
c		40	4c	264,996.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,156,331.
	rt XII Reconciliation of Expenses per Audited Financial States	nents With Expense	s per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	·	
1	Total expenses and losses per audited financial statements		1	10,775,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d  < 264,9	996.	
e	Add lines 2a through 2d		<b>2</b> e	<264,996.
3	Subtract line 2e from line 1		3	11,040,980.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		İ
а		4a		
þ	Other (Describe in Part XIII )	_4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	11,040,980.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		V I 4 D.	LV I 0- D VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		v, line 4; Par	t X, line ∠; Part XI,
iines	20 and 45, and Part All, lines 20 and 45. Also complete this part to provide any ac	iditional information.		
				<del>_</del>
Pai	rt X, Line 2:			
		· · · · · · · · · · · · · · · · · · ·		
The	e Internal Revenue Service has advised the	at the Local o	gualifi	es under
Sec	ction 501(c)(5) of the Internal Revenue Co	ode and is, th	nerefor	e, subject
		-		
to	tax only on income, if any, unrelated to	its tax-exemp	ot purp	ose.
				<del></del>
Mai	nagement is required to evaluate tax posi-	tions taken by	the L	ocal and
		T 1 1 4 - 1		
rec	cognize a tax liability (or asset) if the	Local nas tak	ten an	uncertain
	wition that many libely than not would not	- ha		
pos	sition that more likely than not would no	t be sustained	upon	examination
hv	the taxing authorities. As of December	31 2015 they	e were	no
ŋλ	the taxing authorities. As or becember	or, auro, cher	e were	110
un	certain positions taken or expected to be	taken that wo	ould re	quire
~~~	our man pour de de de de de de de de de de de	CALCIL CILCO WC		4
rec	cognition of a liability (or asset) or dis	sclosure in th	ne fina	ncial
		<del>-</del> <del>-</del>		

Schedule D (Form 990) 2015

532054 09-21-15

Schedule D (Form 990) 2015 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 5
Part XIII   Supplemental Information (continued)
Income Tax, for the fiscal years ending 2012, 2013 and 2014 are subject to
examination by the IRS, generally for three years after they were filed.
Part XI, Line 4b - Other Adjustments:
ORGANIZING GRANT NETTED WITH SALARIES ON FINANCIAL
STATEMENTS 264,996.
Part XII, Line 2d - Other Adjustments:
ORGANIZING GRANT NETTED WITH SALARIES ON FINANCIAL
<u>STATEMENTS</u> -264,996.

SCHEDULE (Form 990)

Parti

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection **%** 

**Employer identification number** 39-0368025 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. INTL UNION OF OPERATING ENGIN LOCAL 139 General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if additi	ed if additional space is needed	ompiete ii the orga led	nization answered T	es on rorm 990, Par	ıv, iine z i, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSPORTATION DEVELOPMENT ASSOCIATION - 10 EAST DOTY ST. STE 2 - MADISON, WI 53703	39-1154596	501C6	5,000.	0			CONTRIBUTION
FAIR RATES FOR WISCONSIN'S DAIRYLAND - PO BOX 1858 - MADISON, WI 53701	47-2854052	501C4	18,000.	0			CONTRIBUTION
NORTH CENTRAL STATES CONFERENCE 6200 JOLIET RD. COUNTRYSIDE, IL 60525	34-1263211	501C5	26,205.	0.			CONTRIBUTION
WISCONSIN INFRASTRUCTURE INVESTMENT NOW - 4230 EAST TOWNE BLVD. STE. 245 - MADISON, WI 53704	47-2123771	501C4	100,000.	0.			CONTRIBUTION
KOHLER UAW LOCAL 833 WORKERS RELIEF FUND - 5425 SUPERIOR AVE SHEBOYGAN, WI 53083	39-0402895	501C5	7,572.	0.			CONTRIBUTION
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government or listed in the line	ions	listed in the line 1 table				

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

Schedule I (Form 990) (2015)

532101 10-28-15

39-0368025

Schedule I (Form 990) (2015) INTL UNION OF OPERATING ENGIN LOCAL 139

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO ELIGIBLE DEPEND OF MEMBERS	17	25,500.	*0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, line	e 2, Part III, column	(b), and any other a	dditional information.	
Part I, Line 2:					
THE BOARD AND MEMBERSHIP APPROVES	ALL	FIONS MADE	DONATIONS MADE BY THE LOCAL.	CAL.	
DONATIONS ARE MADE UPON REQUESTS F	FROM VARIC	VARIOUS ORGANIZATIONS.		THE LOCAL	
WILL INQUIRE WITH ORGANIZATIONS RECEIVING		SIGNIFICAN	SIGNIFICANT DONATIONS	S AS TO THE	
USE OF THE FUNDS RECEIVED.					

### **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. ▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Part I

INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on 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? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtial 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)?

Schedule J (Form 990) 2015 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025

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

For each individual whose compensation must be reported on 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 VIII.

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	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneirs	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) SHAUN MCHUGH	ε	109,244.	0	159.	64,910.	24,800.	199,113.	0
Trustee	(11)		0	0	0	0	0	0
(2) DANIEL SPERBERG	(0)	145,769.	0	780.	64,910.	24,800.	236,259.	0
Vice President	(ii)		0	0	0	0		0
(3) TERRY MCGOWAN	(:)	177,68	0.	928.	64,910.	24,800.	268,318.	0
BUS MGR/PRES	(ii)		0	0	0	0	0	0
(4) SHANE GRIESBACH	ε	120,16	0	475.	64,910.	24,800.	210,353.	0
E-BOARD	(E)		0	0	0	0	0	0
(5) DARRIN BURSAW	(i)	109,66	0	296.	64,910.	24,800.	199,667.	0
AUDITOR	(ii)		0	0.		0	0	0
(6) SAM SMITH	ω	120,168.	0	239.	64,910.	24,800.	210,117.	0
Conductor	(ii)		0	0	0	0	0	0
(7) TIM GORTZ	Θ	109,244.	0	327.	64,910.	24,800.	199,281.	0
Ľ١	≘		0 •	0.	• 0	0		0
(8) PATRICK B NELSON	Ξ	119,965.	0	245.	.016,49	24,800.	209,920.	0
Trustee	(ii)		0	0	0	0	0	0
(9) RANDY PATROW	(i)	142,992.	0	431.	64,716.	24,706.	232,845.	0
Treasurer	(ii)		0	0.	0	0	0	0
(10) STEVE BUFFALO	(3)	145,769.	0	318.	.016,99	24,800.	235,797.	0
FINANCIAL SECRETARY	Ξ	- 1	0	0	0		0	0
(11) GREG WEST	Ξ	120,168.	0 •	201.	64,910.	24,800.	210,079.	0
GUARD	(ii)		0	0.	0			0
(12) LEONARD SHELTON	Ξ	145,769.	0	460.	64,910.	24,800.	235,939.	0
Rec SEC	<u>(ii)</u>	ı	0	0.				0
(13) THOMAS DEWAR	Ξ	109,244.	0	503.	64,910.	24,800.	199,457.	0
BUSINESS AGENT	(ii)	ŀ	0	0.				0.
(14) ALLEN FOGEL	Ξ	109,244.	0.	543.	64,910.	24,800.	199,497.	0
BUSINESS AGENT	(ii)		0	. 0				0
(15) GUY YUKER	Ξ	109,244.	0	531.	64,910.	24,800.	199,485.	0.
BUSINESS AGENT	(1)		0	0.				0
(16) DAVID VELIE	Ξ	109,244.	0	298.	64,910.	24,800.	199,252.	0
BUSINESS AGENT	Œ	0	0	0.	0	0 •	0.	0
S32112 10-14-15							Schedu	Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

Note: The sum of columns (B)(i)-{(ii) 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 W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(G)·(l)(G)	in column (B) reported as deferred on prior Form 990
(17) JOHN OPPENEER	Ξ	109,244.	0	253.	64,910.	24,800.	199,207.	0
BUSINESS AGENT	<u> </u>	0	0	0 •	0	0	• 0	0
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	(ii)							
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Schedule J (Form 990) 2015

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INTL UNION OF OPERATING ENGIN LOCAL 139

**Employer identification number** 39-0368025

Form 990, Part I, Line 1, Description of Organization Mission: CONDITIONS OF ITS MEMBERS. Form 990, Part III, Line 4d, Other Program Services: TO ORGANIZE WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS. THE ORGANIZATION HAD A MEMBERSHIP OF 9,260 AT THE END OF THE REPORTING PERIOD. Form 990, Part VI, Section A, line 6: Line 6 explanation - REGULAR MEMBERS REPRESENT JOURNEYMEN AND FOREMEN. APPRENTICES REPRESENT MEMBERS WHO HAVE NOT YET REACHED JOURNEYMEN STATUS. THESE MEMBERS PAY FULL DUES. OWNER OPERATORS PAY DUES AT A RATE OF \$50 PER MONTH BECAUSE THESE MEMBERS ARE NOT REQUIRED TO PAY WORKING DUES. MEMBERS PAY DUES AT A RATE OF TWO TIMES THEIR HOURLY RATE. RETIRED/DISABLED MEMBERS PAY DUES AT \$15 PER MONTH DUE TO THEIR EMPLOYMENT STATUS. Form 990, Part VI, Section A, line 7a: Line 7a explanation - MEMBERS ELECT OFFICERS EVERY THREE YEARS FOLLOWING PRESCRIBED PROCEDURES IN THE UNION'S BYLAWS. Form 990, Part VI, Section A, line 7b: Line 7b explanation - PER THE CONSTITUTION OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS, ALL ACTS OF THE EXECUTIVE BOARD SHALL BE REVIEWABLE BY

THE LOCAL MEMBERSHIP BUT SHALL BE MAINTAINED IN FULL FORCE AND EFFECT.

SUBJECT TO REVOCATION BY ACTION OF THE MEMBERSHIP OF THE LOCAL IF TAKEN AT

THE NEXT SUBSEQUENT MEMBERSHIP MEETING FOLLOWING THE ADOPTION OF THE ACT IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) **Employer** identification number Name of the organization INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 QUESTION. Form 990, Part VI, Section B, line 11: THE EXECUTIVE BOARD AUTHORIZES THE BUSINESS MANAGER AND SECRETARY TREASURER TO REVIEW THE FORM 990 BEFORE IT IS FILED. Form 990, Part VI, Section B, Line 12c: THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BYLAWS OF THE LOCAL AND THE CONSTITUTION OF THE INTERNATION UNION OF OPERATING ENGINEERS. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT IUOE (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE OR PROCEDURE ADOPTED BY IUOE. THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST. THIS INFORMATION IS OPEN TO THE PUBLIC Form 990, Part VI, Section B, Line 15: OFFICERS AND KEY EMPLOYEES COMPENSATION IS APPROVED BY THE MEMBERSHIP. Form 990, Part VI, Section C, Line 19: THE LOCAL'S BYLAWS AND THE CONSTITUTION OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS IS AVAILABLE THROUGH THE US DEPARTMENT OF LABOR, OLMS, ONLINE PUBLIC DISCLOSURE ROOM. THE CONSTITUTION IS FILED UNDER THE INTERNATIONAL UNION OF OPERATING ENGINEERS, WHO FILES THE INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS.

FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN

IN ADDITION, OUR ORGANIZATION

Name of the organization  INTL UNION OF OPERATING ENGIN LOCAL 139	Employer identification number 39-0368025
ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM.	33 0300023
ANDO BE CEIMINED ON THE CHEIKE TODETC DISCHOSORE ROOM.	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR	
NO CHANGE FROM THE PRIOR TEAR	
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**SCHEDULE R** (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2015

OMB No 1545-0047

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

Employer identification number 39-0368025 Open to Public Inspection

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

INTL UNION OF OPERATING ENGIN LOCAL 139

(g) Section 512(b)(13) controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets Public charity status (if section <u>e</u> Total income Exempt Code Ī section ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

Schedule R (Form 990) 2015

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Yes

501(c)(3))

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527

Wisconsin

PAC Fund

OPERATING ENGINEERS 139 FED PAC - 80-0459252

N27 W23233 ROUNDY DRIVE

Pewaukee, WI 53072

OPERATING ENGINEERS STATE PAC - 91-2107611

N27 W23233 ROUNDY DRIVE

Pewaukee, WI 53072

27

Wisconsin

PAC Fund

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39-0368025 Page 2

139 INTL UNION OF OPERATING ENGIN LOCAL Schedule R (Form 990) 2015

Part III

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

Seneral or Percentage 3 managing partner? Yes 3 Code V-UBI amount in box 7 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Schedule 20 of Sch  $\equiv$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets Œ Share of total income € Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d) | Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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. Part IV

	ì			1				1				
	(	101 (5,13)	olled ity?	Ŷ								 _
	֖֖֖֖֝֞֞֜֜֞֜֜֜֞֜֜֜֜֜֜֜֟֜֜֜֟֜֜֟֜֜֜֜֜֟֜֜֜֜֜֜֜֜	Section 512(b)(13)	ent	Yes								
	(H)	Percentage	ownership							-		
		Share of										
	(j)	تخ	income									
	(e)	Type of entity	(C corp, S corp,	C. C.C.								
	<del>(</del> 9	Direct controlling Type of entity S	entity									
	<u> </u>	Legal domicile	foreign	country)								
ig the tax year.	<b>(</b> p)	Primary activity										
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN	or related organization									

Schedule R (Form 990) 2015

39-0368025

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 partity is listed in Date II III or IV of this school is				ľ	75	4
Towns Complete line in any smally is instead in a rank in, or the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II:V?		-	
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity		)		1a	T	×
				9	r	×
c Gift, grant, or capital contribution from related organization(s)				9	T	×
d Loans or loan guarantees to or for related organization(s)				Ę	-	×
					t	×
e Loans of toal guarantees by ferated organization(s)				ַ	$\dagger$	4
f Dividends from related organization(s)				*		×
				1	$\dagger$	
g Sale of assets to related organization(s)				19	7	۵
h Purchase of assets from related organization(s)				<b>+</b>	_	×
i Exchange of assets with related organization(s)				<b>=</b>		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	П	×
k   ease of facilities equipment or other assets from related organization(s)				÷		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(e)			Ŧ	T	×
(a) to the first of the formal of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first	nization(s)			: !	t	
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	on(s)	•		F	t	4 :
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				٩	†	×
					_	
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				15	_	×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				1r		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds.			
(e)	(q)	(0)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						1
(5)						
(9)						
532163 09-08-15			Schedule R (Form 990) 2015	(Form	(066	2015

39-0368025

Page 4

Schedule R (Form 990) 2015 INTL UNION OF OPERATING ENGIN LOCAL 139

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

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

(k) recentage ownership						
0 0 0 0	:		<del> </del> -			 
General or managing partner?		-				 
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parine?						
is a s				 )	<u>.                                    </u>	
Disproportionate allocations?				 <u> </u>		 
(g) Share of end-of-year assets						
(f) Share of total income						
Are all partners sec 501(c)(3) ongs Y						
(d) Predominant income part (related, unrelated, so excluded from tax under excluded from 512-514)						
(c) Legal domicile (state or foreign country)					3	
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	INTL	UNION	OF	OPERATING	ENGIN	LOCAL	139	<u>39-0368025</u>	Page 5
Part VII	(Form 990) 2015 Supplemental Info	rmation								
	Provide additional inform	nation for re	sponses to	questi	ons on Schedule R (	<u>see instructi</u>	ons)			
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