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50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Charme of organization	A For the 2015 calendar year, or tax year beginning JANUARY 1			ar year, or tax year beginning JANUARY 1 , 2015, and endir	g DE	CEMBER 31	, 20 15		
Number and attend for P.O. box, if mad a not delivered to street address) Room/kuller Room/ku	B Check if applicable		plicable	C Name of organization	D Em	oloyer identific	ation number		
Detail without mission protrops P.O. BOX 70 Province, state or province, country, and ZIP or foreign postal code F. Group Exemption Number P.O. BOX 70 P.A. Application predicts P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.		Address cl	ss change INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 123						
Filed Institutementalities Filed Institu	۱	Vame cha	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	e E Tele	E Telephone number			
Aneptenden presenting Def ARINK, KS 57340 Solicy Text Solicy Text Solicy Text Solicy Solicy Text Solicy Solicy Solicy Text Solicy	$\overline{}$			P.O. BOX 70		620-252	-5547		
Revenue, Expenses, and Changes in Net Association Salamount of Sal	=			City or town, state or province, country, and ZIP or foreign postal code	F Gro	oup Exemptio	n		
Websitos: ► Travexempt status (check only one)	=			DEARING, KS 67340	Nu	mber ▶			
J Tax-exempt status (check only one) —	G A	ccount	ing Method:	✓ Cash	H Check	▶ 🗹 if the d	organization is not		
K Form of organization:	I W	/ebsite	:▶		require	d to attach S	chedule B		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part III, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	J Ta	ax-exem	npt status (che	eck only one) — ☐ 501(c)(3)	(Form	990, 990-EZ,	or 990-PF).		
							 		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 1 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 4 273 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming attach Schedule G if greater than \$15,000) 6 Gross income from gaming attach Schedule G if greater than \$15,000) 7 Gross income from gaming and fundraising events (not including \$ of contributions from fundraising events exported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 7 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 D Less: cost of goods sold 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 7 C C Gross profit or (loss) from sale of inventory (Subtract line 7b fro					total assets	•			
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Benefits paid to or for members		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	65400		
Salaries, other compensation, and employee benefits		10		similar amounts paid (list in Schedule O)	70 .	10			
Professional fees and other payments to independent contractors		11	Benefits pa	aid to or for members	18	-			
Professional fees and other payments to independent contractors 13 6612 14 Occupancy, rent, utilities, and maintenance OGDEN; UT 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18287 17 Total expenses. Add lines 10 through 16 17 72154 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -6754 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 158158 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 151404		12	Salanes, o	ther compensation, and employee benefits 2 . AP.R. 27 ZUJb .	12	18900			
Other expenses (describe in Schedule O)		13	Profession	al fees and other payments to independent contractors	13	6612			
Other expenses (describe in Schedule O)		14	Occupanc	y, rent, utilities, and maintenance OGDEN: UT					
Total expenses. Add lines 10 through 16		15	Printing, p	ublications, postage, and snipping					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16			18287				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)		17				+ +	72154		
21 Net assets of fund balances at end of year. Combine lines 16 through 20	Net Assets	1				18	-6754		
21 Net assets of fund balances at end of year. Combine lines 16 through 20		19							
21 Net assets of fund balances at end of year. Combine lines 16 through 20			_	_			158158		
21 Net assets of fund balances at end of year. Combine lines 16 through 20									
For Panerwork Reduction Act Notice, see the senarate instructions Cat No. 106421 Form 990-EZ (2015)					151404 1 990-EZ (2015)				

Pa	rt II Balance Sheets (see the instructions t					_
	Check if the organization used Schedule	O to respond to a	ny question in this		·_	<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			158158		151404
23	Land and buildings			36450		38120
24	Other assets (describe in Schedule O)				24	0
25	Total assets			194608		189524
26	70000 11000 (000001100 117 001100 117 07 117	· · · · · · ·	<u> </u>		26	0
27	Net assets or fund balances (line 27 of column			158158	27	151404
Par	t III Statement of Program Service Accom					Evnanasa
	Check if the organization used Schedule	···	ny question in this	Part III 📋	(Re	Expenses equired for section
Wha	t is the organization's primary exempt purpose?	LABOR UNION				I(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	rogram services,		janizations, optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the	e services provided	, the number of	otn	ers)
pers	ons benefited, and other relevant information for ea	ach program title.	· · · · · · · · · · · · · · · · · · ·			
28						

	(Grants \$) If this amount	includes foreign gra	ints, check here .	· · · <u>•</u> 🗆	28	a
29						
			:			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29	a
30						
	(O				20.	_
	<u></u>	includes foreign gra			30	a
31	Other program services (describe in Schedule O)				24	
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra			31:	
	List of Officers, Directors, Trustees, and Key					
Гаі	Check if the organization used Schedule				เอแน	
	Officer if the organization used ochequie	1	(c) Reportable	(d) Health benefits,	Ť	· · · · · · <u></u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(-)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
CEO	RGE L MOORE - BUSINESS AGENT	· · · · · · · · · · · · · · · · · · ·			+	· · · · · · · · · · · · · · · · · · ·
	55 E 50RD WELCH, OK 74369	10	8280		o	0
	E ONESLAGER - PAST FINANCIAL SECRETARY	10	<u> </u>		┪	<u>_</u>
	BOX 221 DEARING, KS 67340	5	1404		٥	0
	RLIE ADAMSON - FINANCIAL SECRETARY				1	
	N PARKVIEW COFFEYVILLE, KS 67337	5	1872		o	0
	N D MERSBERG - TREASURER / BUSINESS AGENT				_	· · · · · · · · · · · · · · · · · · ·
	BOX 70 DEARING, KS 67340	10	5616		o	0
MAR	TIN L KUDRICK - PRESIDENT			1	T	
	BOX 192 MOUND VALLEY, KS 67335	1	864		0	0
GAR	Y E SCHAPLOWSKY - RECORDING SECRETARY				Т	
5551	CR 2200 COFFEYVILLE, KS 67337	1	864		0	0
ROD	NEY KELLEY - VICE PRESIDENT					
RR1	BOX 382 SOUTH COFFEYVILLE, OK 74072	1	0		0	0
PHIL	IP CRANOR - CONDUCTOR					
<u>15</u> 11	CATALINA COFFEYVILLE, KS 67337	11	0		0	0
RON	ALEXANDER - GUARD					<u> </u>
2254	CR 4300 COFFEYVILLE, KS 67337	11	_0		0	0
	KER HARGIS - TRUSTEE					
5385	CR 1600 COFFEYVILLE, KS 67337	1	0		0	0
DON	NIE COLLIER - TRUSTEE					
3319	CR 2200 INDEPENDENCE, KS 67301	11	0		0	0
	LA ADEY - TRUSTEE				Γ	
	N PENN AVE INDEPENDENCE, KS 67301	1	l o	.[o	0

Form 99	0-EZ (2015)		F	Page 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ne	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41 42a	List the states with which a copy of this return is filed ► KANSAS The organization's books are in care of ► KEVIN D. MERSBERG Telephone no. ►	620-25	2.55A	
	Located at ▶ P.O. BOX 70 DEARING, KS ZIP + 4 ▶		340	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. i	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	1
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	explanation in Schedule O	44d 45a		1
	Did the organization race a controlled entity within the meaning of section 312(b)(13)?	45a		V
		1-100	ı	. ▼

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI	Form 990	0-EZ (2)	015)						P	age 4	
to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines S0 and S1. Check if the organization used Schedule O to respond to any question in this Part V I The organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47									Yes	No	
Section 501(c)(3) organizations only											
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 147 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 if "Yes," complete Schedule C, Part if "Yes," complete Schedule C, Part if "Yes," complete Schedule E 148 Is the organization as house any transfers to an exempt non-charitable related organization? 150 Did the organization make any transfers to an exempt non-charitable related organization? 150 Complete this table for the organization's five highest compensated employees (other than officers, directors, furseters, directors		to car	ndidates for public office? If "Yes," co	omplete Schedule C	, Parti			. 46	Ī	1	
So and 51. Check if the organization used Schedule O to respond to any question in this Part V! 47 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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48	Part \	/ I	Section 501(c)(3) organizations	only							
Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 18 Is the organization anake any transfers to an exempt non-charifable related organization? 19 If "Yes," was the related organization of organization organization as escition 527 organization? 10 If "Yes," was the related organization organization. If there is none, enter "None." 10 If "Yes, complete Schedule A organization organization organization organization. If there is none, enter "None." 11 Total number of other employees paid over \$100,000	1		All section 501(c)(3) organizations	must answer que	stions 47-49b ar	nd 52, and	complete th	e tables t	for line	es	
Vest			50 and 51.								
Vest				edule O to respond	l to any question i	n this Part	VI				
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 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 J 48		-	<u> </u>				 		Yes	No	
48 s. the organization a school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E 48 √ 49a Did the organization make any transfers to an exempt non-charitable related organization?							ect dunng the	1			
Did the organization make any transfers to an exempt non-charitable related organization?		•	•					ļ	ļ	_✓	
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization ore than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per view devoted to position (c) Reportable compensation (d) Ream benefits, left, and deferred compensation or the organization of the received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and title of each employee (a) Name and title of each employee plus per view devoted to position (e) Estimated amount of other compensation (f) Estimated amount of other compensation (f) Estimated amount of other compensation or the organization or the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A. Did the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A. Pignature of officer Signature of			•						<u> </u>	1	
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