29 2004.6 0 10 8 1 2 OMB No 1545 0047 **Return of Organization Exempt From Income Tax**

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

Open to Public

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information...

Inspection

A	A For/the 2017 calendar year, or tax year beginning and ending								
В	Check if	C Name of organization		D Employer identifi	cation number				
	Addre	ss INTL UNION OF OPERATING ENGIN LOCAL 139	9						
	Name	Doing business as	39-0368025						
	Initial	,	oom/suite		E Telephone number				
L	Final return termii			(262					
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,255,289.				
Ļ	Amen return Appli	FEWACKEE, WI 33072		H(a) Is this a group re					
pending pendin									
<u>-</u> -	same as C above H(b) Are all subordinates included 7 Yes No No No No No No No No								
_		empt status 501(c)(3) X 501(c) (5) ((insert no) 4947(a)(1) or/ te: N/A	527	- '	list (see instructions)				
_		organization Corporation Trust X Association Other	I Vear	H(c) Group exemption 1938	A State of legal domicile, WI				
	art I	Summary	I L I Cai	briothation. 2330 h	A State of legal dofficite. 11 1				
	1 4		EVATE	THE TRADE	OF				
Governance		OPERATING ENGINEERS AND IMPROVE THE SOCIAL							
rna	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net as	ssets				
ove ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
ঠ প	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	51				
Š	6	Total number of volunteers (estimate if necessary)		6	0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990 T, line 34		7b	0.				
				Prior Year	Current Year				
ë	8	Contributions and grants (Part VIII, line 1h)	-	287,840. 11,583,592.	379,361. 12,182,410.				
Revenue	9	Program service revenue (Part VIII), line 2g)	-	249,681.	192,266.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	5,650.	2,000.				
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	12,126,763.	12,756,037.				
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 13)	_+	94,665.	102,776.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
s	1	Salaries, other compensation, employee benefits (Part IX-column (A), lines 5 10)	ļ	6,637,049.	7,176,612.				
nse	16a	Professional fundraising fees (Part IXrcolumn-(A), line 11e)		0.	0.				
Expenses	b		0. ${}$						
ũ	17	Other expenses (Part IX, column (A), lines 11/a 11/d [11/248)		4,728,261.	4,647,231.				
	18	Total expenses Add lines 13-17 (must-equal Part IX, column (A), (ine 25)		11,459,975.	11,926,619.				
_	19	Revenue less expenses Subtract line 18 สู่ใจที่ ให้เอา 1,2		666,788.	829,418.				
Net Assets or	2		Be	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		17,883,438.	18,711,919.				
et A	21	Total liabilities (Part X, line 26)	-	462,498. 17,420,940.	462,913.				
2ú	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		11,420,940.	18,249,006.				
_		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and ctatem	ante and to the heet of m	v knowladge and heliaf it is				
		ct, and complete Ties a ration of prepares (other than officer) is based on all information of which			y kilowieuge alla bellet, it is				
	, соп		прорагог	nao any knomenge					
Sig	in	Signature of officer		Date					
Here TERRY MCGOWAN, BUSINESS MANAGER/PRESIDENT									
	Type or print name and title								
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pa	ıd	Andy Hein W. D.		Thill self employ					
	parer	Firm's name Calibre CPA Group PLLC		Firm's EIN ▶	47-0900880				
Us	e Only	Firm's address 230 West Monroe St., Ste 310		21	2 ([[0027				
_		Chicago, IL 60606		Phone no 31	2-655-0037				
_		RS discuss this return with the preparer shown above? (see instructions)	 		X Yes No				
732	001 11-	28-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	15.		Form 990 (2017)				

See Schedule O for Organization Mission Statement Continuation

Form	990 (2017) INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
'î	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 example tion undertake any against are grown any year during the year which were not let of an the
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	TO ORGANIZE WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF
	THEIR CONDITION AND STATUS. THE ORGANIZATION HAD A MEMBERSHIP OF 9,494
	AT THE END OF THE REPORTING PERIOD.
	
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/
4d	Other program services (Describe in Schedule O)
74	
4-	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► Form 990 (2017)
	Form 990 (2017)

orm	990	(2017)	

732003 11-28-17

INTL UNION OF OPERATING ENGIN LOCAL 139

39-0368025

Page 3

Part IV | Checklist of Required Schedules

			Yes	No
۲	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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	X	ł
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
•	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,	<u> </u>	_	
•	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	<u> </u>		
_	Schedule D, Part III	8		х
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?	1		l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.]
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	<u> </u>
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
С	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	110		х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		[1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	}
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			.,
	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	900	(2017)
		LOW	33U	(2017)

Form 990 (2017) INTL UNION OF OPER
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			i
	Schedule K. If "No", go to line 25a	24a		_X_
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l l		
	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	l :		7.7
	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	1		:
_	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			$\bar{\mathbf{x}}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		•	
-	Note. All Form 990 filers are required to complete Schedule O	38	X 900	2017)

	Check if Schedule O contains a response or note to any line in this Part V			
٠.			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13 17 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the Harrison of Ferrite VV 24 included in line 14 Enter of in first applicable		ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.	х	-
0-	(gambling) winnings to prize winners?	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 51		1	
_	· · · · · · · · · · · · · · · · · · ·	٠. ا	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	~
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		- 1	X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Α
D	If "Yes," enter the name of the foreign country	, ,	- 1	
٤.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		- 1	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		A
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-+	
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	_		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		71
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
Ŭ	to file Form 8282?	7c	1	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	-[
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Į	
11	Section 501(c)(12) organizations. Enter:		- [
а	Gross income from members or shareholders 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)]		_
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
þ	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		-	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Farm 990 (2017) 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 Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 $\overline{\mathbf{x}}$ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

TERRY MCGOWAN - 262-896-0139

WI

TERRY MCGOWAN - 262-896-0139 N27 W23233 ROUNDY DR, PEWAUKEE,

53072

TNTT.	ITNITON	\cap F	OPERATING	FNCTN	T.OCAT.	120

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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

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)	ΤŬ		- 11				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	T		T COLO	,,,uas	T	from	from related	other
	(list any hours for	Individual trustee or director	١	1		_	1	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	99	stee	1	İ	nsate	1	(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	trast	al fru) yee	e e		}		and related
	below	vidua	Institutional trustee	بق	Key emplayee	Highest compensated employee	je	ļ		organizations
	line)	를	Inst	Officer	Key	E E	ğ			
(1) SHAUN MCHUGH	40.00	1							_	
Trustee	1	L		Х	L		_	114,484.	0.	71,968.
(2) DANIEL SPERBERG	40.00	1	1	ا ا		1	1		_	
Vice President		L	L	X	L		L	152,683.	0.	71,968.
(3) BILL DREYER	3.00	1		l		l			_	_
AUDITOR	<u> </u>	L	L	Х	<u> </u>		L	0.	0.	0.
(4) GLENN ROLOSON	3.00									
E-BOARD	<u> </u>			X				2,744.	0.	0.
(5) TERRY MCGOWAN	40.00	1								
BUS MGR/PRES	<u> </u>	L		Х			L	184,280.	0.	71,968.
(6) SHANE GRIESBACH	40.00					_]		
Treasurer		L		X		L	L	152,253.	0.	71,968.
(7) DARRIN BURSAW	40.00]								
AUDITOR	<u> </u>	<u></u>		X				126,582.	0.	71,968.
(8) SAM SMITH	40.00	1		1						
Conductor	<u> </u>	_	L	X		L	L	125,895.	0.	71,968.
(9) JIM AXTMAN	3.00						l	Ţ.		
E-BOARD	<u> </u>		L	X	L	L	L	912.	0.	0.
(10) MATTHEW ISON	3.00									
E-BOARD	<u> </u>			X			L	2,300.	0.	0.
(11) TIM GOETZ	40.00			1		}		1		
Trustee	<u> </u>	_	_	X	L	<u> </u>	L	114,553.	0.	71,968.
(12) CRAIG GLOVER	3.00			1		ļ	l			_
E-BOARD	<u> </u>		L	X	L	L	L	2,468.	0.	0.
(13) PATRICK B NELSON	40.00									
Trustee	1	L		X	<u> </u>	L		125,945.	0.	71,968.
(14) JEFFREY ARTUS	3.00			1		Ì	1			
E-BOARD	<u> </u>	L		X				2,532.	0.	0.
(15) STEVE BUFFALO	40.00									
FINANCIAL SECRETARY	<u></u>			X		L		152,309.	0.	71,968.
(16) GREG WEST	40.00]								
E-BOARD_				X				126,586.	0.	71,968.
(17) TROY SCHMIDT	3.00									
FORMER E-BOARD				X			L	63,076.	_0.	39,702.
732007 11-28-17										Form 990 (2017)

Part VII Section A. Officers, Directors, Trus									/ t 0			age -
	T	ploy	ees/			ighe	st C					
(A)	(B)	1		Pos	C)			(D)	(E)	1	(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable	- 1	Estimat	
	hours per week		i, unie cer ar					compensation	compensation) 1	amount	
•	(list any	-	Г			Т	T	from	from related		othe	
	hours for	trustee or director	1	1		L	1	the	organizations (W-2/1099-MISC)	Co	mpens from tl	
	related	e or c	<u></u>			sated		organization (W-2/1099-MISC)	(44-2/1099-141130)		rganiza	
	organizations	ruste	喜	1	8	튵	1	(***271033*141100)		1	nd rela	
	below	dual	age	_	l ge	st Co	_	ĺ		ı	ganıza	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Ì		-	J	
(18) NICOLAS MICHELS	3.00		┌╴	Ť	1	 	 -			1		
AUDITOR		ĺ	Ì	X	1		1	0.) o			0.
(19) JAMES RUETER	3.00		┢	┪		✝	ΙT			1		
E-BOARD		ĺ		x	}		1	1,608.	l o			0.
(20) AVERY SMITH	3.00		┢		\vdash	一	<u> </u>			`		
E-BOARD		1	1	x	1	}	Ì	2,300.	l o	_		0.
(21) LEONARD SHELTON	40.00		 			-	t	2,3001		┪		
Rec SEC	1000	1	1	\mathbf{x}	1]	}	152,381.) o	1.	71,9	968
(22) MARK GAUF	40.00	<u> </u>	-		┢	┢┈	┼	132,301.	ļ	+-	<u>' + , -</u>	,00.
GUARD	1 40.00	ł		x		}	Ì	114,489.	l o	1.	71,9	168
(23) KEVIN SMITH	3.00	┝	-	A	-	┢	-	114,403.	<u> </u>	+-	<u>/ </u>	, 00.
E-BOARD	1 3.00	1		x				2,752.	l o	ŀ		0.
(24) RICKY VALENTA	3.00	├	├	Ĥ	├─	\vdash	┝	2,752.	 	+-		<u> </u>
E-BOARD	3.00	ł		X		٠.		928.	l o	ŀ		0.
(25) THOMAS DEWAR	40.00	-	⊢	A	 	┢	├	720.	 	+		<u> </u>
BUSINESS AGENT	40.00	ł				X	l	114,680.	0		71,9	269
(26) ALLAN FOGEL	40.00	 	⊢	-	-	₽	├	114,000.		+	<u>/ </u>	700.
BUSINESS AGENT	40.00	ł				x		114,859.	0	1.	71,9	060
	L	Ц_	L_	<u> </u>	<u> </u>	<u> </u>	Ļ	1,953,599.	0			
1b Sub-total								343,936.	0		1,047 15,9	
c Total from continuation sheets to Part VI	I, Section A								0			
d Total (add lines 1b and 1c)			<u>. </u>				<u> </u>	2,297,535.	<u> </u>	•	1,263	,158.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable			4.5
compensation from the organization											T.,	17
										_	Yes	No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3	┼	X
4 For any individual listed on line 1a, is the su	•		•					•	the organization	-		
and related organizations greater than \$150										4	X	1
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services	_		-
rendered to the organization? If "Yes," com	plete Schedul	<u>e J f</u>	or s	ıch į	pers	son				5	1	X
Section B. Independent Contractors												
 Complete this table for your five highest co 									•	nsatior	ı from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith_	or w	nthir	the organization's tax	year.			
(A)							.	(B)	i i		(C)	
Name and business								Description of s	services	Comp	ensatio	on
BAUM SIGMAN AUERBACH & NI	EUMAN, 1	TI	Ο,	20	0 (W						_
ADAMS STREET, SUITE, CHIC	CAGO, II	<u>.</u>					b	LEGAL		2	84,5	500.
												
							- 1		ı			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
See Part VII, Section A Continuation sheets

Form 990 INTL UNI	ON OF O	5 E.	KA'	T. T T	NG	لظ_	NG.	IN LOCAL 139	39-036	8025			
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)	, <u> </u>			
(A) Name and title	(B) Average hours	verage hours (ch			Average (che			C) sition that		oly)	(D) Reportable compensation	(E) 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 compensatior from the organization and related organizations			
(27) GUY YUKER DISPATCHER	40.00					x		114,762.	0.	71,968			
(28) ADAM KASENO	40.00	-	┢╌	H	-		\vdash	114,702.		71,500			
BUSINESS AGENT		1	1		1	X	1	114,549.	0.	71,968			
(29) KRIEG TIM	40.00					1							
BUSINESS AGENT			L	_	_	X	Щ	114,625.	0.	71,968			
		ļ											
			-			T	\Box						
		-	-	-	<u> </u>	_							
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	 	_	L	_	<u> </u>	_							
	 												
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	<u> </u>	<u> </u>			<u> </u>	<u> </u>	\vdash						
	ļ 												
							\Box						
	 	l	<u> </u>		<u> </u>	Щ	┶┥			 			
Total to Part VII, Section A, line 1c							ļ	343,936.		215,904			

Statement of Revenue

Part VIII

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Unrelated Related or Total revenue exempt function business rèvenue revenue 1 a Federated campaigns 1b Membership dues 1c C Fundraising events d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 379,361 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 379,361 Business Code Program Service Revenue MEMBERSHIP DUES AND ASSESSMENTS 900099 11,958,777 11,958,777 RENTL INC TX EXMPT PURPOS 532000 223,633. 223,633. All other program service revenue 12,182,410. Total. Add lines 2a-2f Investment income (including dividends, interest, and 191,518 191,518. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 500,000. assets other than inventory b Less: cost or other basis 499,252. and sales expenses 748 c Gain or (loss) 748 748 d Net gain or (loss) 8 a Gross income from fundraising events (not 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 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** GRIEVANCES 900099 2,000 2,000 All other revenue 2,000. Total. Add lines 11a-11d 12,756,037. 12,184,410. 192,266 Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	83,276.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	19,500.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,627,373.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,580,127.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,029,967.]	
9	Other employee benefits	612,689.			
10	Payroll taxes	326,456.		1	
11	Fees for services (non-employees).			1	
а	Management	İ			
b	Legal	293,151.			
С	Accounting	58,809.			
d	Lobbying	91,000.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5,891.			
12	Advertising and promotion	368,387.			
13	Office expenses	358,505.			
14	Information technology	100,365.			
15	Royalties				
16	Occupancy	278,169.			
17	Travel	166,364.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	311,090.			
20	Interest	1,208.			
21	Payments to affiliates	1,699,815.		ļ	
22	Depreciation, depletion, and amortization	475,842.			
23	Insurance	92,832.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	98,402.			
a	ORGANIZING EXPENSE POSTAGE AND SHIPPING	69,792.		 	
b	CONTRACT ADMIN. EXP.	65,261.		 	
C	PRINTING AND PUBLICATIO	64,652.		 	
d		47,696.		 	
e	All other expenses	11,926,619.		 	
25	Total functional expenses. Add lines 1 through 24e	11,340,013.		 	
26	Joint costs. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1,	Cash - non-interest-bearing	1,744,555.	1	2,235,858. 51,027.
	2	Savings and temporary cash investments	51,601.	2	51,027.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	697,733.	4	968,979.
	5	Loans and other receivables from current and former officers, directors,	•		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	_		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	3,000,000.	7	3,000,000.
As	8	Inventories for sale or use	····································	8	
	9	Prepaid expenses and deferred charges	688.	9	·= ·
		Land, buildings, and equipment: cost or other			=
		basis. Complete Part VI of Schedule D 10a 12, 312, 318.			
	ь	Less: accumulated depreciation 10b 5,337,465.	7,041,072.	10c	6,974,853.
	11	Investments - publicly traded securities	5,347,789.	11	6,974,853. 5,481,202.
	12	Investments - other securities See Part IV, line 11	- <u></u> -	12	<u> </u>
	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)	17,883,438.	16	18,711,919.
	17	Accounts payable and accrued expenses	428,217.	17	18,711,919. 434,821.
	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	
ģ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
api		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	İ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	i	Schedule D	34,281.	25	28,092.
	26	Total liabilities. Add lines 17 through 25	462,498.	26	462,913.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets	17,420,940.	27	18,249,006.
3ali	28	Temporarily restricted net assets		28	
둳	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	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	17,420,940.	33	18,249,006.
	34	Total liabilities and net assets/fund balances	17,883,438.	34	18,711,919.

	1990 (2017) INTL UNION OF OPERATING ENGIN LOCAL 139	39-	0368	<u>025</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
٠					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	,75	<u>6,0</u>	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>11</u>	,92		
3	Revenue less expenses Subtract line 2 from line 1	3				18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 17</u>			40.
5	Net unrealized gains (losses) on investments	5	_	_ <	1,3	<u>52.</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	18	, 24	9,0	<u>06.</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	O.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:			i		i
	Separate basis Consolidated basis Both consolidated and separate basis					j
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 basıs,	,			
	consolidated basis, or both:					;
	Separate basis Consolidated basis Both consolidated and separate basis					1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			_	j
	review, or compilation of its financial statements and selection of an independent accountant?		,	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	٠.			
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 Aud	tric	_	-	
	Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Name of organization

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Employer identification number

39-0368025

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

INTL UNION OF OPERATING ENGIN LOCAL 139

- 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

Part I-A Complete if the org	ganization is exemp	ot under	section 501(c) o	r is a section 527 or	ganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	tures	t political	campaign activities in	_	15,339.
Part I-B Complete if the org	janization is exemp	ot unde	r section 501(c)(3).	-
1 Enter the amount of any excise tax	incurred by the organization	tion under	section 4955	▶ \$	
2 Enter the amount of any excise tax	incurred by organization	managers	under section 4955	▶ \$	
3 If the organization incurred a section	on 4955 tax, did it file Fort	m 4720 fo	r this year?		Yes No
4a Was a correction made?					└ Yes
b If "Yes," describe in Part IV.					
Part I-C Complete if the org	ganization is exemp	ot under	r section 501(c), (except section 501(
1 Enter the amount directly expended					15,339.
2 Enter the amount of the filing organ	ization's funds contribute	ed to othe	r organizations for sec	_	
exempt function activities				▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Ente	r here and	on Form 1120-POL,	.	15 220
line 17b				▶\$	15,339.
4 Did the filing organization file Form					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 amoreomptly and directly deliver	ount paid fered to a s	rom the filing organiza separate political organ	tion'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			***	
	53072		80-0459262	11,252.	35,020.
OPERATING ENGINEERS					
	PEWAUKEE, WI	5307	91-2107611	4,087.	8,780.
	PEWAUKEE, WI			_	
COALITION	53072		47-1328059	0.	5,000.

See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org.						
section 501(h)). A Check I if the filing organizat	on belongs to ar	n affiliated group (and list i	n Part IV each affiliated	group member's par	me address FIN	
expenses, and share			in arriveach anniated	group member s nai	ne, address, Ent,	
, 	-	A and "limited control" pr	ovisions apply			
Limit	s on Lobbying E			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ence public opin	on (grass roots lobbying)			T	
b Total lobbying expenditures to influ	ence a legislative	body (direct lobbying)	į		T	
c Total lobbying expenditures (add lir	es 1a and 1b)					
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	(add lines 1c an	d 1d)				
f Lobbying nontaxable amount. Ente	r the amount fror	n the following table in bo	th columns		1	
If the amount on line 1e, column (a) or	(b) is: The	lobbying nontaxable an	ount is:		Ţ	
Not over \$500,000	20%	of the amount on line 1e			İ	
Over \$500,000 but not over \$1,000	,000 \$10	0,000 plus 15% of the ex	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000 \$17	5,000 plus 10% of the ex	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,0	000,000 \$22	5,000 plus 5% of the exce	ess over \$1,500,000.		(
Over \$17,000,000	\$1,0	000,000				
g Grassroots nontaxable amount (en						
h Subtract line 1g from line 1a. If zero	or less, enter -0-					
i Subtract line 1f from line 1c. If zero	or less, enter -0-					
j If there is an amount other than zer	o on either line 1	n or line 11, did the organiz	ation file Form 4720			
reporting section 4911 tax for this y	ear?				Yes No	
(Some organizations th	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))			 		 	
c Total lobbying expenditures						
d Grassroots nontaxable amount					<u> </u>	
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures	· · · · · · · · ·				- 000 or 000 E7) 0047	

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 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)					
of th	e lobbying activity.	Yes	No	Amo	ount	
1	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		1			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 			
i	Other activities?		ļ			
į	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ			
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<u></u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1_	Х		
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 campaign activity expenditures from				Х	
	t III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."				ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical	Ì			
	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 e					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political	-			
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
_	t IV Supplemental Information Ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro	up list). Part I	I-A. lines 1	and 2 (see		
ınstrı	uctions); and Part II-B, line 1. Also, complete this part for any additional information.		·	•		
	rt I-A, Line 1:					
Du	ring the reporting year, the Local contributed pri	zes to	affil	iated		
PAG	funds to be raffled off. Proceeds from the raff	les we	re ret	ained		
by	the respective PAC fund. In addition, the Local	engages	with			
sej	parate segregated funds to conduct political activ	ity. T	The Lo	cal		
rec	ceives funds and promptly delivers them to these s	eparate	e segr	egated	i ·	
		~				

Schedule C (Form 990 or 990-EZ) 2017 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

SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 39-0368025

Pa		d Funds or Other Similar Fund	
rai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Fire de med alle me a comba
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		└── Yes
6	Did the organization inform all grantees, donors, and donor ac		-
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	· — —
_	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation)	torically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, i	handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b,	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 11		.
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

		ION OF OPE								Page 2
3	Using the organization's acquisition, accessi	on, and other record	is, check ai	ny of the i	rollowing tha	t are a sign	nificant us	e of its	collection	rtems
	(check all that apply)		. 🗀.							
a	Public exhibition	ď			nange progra	ams				
b	Scholarly research	е	· L Oth	ier						
C	Preservation for future generations	- 11 4	- l	£ 11- 11-		.1		n	4 MIII	
4	Provide a description of the organization's co	•	•		•	•		in Par	t XIII.	
5	During the year, did the organization solicit of					er sımılar a	ssets		7.	
Бэ	to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be material.					Na=11 a= E	- OOO F	2	」Yes	No_
Fai	reported an amount on Form 990, Pa		ete ir the or	ganization	1 answered	res on Fo	orm 990, F	rant IV,	line 9, or	
			diani far asr							
та	Is the organization an agent, trustee, custod	ian or other intermed	nary for cor	าเกอนแอก	s or other as	sets not in	ciuaea		7 v	[No
	on Form 990, Part X?			1					∀es	L No
a	If "Yes," explain the arrangement in Part XIII	and complete the fo	lllowing tabl	ie.					A A	
	On the second of						1		Amount	
ب 2	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year Ending balance						1e			
1	Did the organization include an amount on F	orm 000 Part V line	.21 for one	***********	intadial acco	unt habilitis		$\neg \neg$	Yes	L_ No
2a	If "Yes," explain the arrangement in Part XIII					· -	f	Ц	_ 162	
Par										
<u></u>		(a) Current year	(b) Prior		(c) Two year		Three year	rs hack	(e) Four v	ears back
1a	Beginning of year balance	(a) Carront year	(6)11101	year_	(0) 1110 3001	o baok (a)	, moo you	D D u o in	(6) (50.7)	Out o book
b	Contributions								 -	
C	Net investment earnings, gains, and losses								 -	
d	Grants or scholarships									
e	Other expenditures for facilities									
ŭ	and programs			1					}	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1g. c	column (a))) held as:				L	
a	Board designated or quasi-endowment	,	%	,	,,					
b	Permanent endowment	%								
	Temporarily restricted endowment ▶	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation that a	re held ar	nd administe	red for the	organizat	ion		
	by	Ū					J		Г	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	if "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sche	edule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm	ent.							•	
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. S	ee Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accu	umulated		(d) Book	value
		basis (investr		basis (1	depre	ciation	}		
1a	Land	1,112,	228.						1,112	
	Buildings	8,954,				3,92	9,917	7.	5,025	,013.
c	Leasehold improvements		184.				2,184	1.		0.
d	Equipment	1,252,					7,694			,168.
e	Other	930,	114.			89	7,670			,444.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	B), line 1	0c.)			•	6,974	,853.

Complete if the organization answered "Yes" o	n Form 990. Part IV line	e 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 of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		<u> </u>	
(D)			
(E)			
<u>(F)</u>			
(G)		 	
(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" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost of	ar and of year market value
	(b) Book value	(c) Wethod of Valdation. Cost of	or end-or-year market value
(1)		 	
(2)		 	
(3)			-
(4)		 	
(6)	 	 	
(7)		1	
(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" o	n Form 990, Part IV, line	e 11d See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u> PL</u>
	n Form 000 Bort IV line	a 11 a au 11f San Faurr 000 Bart V Iv	OF
Complete if the organization answered "Yes" or 1. (a) Description of liability	n Form 990, Part IV, line	(b) Book value	ne 25.
"		(b) book value	
(1) Federal income taxes (2) PAYROLL WITHHOLDINGS		10,772.	
DEDOCETES VIEW		17,320.	
(4) DEPOSITS HELD			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (h) must equal Form 990, Part X, col. (R) line	25.1	28 092	

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

INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 12,390,750. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: <1,352. a Net'unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII) 2d <1,352.> e Add lines 2a through 2d 2e 12,392,102. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 363,935. **b** Other (Describe in Part XIII.) 4b 363,935. c Add lines 4a and 4b 4c 12,756,037. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 11,562,684. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c <363,935. d Other (Describe in Part XIII.) 2d <363,935.> e Add lines 2a through 2d 2e 11,926,619. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 11,926,619. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: The Internal Revenue Service has advised that the Local qualifies under Section 501(c)(5) of the Internal Revenue Code and is, therefore, subject to tax only on income, if any, unrelated to its tax-exempt purpose. Management is required to evaluate tax positions taken by the Local and recognize a tax liability (or asset) if the Local has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of December 31, 2017, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial

The Locals Forms 990, Return of Organization Exempt from

Schedule D (Form 990) 2017

statements.

732054 10-09-17

Schedule D (Form 990) 2017 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 5 Part XIII Supplemental Information (continued)
Income Tax, for the fiscal years ending 2014, 2015, and 2016 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 363,935.
Part XII, Line 2d - Other Adjustments:
ORGANIZING GRANT NETTED WITH SALARIES ON FINANCIAL
STATEMENTS -363,935.
•
,

SCHEDULE 1 (Form 990)

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

OMB No 1545-0047

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

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Department of the Treasury Internal Revenue Service		Go to www.ira	► Attach to Form 990. s.gov/Form990 for the la	► Attach to Form 990. www.irs.gov/Form990 for the latest information.	ation.		Ópen to Public Inspection
Name of the organization INTL UNI	INTL UNION OF OPERATING		ENGIN LOCAL 139	6		_	Employer identification number 39-0368025
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	s to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	sistance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	procedures for monr	toring the use of grant	of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and D	o Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	omestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	1 \$5,000 Part II can		if additional space is needed	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRANSPORTATION DEVELOPMENT ASSOCIATION - 10 EAST DOTY STE	ы						
2 - MADISON, WI 53703	39-1154596	501C6	5,400.	0			ISSUE ADVOCACY
FAIR RATES FOR WISCONSIN'S							
DAIRYLAND - PO BOX 1858 - MADISON, WI 53701	47-2854052	501C4	18,000.	0			ISSUE ADVOCACY
HOGS FOR HEROES, INC							
822 ONDOSSAGON WAY							
MADISON, WI 53719	47-2613908	501C3	9,365.	0.			CONTRIBUTION
INTERNATIONAL UNION OF OPERATING			_				
ENGINEERS - 1125 17TH STREET, N.W.							CONTRIBUTION FOR
- WASHINGTON, DC 20036	26-0272760	509A3	20,000.	0		i	HURRICANE RELIEF FUND
MIDWEST OPERATING ENGINEERS							
CONSTRUCTION INDUSTRY RESEARCH &							
SERVICE TRUST - 6170 JOLIET ROAD							

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

Schedule I (Form 990) (2017)

CONTRIBUTION

0

10,000.

36-4041715 501C5

SUITE 200 - COUNTRYSIDE, IL 60525

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) TO THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Schedule I (Form 990) (2017) 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 can be duplicated if additional space is needed. THE LOCAL WILL INQUIRE WITH ORGANIZATIONS RECEIVING SIGNIFICANT DONATIONS AS THE BOARD AND MEMBERSHIP APPROVES ALL DONATIONS MADE BY THE LOCAL (d) Amount of non-cash assistance 。 DONATIONS ARE MADE UPON REQUESTS FROM VARIOUS ORGANIZATIONS. 19,500. (c) Amount of cash grant (b) Number of recipients SCHOLARSHIPS TO ELIGIBLE DEPEND OF MEMBERS USE OF THE FUNDS RECEIVED. (a) Type of grant or assistance Part I, Line

Page 2

39-0368025

INTL UNION OF OPERATING ENGIN LOCAL 139

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Part I

INTL UNION OF OPERATING ENGIN LOCAL 139

Employer identification number 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		j '	
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		,	ŀ
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		i	- 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	_	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			_
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		'	'
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			i
	Form 990 of other organizations Approval by the board or compensation committee			
_				i
4	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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	X
С	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.			1
	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:			1
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of:			, '
а	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 nonfixed payments			ì
	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			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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	Denetits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) SHAUN MCHUGH	€	113,741.	541.	202.	47,140.	24,828.	186,452.	0
Trustee	(ii)		0	0.	0	0	0	0
(2) DANIEL SPERBERG	ε	150,888.	1,015.	780.	47,140.	24,828.	224,651.	0
Vice President	(ii)	1 1	0	0	0	i i	0	0
(3) TERRY MCGOWAN	(3)	182,197.	1,015.	1,068.	47,140.	24,828.	256,248.	0
BUS MGR/PRES	(ii)		0	0	0	0		0
(4) SHANE GRIESBACH	(1)	150,888.	1,015.	350.	47,140.	24,828.	224,221.	0
Treasurer	(ii)		0	0.	0			0
(5) DARRIN BURSAW	Ξ	125,115.	1,083.	384.	47,140.	24,828.	198,550.	0
AUDITOR	<u>(ii)</u>		0	0	0	0	0	0
(6) SAM SMITH	(e)	125,115.	541.	239.	47,140.	24,828.	197,863.	0
Conductor	(ii)		0	0	0		0	0
(7) TIM GOETZ	(1)	113,741.	541.	271.	47,140.	24,828.	186,521.	0
Trustee	(ii)		0	0	1			0
(8) PATRICK B NELSON	Ξ	125,115.	541.	289.	47,140.	24,828.	197,913.	0
	()	ı		0.				0
(9) STEVE BUFFALO	Ξ	150,888.	1,015.	406.	47,140.	24,828.	224,277.	0
FINANCIAL SECRETARY	Ξ	Ì	- 1	0.	0			0
(10) GREG WEST	Ξ	125,115.	1,083.	388.	47,140.	24,828.	198,554.	0
E-BOARD	<u> </u>	- 1		0.				0
(11) LEONARD SHELTON	Ξ	150,888.	1,015.	478.	47,140.	24,828.	224,349.	0
Rec SEC	≘	ľ	ŀ	0		ı		0
(12) MARK GAUF	Ξ	113,741.	541.	207.	47,140.	24,828.	186,457.	0
	(ii)	ľ	0	0				0
(13) THOMAS DEWAR	Ξ	113,741.	541.	398.	47,140.	24,828.	186,648.	0
BUSINESS AGENT	(ii)	١	0.	0.				0
(14) ALLAN FOGEL	(:)	113,741.	541.	577.	47,140.	24,828.	186,827.	0
BUSINESS AGENT	(ii)		0.	0				0
(15) GUY YUKER	Θ	113,741.	541.	480.	47,140.	24,828.	186,730.	0
DISPATCHER	<u>(ii)</u>	- 1	0	0				0
(16) ADAM KASENO	Ξ	113,741.	541.	267.	47,140.	24,828.	186,517.	0
BUSINESS AGENT	3	0	0	0.	0	0	0	0
							Schedu	Schedule J (Form 990) 2017

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39-0368025 INTL UNION OF OPERATING ENGIN LOCAL 139

Schedule J (Form 990) 2017 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 aren't listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(n)-(i)(n)	in column (B) reported as deferred on prior Form 990
(17) KRIEG TIM	ε	113,741.	541.	343.	47,140.	24,828.	186,593.	0
BUSINESS AGENT	(ii)	0	0	0	0	0	0.	
	ε							
	Ξ							
	€							
	Ξ							
	(ii)							
	(1)							
	(iii)							
	(i)							
	(ii)							
	(1)							
	€							
	(3)							
	(ii)							
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

INTL UNION OF OPERATING ENGIN LOCAL 139 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 9,494 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. "S" 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,

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.

Schedule O (Form 990 or 990-EZ) (2017)

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

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

Schedul	e O (Fo	rm 990 c	or 990)-EZ) (20	17)					Page 2
Name of	the or	ganızatıc		NTL	UNIO	N OF OP	ERATING	ENGIN LOCA	L 139	Employer identification number 39-0368025
ALSO		OBTA	INE	ED OI	1 THE	ONLINE	PUBLIC	DISCLOSURE	ROOM.	
	•		<u> </u>	 						
FORM	990), PA	RT	XII	, LIN	E 2C				
NO C	HAN	E FR	OM	THE	PRIO	R YEAR.	,			
							, , , , , ,			
										
										
									 	
									 	
										
									 	
										
										
										
										
										

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Relate

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

2017 Open to Public

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

INTL UNION OF OPERATING ENGIN LOCAL 139

Open to Public Inspection

Employer identification number 39-0368025

Direct controlling entity

End-of-year assets Total income ਢ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part)

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 Part II

(a)	(p)	(c)	(p)	(e)	(£)	[5]	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) lled /?
				501(c)(3))		Yes	2
OPERATING ENGINEERS 139 FED PAC - 80-0459252							
N27 W23233 ROUNDY DRIVE							
Pewaukee, WI 53072	PAC Fund	Wisconsin	527				×
OPERATING ENGINEERS STATE PAC - 91-2107611							
N27 W23233 ROUNDY DRIVE							
Pewaukee, WI 53072	PAC Fund	Wisconsin	527				×
				-			
							

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

Schedule R (Form 990) 2017

39-0368025

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139 UNION OF OPERATING ENGIN LOCAL INT Schedule R (Form 990) 2017

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.

General or Percentage managing ownership 3 Code V-UBI General or managing c 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Predominant income (related, unrelated, excluded from fax under sections 512-514) **©** (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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

(e)	(q)	(0)	(d)	(e)	(2)	(6)	(£)	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Ę0	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled
		country)		or trust)		assets		Yes No
							-	
			· ·	,				
								-
	, -						_	
			-					
	-		_					
								_
								-
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•		Yes	2
	ns with one or more r	elated organizations listec	ın Parts II-IV?	1	+	>
a receipt of (I) interest, (II) annuines, (III) royautes, or (IV) rent from a controlled entity	<u>~</u>			<u>P</u>	7	ا ۱
b Gift, grant, or capital contribution to related organization(s)				ą		×
c Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarantees to or for related organization(s)				P1	-	×
e Loans or loan guarantees by related organization(s)				9	-	×
					-	l
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				÷.		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities, equipment, or other assets from related organization(s)				; *		×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=	×	1
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			14		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n		×
 Sharing of paid employees with related organization(s) 				10		×
p Reimbursement paid to related organization(s) for expenses				₽		×
				5		×
r Other transfer of cash or property to related organization(s)				1-		×
s Other transfer of cash or property from related organization(s)				15	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						
(5)				į		
(9)						,
732163 09.11.17			Schedule B (Form 990) 2017	(Form	990) 2	3

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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.

tage ship		, '		,		2017
Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No		' 				Schedule R (Form 990) 2017
General or managing partner?						Form
5, K-10 5, K-1						dule R
de V-U						Sche
amou of Sc (Fo			 		 	
Dispropor- bonate allocations?			 		 	
-						
(g) Share of end-of-year assets						
e of ne	l					
Share of total income	i				, ,	
sec9			 		 	
(e) Are all 501(c)(3) Jer Ongs No					 	
Predominant income (related, unrelated, excluded from fax under sections 512-514)						
(d) Innant Ir d, unrel from ta ns 512-						
Predor (relate scluded						
g e		 -	 <u> </u>	!		
(c) gal domic ate or fore country)						
(c) Legal domicile (state or foreign country)	ļ	,				
(b) Primary activity						
(b) mary a				:		
g.						
z						
(a) Name, address, and EIN of entry						
(a) address, a of entity						
ne, adı of						
Nan						

Schedule R	(Form 990) 2017 INTL UNION OF OPERATING ENGIN LOCAL 139 39-0368025 Page 5
Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions
	• Control additional information for responded to quoditate on confedure 71, ede instructions
	
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Schedule R (Form 990) 2017

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