

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

INTERNATIONAL UNION OF OPERATING ENGINEERS - LOCAL 150
6200 JOLIET ROAD
COUNTRYSIDE, IL 60525

D Employer Identification Number

36-1581416

E Telephone number

708-482-8800

F Accounting method:

- Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one)

501(c) 5 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 42,597,947.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line number, description, and amount. Includes rows for contributions, program service revenue, membership dues, interest on investments, gross rents, other investment income, special events, gross sales of inventory, other revenue, and total revenue/expenses.

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**Part II. Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 6 (cash \$ 81,810. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 81,810.			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch) ST 7	24 1,070,831.			
25	Compensation of officers, directors, etc.	25 1,181,305.			
26	Other salaries and wages.	26 11,155,811.			
27	Pension plan contributions	27 2,348,359.			
28	Other employee benefits	28 1,041,197.			
29	Payroll taxes	29 906,592.			
30	Professional fundraising fees	30			
31	Accounting fees	31 314,356.			
32	Legal fees	32 193,823.			
33	Supplies	33 129,577.			
34	Telephone	34 86,684.			
35	Postage and shipping	35 128,472.			
36	Occupancy	36 1,143,825.			
37	Equipment rental and maintenance	37 385,815.			
38	Printing and publications	38 334,213.			
39	Travel	39 113,750.			
40	Conferences, conventions, and meetings	40 71,375.			
41	Interest	41 392.			
42	Depreciation, depletion, etc (attach schedule)	42 1,424,221.			
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 8	43a 3,405,469.			
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 25,517,877.			

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>TRADE UNION</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> <u>TO ORGANIZE WORKERS ELIGIBLE FOR MEMBERSHIP IN THE UNION, TO NEGOTIATE COLLECTIVE BARGAINING AGREEMENTS, TO SETTLE GRIEVANCES OF MEMBERS AND TO SAFEGUARD THE ECONOMIC WELFARE OF ITS MEMBERS.</u></p> <p>----- ----- -----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>b</b> ----- ----- -----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>c</b> ----- ----- -----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>d</b> ----- ----- -----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	<b>45</b> Cash – non-interest-bearing	654,592.	<b>45</b>	1,485,604.
	<b>46</b> Savings and temporary cash investments	13,405,889.	<b>46</b>	14,296,721.
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use	86,854.	<b>52</b>	87,809.
	<b>53</b> Prepaid expenses and deferred charges	37,760.	<b>53</b>	
	<b>54</b> Investments – securities (attach schedule) SEE ST 9 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,146,689.	<b>54</b>	15,166,237.
	<b>55a</b> Investments – land, buildings, & equipment: basis	<b>55a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments – other (attach schedule) SEE STMT 10		<b>56</b>	4,013,622.	
<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 6,410,511.			
<b>b</b> Less: accumulated depreciation (attach schedule) STATEMENT 11	<b>57b</b> 4,279,867.	1,782,798.	<b>57c</b> 2,130,644.	
<b>58</b> Other assets (describe <input type="checkbox"/> SEE STATEMENT 12 )	39,377,747.	<b>58</b>	42,004,389.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	68,492,329.	<b>59</b>	79,185,026.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 13 )	537,769.	<b>65</b>	565,499.
<b>66 Total liabilities.</b> Add lines 60 through 65	537,769.	<b>66</b>	565,499.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	67,954,560.	<b>67</b>	78,619,527.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	67,954,560.	<b>73</b>	78,619,527.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	68,492,329.	<b>74</b>	79,185,026.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	38,483,880.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b> 152,761.		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____ <u>SEE STM 14</u>	<b>b4</b> 328,815.		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	481,576.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	38,002,304.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	38,002,304.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	27,822,290.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____ <u>SEE STMT 15</u>	<b>b4</b> 49,759.		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	49,759.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	27,772,531.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	27,772,531.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 16		1,177,928.	148,785.	3,377.

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings <span style="float: right;">▶ 24</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)		X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?  <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		X
<b>d</b> Does the organization have a written conflict of interest policy?	X	

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
TIM YEDNOCK 6200 JOLIET ROAD COUNTYSIDE, IL 60525	0.	690.	0.	0.
RAYMOND CONNORS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	0.	103,693.	14,673.	0.
JOHN ELASIK 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	0.	431.	0.	0.

<b>Part VI</b> Other Information <i>(See the instructions)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
<b>b</b> If 'Yes,' enter the name of the organization <span style="float: right;">▶ LOCAL 150 IUOE BUILDING CORPORATION</span> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct and indirect political expenditures (See line 81 instructions.)		0.
<b>b</b> Did the organization file Form 1120-POL for this year?		X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			N/A
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities.		N/A
87 a	501(c)(12) organizations. Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89 b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		N/A
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		360
91 a	The books are in care of <u>JOHN GARZA</u> Telephone number <u>708-482-8800</u> Located at <u>6200 JOLIET ROAD, COUNTRYSIDE, IL,</u> ZIP + 4 <u>60525</u>		
91 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		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

- 93 Program service revenue.
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_
  - f Medicare/Medicaid payments.
  - g Fees & contracts from government agencies.
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
  - a debt-financed property
  - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
  - a \_\_\_\_\_
  - b SEE STATEMENT 17
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
94					36,810,824.
95			14	657,386.	
96			14	146,006.	
97					
98					
99					
100			18	5,394.	
101			1	4,124.	
102					17,054.
103					361,516.
104				812,910.	37,189,394.
105					38,002,304.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 6/22/06

Type or print name and title: PRESIDENT - BUSINESS MANAGER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 6/16/06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: GRAFF, BALLAUER, BLANSKI & FRIEDMAN, P.C.  
TWO NORTHFIELD PLAZA, SUITE 200  
NORTHFIELD, IL 60093-1294

EIN: N/A Phone no: 847-881-2540

CLIENT 5U050

36-1581416

6/16/06

05:03PM

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 4,451,211.  
 COST OR OTHER BASIS: 4,445,817.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 5,394.

OTHER ASSETS

DESCRIPTION: AUTOMOBILE  
 DATE ACQUIRED: VARIOUS  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: VARIOUS  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 6,522.  
 COST OR OTHER BASIS: 6,522.

GAIN (LOSS) 0.

DESCRIPTION: EQUIPMENT  
 DATE ACQUIRED: 6/05/2002  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 4/04/2005  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 200.  
 COST OR OTHER BASIS: 200.

GAIN (LOSS) 0.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 0.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 5,394.

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
RAFFLE	85,930.	0.	85,930.	81,806.	4,124.
TOTAL	<u>\$ 85,930.</u>	<u>\$ 0.</u>	<u>\$ 85,930.</u>	<u>\$ 81,806.</u>	<u>\$ 4,124.</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

CAPS, BELTS, SHIRTS & JACKETS	\$ 78,352.
GROSS SALES	\$ 78,352.
LESS RETURNS & ALLOWANCES	<u>0.</u>

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36-1581416

6/16/06

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**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

NET SALES	\$	78,352.
LESS COST OF GOODS SOLD		61,298.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>17,054.</u>

**STATEMENT 4**  
**FORM 990, PART I, LINE 16**  
**PAYMENTS TO AFFILIATES**

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
INTL UNION OF OPER ENGINEERS 1125 17TH STREET NORTHWEST WASHINGTON, DC 20036,	PER CAPITA TAXES	\$ 2,135,212.
CHICAGO & COOK CTY BLDG TR 150 N WACKER DRIVE CHICAGO, IL 60606,	PER CAPITA TAXES	24,375.
CHICAGO FEDERATION OF LABOR 130 E RANDOLPH CHICAGO, IL 60601,	PER CAPITA TAXES	42,420.
NORTHWESTERN IL BLDG & CONST 4477 LINDEN ROAD ROCKFORD, IL 61109,	PER CAPITA TAXES	10,500.
NORTH CENTRAL ILLINOIS LABOR 28600 BELLA VISTA PARKWAY WARRENVILLE, IL 60555,	PER CAPITA TAXES	2,633.
DUPAGE COUNTY BLDG & CONST TRD 28600 BELLA VISTA PARKWAY WARRENVILLE, IL 60555,	PER CAPITA TAXES	4,000.
QUAD-CITY FEDERATION OF LABOR 311 1/2 - 21ST STREET ROCK ISLAND, IL 61201,	PER CAPITA TAXES	2,400.
CHICAGO PORT COUNCIL-MARITIME 150 N WACKER DRIVE CHICAGO, IL 60609,	PER CAPITA TAXES	1,200.
LAKE COUNTY BLDG & CONST TRDS 31290 N US HWY 45 LIBERTYVILLE, IL 60048,	PER CAPITA TAXES	1,375.

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36-1581416

6/16/06

05 03PM

STATEMENT 4 (CONTINUED)  
FORM 990, PART I, LINE 16  
PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
WILL & GRUNDY COUNTIES TRDS CL 1000 N I-55 E FRONTAGE ROAD JOLIET, IL 60431,	PER CAPITA TAXES	\$ 1,040.
LIVINGSTON & MCLEAN COUNTIES P. O. BOX 3248 BLOOMINGTON, IL 61701,	PER CAPITA TAXES	800.
IL VALLEY BLDG TRADES COUNCIL 740 E US ROUTE 6 UTICA, IL 61373,	PER CAPITA TAXES	3,200.
ROCKFORD UNITED LABOR AFL-CIO 212 SOUTH FIRST STREET ROCKFORD, IL 61104,	PER CAPITA TAXES	600.
MCHENRY CTY BLDG & CONST TRDS P. O. BOX 1775 CRYSTAL LAKE, IL 60039,	PER CAPITA TAXES	400.
DEKALB COUNTY BLDG & CONST TRD 1221 IVY DEKALB, IL 60115,	PER CAPITA TAXES	400.
KANKAKEE & IROQUIS COUNTIES 1012 N FIFTH AVE KANKAKEE, IL 60901,	PER CAPITA TAXES	240.
KANKAKEE FEDERATION OF LABOR 220 WEST COURT STREET KANKAKEE, IL 60901,	PER CAPITA TAXES	720.
FOX VALLEY BLDG & CONST TRDS P. O. BOX 5236 ELGIN, IL 60121,	PER CAPITA TAXES	500.
ILLINOIS AFL-CIO 534 S SECOND STREET SPRINGFIELD, IL 62701,	PER CAPITA TAXES	10,800.
SOUTHEAST IOWA BLDG & CONST 3204 HWY 61 BURLINGTON, IA 52601,	PER CAPITA TAXES	90.

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36-1581416

6/16/06

05.03PM

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART I, LINE 16**  
**PAYMENTS TO AFFILIATES**

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
INDIANA STATE AFL-CIO 1701 W 18TH STREET INDIANAPOLIS, IN 46202,	PER CAPITA TAXES	\$ 1,974.
LAPORTE-STARKE-PULASKI COUNTIE 1104 6TH STREET LAPORTE, IN 46350,	PER CAPITA TAXES	2,520.
NORTH CENTRAL INDIANA AFL-CIO 2015 WEST WASTERN AVE SOUTH BEND, IN 46629,	PER CAPITA TAXES	1,080.
INDIANA STATE BLDG & CONST 1701 WEST 18TH STREET INDIANAPOLIS, IN 46202,	PER CAPITA TAXES	6,175.
<b>TOTAL</b>		<b>\$ <u>2,254,654.</u></b>

**STATEMENT 5**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

INCREASE IN MARKET VALUE OF INVESTMENTS	\$ 152,761.
PROFIT OF BUILDING HOLDING CORP SUBSIDIARY	279,056.
<b>TOTAL</b>	<b>\$ <u>431,817.</u></b>

**STATEMENT 6**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	CHARITABLE AND RELIGIOUS ORG.	
DONEE'S ADDRESS:	FOR GOODWILL PURPOSES	
AMOUNT GIVEN:		\$ 38,600.
DONEE'S NAME:	PURCHASE OF TICKETS FOR FUND	
DONEE'S ADDRESS:	RAISING BENEFITS FOR LABOR ORG	
AMOUNT GIVEN:	CIVIL RIGHTS AND EDUCATION,	43,210.
<b>TOTAL GRANTS AND ALLOCATIONS</b>		<b>\$ <u>81,810.</u></b>

CLIENT 5U050

36-1581416

6/16/06

05 03PM

**STATEMENT 7**  
**FORM 990, PART II, LINE 24**  
**BENEFITS PAID TO OR FOR MEMBERS**

ASSISTANCE BENEFITS PAID TO MEMBERS	\$	83,921.
STRIKE BENEFITS & LOST WAGES REIMBURSED		986,910.
<b>TOTAL</b>		<u><u>\$ 1,070,831.</u></u>

**STATEMENT 8**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADMINISTRATIVE DUES EXPENSE	15.			
ADVERTISING	5,965.			
ADVISORY BOARD FEES	16,473.			
AUTO EXPENSE	433,663.			
BUTTONS & SERVICE DUES BOOKS	16,540.			
COMPUTER COSTS	29,177.			
DUES REFUNDED	1,515,226.			
FLOWERS	13,745.			
GENERAL INSURANCE EXPENSES	312,964.			
LAWUIT SETTLEMENTS	15,000.			
MEMBER RECOGNITION DAY	256,673.			
MISCELLANEOUS	10,639.			
ORGANIZING EXPENSE	47,723.			
OTHER PROFESSIONAL SERVICES	193,211.			
PAC CONTRIBUTIONS	272,723.			
SPECIAL ACTIVITIES & RESEARCH	159,480.			
STRIKE EXPENSES	73,178.			
TEMPORARY SERVICES	33,074.			
<b>TOTAL</b>	<u><u>\$ 3,405,469.</u></u>	<u><u>\$ 0.</u></u>	<u><u>\$ 0.</u></u>	<u><u>\$ 0.</u></u>

**STATEMENT 9**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
3278 SHS AMALGAMATED INVESTMENT CO	COST	\$ 500,000.
	<b>TOTAL</b>	<u><u>\$ 500,000.</u></u>

CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE BONDS	MARKET VALUE	1,107,531.
	<b>TOTAL</b>	<u><u>\$ 1,107,531.</u></u>

CLIENT 5U050

36-1581416

6/16/06

05:03PM

**STATEMENT 9 (CONTINUED)**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	\$ 7,452,968.
	TOTAL	\$ 7,452,968.

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
US GOVERNMENT TREASURY SECURITIES	MARKET VALUE	1,258,081.
US GOVERNMENT AGENCY SECURITIES	MARKET VALUE	4,773,061.
	TOTAL	\$ 6,031,142.

STATE AND MUNICIPAL OBLIGATIONS	VALUATION METHOD	AMOUNT
MUNICIPAL OBLIGATIONS	MARKET VALUE	74,596.
	TOTAL	\$ 74,596.

TOTAL INVESTMENTS - SECURITIES \$ 15,166,237.

**STATEMENT 10**  
**FORM 990, PART IV, LINE 56**  
**INVESTMENTS - OTHER**

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
JADA DEVELOPMENT JOINT VENTURE	COST	\$ 4,013,622.
	TOTAL	\$ 4,013,622.

**STATEMENT 11**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 2,253,526.	\$ 1,264,171.	\$ 989,355.
FURNITURE AND FIXTURES	4,140,711.	3,007,561.	1,133,150.
IMPROVEMENTS	16,274.	8,135.	8,139.
TOTAL	<u>\$ 6,410,511.</u>	<u>\$ 4,279,867.</u>	<u>\$ 2,130,644.</u>

CLIENT 5U050

36-1581416

6/16/06

05:03PM

**STATEMENT 12  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

ADVANCE TO AFFILIATES	\$ 55,278.
ADVANCE TO TITLE HOLDING AFFILIATED CORP	56,172.
DEPOSIT WITH OUTSIDE VENDORS	33,697.
INVEST. IN TITLE HOLDING AFFILIATED CORP	41,461,316.
LOCAL 150 IUOE DEF. COMPENSATION PLAN	352,772.
MISCELLANEOUS RECEIVABLE	38,614.
PURCHASED INTEREST	6,540.
<b>TOTAL</b>	<b>\$ <u>42,004,389.</u></b>

**STATEMENT 13  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

LOCAL 150 IUOE DEF. COMPENSATION PLAN	\$ 352,772.
REFUNDABLE DUES	212,727.
<b>TOTAL</b>	<b>\$ <u>565,499.</u></b>

**STATEMENT 14  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS**

NET GAIN FROM BUILDING CORP SUBSIDIARY	\$ 279,056.
REIM. FOR GREAT LAKE FLOATING AGREEMENTS	49,759.
<b>TOTAL</b>	<b>\$ <u>328,815.</u></b>

**STATEMENT 15  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS**

EXPENSES ASSOCIATED W/ GREAT LAKE FLOAT	\$ 49,759.
<b>TOTAL</b>	<b>\$ <u>49,759.</u></b>

**STATEMENT 16  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM DUGAN 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	PRESIDENT 60	\$ 207,625.	\$ 28,704.	\$ 3,377.

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36-1581416

6/16/06

05.03PM

**STATEMENT 16 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES SWEENEY 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	VICE PRESIDENT 60	\$ 202,778.	\$ 28,704.	\$ 0.
STEVEN CISCO 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	RECORDING SEC. 60	202,778.	28,704.	0.
RAYMOND CONNORS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	FINANCIAL SEC. 60	103,693.	14,673.	0.
JOSEPH WARD 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	TREASURER 60	202,778.	28,704.	0.
ROGER ALLEN 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
ROGER HOFFMAN 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
RAYMOND STEVENS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
TIM LOFTUS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	6,760.	0.	0.
GREG ALLEN 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
DONALD MATTESON 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
RONALD RANIERI 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	8,140.	0.	0.
TIM YEDNOCK 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	690.	0.	0.

CLIENT 5U050

36-1581416

6/16/06

05-03PM

**STATEMENT 16 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LANCE YADOCK 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	EXECUTIVE BOARD 1	\$ 7,450.	\$ 0.	\$ 0.
MICHAEL D. QUALE 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	TRUSTEE 1	1,087.	0.	0.
MARTIN RUANE 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	TRUSTEE 1	4,379.	0.	0.
DEAN ANDERSON 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	AUDITOR 1	1,674.	0.	0.
JERRY JORSCH 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	AUDITOR 1	1,674.	0.	0.
JASON NESS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	AUDITOR 1	1,674.	0.	0.
RAYMOND PERLICK 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	TRUSTEE 1	1,674.	0.	0.
JAMES PATRICK FEENEY 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	GUARD 1	5,241.	0.	0.
WALTER REWERTS 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	TRUSTEE 1	1,674.	0.	0.
JOHN ELASHIK 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	CONDUCTOR 1	431.	0.	0.
DAVID FAGAN 6200 JOLIET ROAD COUNTRYSIDE, IL 60525	FINANACIAL SEC. 60	175,028.	19,296.	0.
<b>TOTAL</b>		<u>\$ 1,177,928.</u>	<u>\$ 148,785.</u>	<u>\$ 3,377.</u>

CLIENT 5U050

36-1581416

6/16/06

05 03PM

**STATEMENT 17**  
**FORM 990, PART VII, LINE 103**  
**OTHER REVENUE**

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ASSISTANCE FUND RECEIPTS					\$ 11,626.
FINES & FORFEITURES					7,300.
GRIEVANCE COLLECTIONS					196,388.
IUOE ORGANIZING GRANT					72,000.
MISCELLANEOUS INCOME					14,907.
RAIL TRANSPORT SUBSIDY					59,295.
TOTAL		\$ 0.		\$ 0.	\$ 361,516.

**STATEMENT 18**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
94	DUES RECEIVED IN EXCHANGE FOR MEMBER BENEFITS INCLUDING THE ORGANIZATION OF WORKERS ELIGIBLE FOR MEMBERSHIP IN THE UNION, NEGOTIATION OF COLLECTIVE BARGAINING AGREEMENTS, SETTLEMENT OF GRIEVANCES OF MEMBERS AND THE SAFEGUARD OF ECONOMIC SECURITY AND ECONOMIC VALUE OF ITS MEMBERS.
102	SALES OF UNION MERCHANDISE.
103	CONTRIBUTIONS RECEIVED BY EMPLOYERS TO PROVIDE ASSISTANCE BENEFITS TO UNION MEMBERS IN NEED; GRANTS, SUBSIDIES, REIMBURSEMENTS AND REFUNDS OF EXPENDITURES MADE RELATING TO THE ORGANIZATION'S 501(C) (5) EXEMPT PURPOSE.

STATEMENT 18 Kind of Property Page 3 - Part IV - Line 57	Date Acquired	Method/ Rate	ASSETS			ACCUMULATED DEPRECIATION				
			Balance at Beg. of Year	Additions During Year	Deletions During Year	Balance at End of Year	Depr. Exp. Current	Transfers in and Adjustments to Accum. Depr.	Deletions During Year	Balance at End of Year
Automotive Equipment	Various	SL/3-5 Yrs	\$ 2,220,102	\$ 842,160	\$ 808,736	\$ 2,253,526	\$ 1,571,518	\$ 379,793	\$ 687,140	\$ 1,264,171
Office Furniture & Equipment										
Countryside Office	1958-2003	Various	2,685,600	52,898	17,936	2,720,662	1,828,404	191,805	11,136	2,009,073
Computer Software	1999-2003	Various	159,889	4,521	-	164,410	144,887	9,550	-	154,437
Gasoline Tank & Pump	1974-1998	Various	67,471	-	-	67,471	57,057	6,747	-	63,804
Shop Equipment	1993	SL/10 days	12,505	-	-	12,505	8,173	728	-	9,901
Merrillville Office	1957-2003	SL/10 days	208,416	3,096	1,952	209,560	177,798	9,359	1,752	185,405
Lakemoor Office	1964-2003	SL/10 days	168,690	-	-	168,690	157,952	3,211	-	161,163
Rockford Office	1959-2002	SL/10 days	79,189	-	-	79,189	63,027	4,519	-	67,546
Utica Office	1959-2002	SL/10 days	100,126	25,801	17,936	107,991	70,837	8,551	-	79,388
Joliet Office	1962-2003	SL/10 days	145,834	5,996	-	151,830	125,329	6,017	-	131,346
Lakeville Office	1962-2003	SL/10 days	88,683	6,294	-	104,877	49,938	8,951	-	58,889
Rock Island Office	1991-2003	SL/10 days	51,394	-	-	51,394	37,364	4,416	-	41,780
West Burlington, IA Office	1992	SL/10 days	100	-	-	100	100	-	-	100
Legal Department	2002	SL/10 days	90,570	211,718	356	301,932	22,850	21,879	-	44,729
<b>Total</b>			<b>3,868,487</b>	<b>310,424</b>	<b>38,180</b>	<b>4,140,711</b>	<b>2,744,716</b>	<b>275,733</b>	<b>12,888</b>	<b>3,007,561</b>

Other Property -  
Leasehold Improvements  
South Bend Office

Totals to Part IV - Line 57 (Page 3) \$ 6,104,843 \$ 1,152,584 \$ 846,916 \$ 6,410,511 \$ 4,322,045 \$ 657,850 \$ 700,028 \$ 4,279,867

Less Reimbursement by various locals involved in Great Lake Floating Agreement (3,376.00)

Depreciation allocated from IUOE Local 150 Building Corporation exempt under Section 501c (2) as Title Holding Corporation for exempt organization (separate 990 is filed for Building Corporation) 769,747

Total Depreciation Expense to Part II - Line 42 (page 2) \$ 1,424,221

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	INTERNATIONAL UNION OF OPERATING ENGINEERS - LOCAL 150	36-1581416
	Number, street, and room or suite number. If a P.O. box, see instructions	
	6200 JOLIET ROAD	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	COUNTRYSIDE, IL 60525	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ JOHN GARZA

Telephone No. ▶ 708-482-8800 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2005 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Internal Revenue Service  
**RECEIVED**  
MAY 12 2006  
Morton Grove, IL