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Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

Depa Inter	artment of nal Rever	f the Treasury nue Service		► The organiza	ation may have to use a	copy of this return	to satisf	fy state repor	tıng requiren	nents	Oper	to Public	nspection
	For the	e 2009 calend	ar year,	or tax year be	ginning		, 2009,	and endir	ng				
В	Check if	applicable		С						D Employ	er Identif	ication Numbe	r
	X	ress change	Please use IRS label	Laborers	' New Engla	nd Region	Orga	nizing		05-0	05088	303	
	Nan	ne change	or print or type.		h Main Stree					E Telepho	ne numbe	er	
	Initia	al return	See specific	Providen	ce, RI 0290	3				521·	-3457	1	
	Terr	mination	Instruc- tions.										
	Ame	ended return								G Gross re	eceipts \$	2,12	2,589.
	Арр	lication pending	F Name a	and address of prin	cipal officer				H(a) Is this	a group retur	n for affilia	ates? Y	es X No
				As C Abov	e					affiliates incli attach a list		nctions) \ \ \ \	es No
<u> </u>	Tax-e	exempt status	X 501	(c) (5)◀ (insert no)	4947(a)(1)) or	527	" 140,	attacir a list	(300 111311	uctions)	
J	Webs	site: ► N/A	1						H(c) Group	exemption nu	mber 🏲		
K		of organization	Corpora	ation X Trust	Association	Other ►	LY	ear of Forma	tion	M s	tate of le	gal domicile I	₹I
Pa	řt l	Summa	ry										
	1 E	Briefly describ	e the org	janization's m	ission or most sigi	nificant activitie	es <u>Or</u>	ganizi	ng_wor	<u>kers_w</u>	i <u>th</u> t	he obje	ctive
ø	_(<u>of improv</u>	<u>ying t</u>	<u>he terms</u>	<u>and conditi</u>	<u>ons_of_th</u>	<u>eir</u>	<u>employn</u>	n <u>ent_w</u> i	<u>thin t</u>	<u>he</u> N	<u>ew Engl</u>	and
ğ	لـ ـ	region								-			
Governance					 -								-
GO					ation discontinued		or dispo	osed of mo	ore than 2	5% of its a			-
જ					overning body (Par pers of the governi		VI line	16)		}	3 4	_	5
ties				yees (Part V,		ing body (i dir.	* 1, 1111C	10)		Ì	5		16
Activities &					e if necessary)					Ì	6		0
Ă	7a T	otal gross un	related b	usiness reven	ue from Part VIII,	column (C), lin	ne 12				7a		0.
	bΛ	let unrelated l	business	taxable incor	ne from Form 990	-T, line 34					7 b		0.
									Р	rior Year]	Current	Year
	8 C	Contributions a	and gran	ts (Part VIII, I	ne 1h)								
Revenue		Program service revenue (Part VIII, line 2g)								,324,8			5,208.
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)								49,956.		2	7,381.
-	11 Other revenue (Fart VIII, Column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)								<u> </u>	224 2	00	0.10	
	 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 								2	,374,7	93.	2,12	2,589.
						•							
					t IX, column (A), I							1 50	0.010
မေဒ					yee benefits (Part	= =), lines	5-10)	1	,511,5	56.	1,52	0,213.
Expenses				-	K, column (A), line	•							
χ̈́	b T	otal fundraisii	ng exper	nses (Part IX,	column (D), line 2	5) 🟲					,å -		
_					, lines 11a-11d, 11					527,7	81.		0,177.
	18 T	otal expenses	Add lir	原压补压((())	at equal Part IX, c	olumn (A), line	25)		2	,039,3	37.	2,00	0,390.
	19 R	Revenue less e	expenses	Subtract line	e 18 from line 12					335,4	56.	12	2,199.
8 8					18				Begin	ning of Y	ear	End of	Year
alan	20 T	otal assets (F	Par ex , Irr	naar 23 i	2010					, 935, 0			8,843.
4 P	21 T	otal liabilities	(Part X,	line 26)							0.	6	1,560.
žā	22 N	let assets or f	und bala	mes rauthad	t In 21 from line	20			2	,935,0	84.	3,05	7,283.
Pa	rt II	Signatu											
		Under penalties	of perjury, I	declare that I hav	e examined this return, i parer (other than officer)	ncluding accompany	ying sche	dules and stat	ements, and	to the best of	my know	rledge and belie	ef, it is
		true, correct and	complete	Declaration of pre	parer (other than officer)) is baséd on all'infó	órmation d	of which prepa	rer has any k	nowledge	,	•	
Sig	n		\mathcal{A}	Ma	<i>></i>					APR	1	12,2	010
He	re	Signature of							Dat	e		7	
		-	NCE	NTM	1 AS IN O	CHY	7/17	MAI	\checkmark				
		Type or prin	t name and	title									
	-		PI	111/	Luidici		D	ale		eck if	Prep (see	parer s identifyir instructions)	ig number
Pai		Preparer's	van	www.	mmin	CON		3/31/1	sel em	nployed ►			
Pre		signature	Robe	ert D. Gi	udici			3/31//	U		N/	A	
pai Usi	er's	Firm's name (or	Ward	i, Fisher	& Company,	LLP							
On		yours if self- employed),	2500	Centerv	ille Road				EIF	v ► N,	/A		
		address, and ZIP + 4	Warv	vick, RI	02886-4353				Ph	one no	(401)	384-64	164
May	the IR	S discuss this	return v	vith the prepa	rer shown above?	(see instruction	ns)					X Yes	No

	990 (2009) Laborers' New England Region Organizing	05-0508	803		Page 2
Par	<u></u>				
1	Briefly describe the organization's mission Organizing workers with the objective of improving the terms and	condition	s of t	hei	r
	employment within the New England region.				-
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	the prior	Yes	X	No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program sei	vices?	Yes	X	No
4	If 'Yes,' describe these changes on Schedule O	_		_	
<u>,</u>	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	d allocations to	others,	the tot	al
4 a	(Code [', r.s.]) (Expenses \$	(Revenue \$)
			-		
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
			-		
					
4 c	(Code) (Expenses \$ including grants of \$)	Revenue \$_)
					
		_ 			
			-		
4 d	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$	<u></u>)	
40	Total program service expenses ►				 -

Form 990 (2009) Laborers' New England Region Organizing
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	;	х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	,		April 10 may 10
•	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		- - ^	
•	• 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	ં પ	•	
	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	3	-	, ,
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	ı	-	
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			<u> </u>
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	_	<u>X</u>
12/	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			.
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

				
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	·	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		·· -	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		_X_
	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, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
3AA		Form	990 (2	2009)

Form 990 (2009) Laborers' New England Region Organizing

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 2	, ·c		,
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	-1		٠ ،
(c Did the organization comply with backup withholding rules for reportable payments to vendo	ors and reportable gaming			
	(gambling) winnings to prize winners?	1 1	1 c		X
2	a 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	2a 16			
21	b If at least one is reported on line 2a, did the organization file all required federal employme	nt tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)			,
3	a Did the organization have unrelated business gross income of \$1,000 or more during the ye this return?	ar covered by	3a		Х
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Co	•	3ь		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		Х
ŀ	b If 'Yes,' enter the name of the foreign country -				, -
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	Foreign Bank and			· .
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year ⁹	5a		Χ
ŀ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ei Tax Shelter Transaction?	ntity Regarding Prohibited	5c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such of deductible?	ontributions or gifts were not	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		,	-	
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	 7а		
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	which it was required to file	7с		
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			1
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?	ms on a personal	7e		-dd }
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as	required?	7 g		
ŀ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	m 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.		T.I.T.	ae.	
ā	a Did the organization make any taxable distributions under section 4966?		9a	_~-	, ;
Ł	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter				
ā	Initiation fees and capital contributions included on Part VIII, line 12	10a		'	- ,
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		٠ .	į
11	Section 501(c)(12) organizations. Enter		, ,		-1 .
ā	Gross income from other members or shareholders	11 a			,
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116	,		
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a		
Ł	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-		1

BAA

Governing Body and Management

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.

				Yes	No
1 a	Enter the number of voting members of the governing body	1a 5			,
ŧ	Enter the number of voting members that are independent	1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		х
4	Did the organization make any significant changes to its organizational documents	•	4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6	Does the organization have members or stockholders? See Schedule 0		6	Χ	
7 a	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		Х
t	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by		,	
a	The governing body?		8a	Х	
Ł	Each committee with authority to act on behalf of the governing body?		8ь	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca	nnot be reached at the	1 1		
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal			
Reve	nue Code)				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		X
t	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11 /	Describe in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O		,	
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
t	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the poschedule O how this is done	olicy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?	,		7
	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers of key employees of the organization See Schedule O		15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			,`	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		 X
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard tax law, and taken steps to safeguard tax law, and taken steps to safeguard tax law.	n to evaluate its participation I the organization's exempt	16 h	,	i _ i
Sac	status with respect to such arrangements? tion C. Disclosures		16 b		
	List the states with which a copy of this Form 990 is required to be filed None			- -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request	nd 990-1 (501(c)(3)s only) av	ailable	e for p	oublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur	nents, conflict of interest not	icv an	ıd fına	ncial
20	statements available to the public See Schedule 0 State the name, physical address, and telephone number of the person who possesses the t	•			. ioidi
	Vincent Masino 410 South Main Street Providence RI 02903				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		_			that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Scott Gustafson Director	40	Х						104 050		
	40	^_			_	-		104,959.	0.	0.
Vincent Masino Chairman	1			Х		<u></u>		0.	0.	0.
Ronald Coia]									
Sec./ Treas.	1			Χ				0.	0.	0.
Joseph Bonfiglio						ĺ				
Vice chairman	11			X				0.	0.	0.
Paul McNally										
Vice Chair-past	1			Χ				0.	0.	0.
Nicholas Manocchia										
Director-past	40					X		122,309.	0.	0.
	-									
		!								
									-	
								-		

Forr	n 990 (2009) Labor	rers' New	England	Rec	gion (Org	an.	izi	.ng				05-050880		ge 8
Pa	rt VII Section A		Directors,	Trus	tees, k	(ey	En	nplo	oye	es,	an	d Highest Con	pensated Emp	loyees (con	t.)
		(A)			(B)				c)			(D)	(E)	(F)	
	Na	ame and Title			Average hours per week			Officer		Mighest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of othe compensation from the organization and related organizations	
- -															
		-													
															
													_		
															
															
11	Total										-	227,268.	0.		0.
2	Total number of ind from the organization	_	iding but not	limited	d to tho	se lis	sted	abo	ove)	who	rec	ceived more than	\$100,000 in reporta	·	
3 4	Did the organization on line 1a? If 'Yes,' For any individual lithe organization and													3	No X
5	individual													4	<u>X</u>
	Did any person liste rendered to the organic		'Yes,' comple	te Sch	nedule J	for	suci	h pe	rsoi	7	iate			5	X
Sect 1	ion B. Independent Complete this table		highest comp	ensati	ed inder	end	lent	con	trac	tors	tha	t received more th	an \$100 000 of		
	compensation from	the organizat	ion								1111				
		Name ar	(A) nd business a	ddress	5							(B) Description o	f Services	(C) Compensation	_
															<u></u>
2	Total number of ind \$100,000 in comper			_		lımıt	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	*	—

					,	Total revenue	exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
S .	1a F	Federated campaigns		1a					
TAN	1	Membership dues	[1Ь		-	. ,		,
2.5	l .	Fundraising events.		1c		1 -			, ,
RA		Related organizations	<u> </u>	1 d		ļ. ` · ·	[
25	}	Government grants (contributi	ons)	1 e		· ·	i	•	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		-				' ' ' ' ' '	,	,	• '
턞	S	All other contributions, gifts, g similar amounts not included	above	1f				. , `	
Ž O	g N	Noncash contribns included in	ılns 1a-1f	\$			· ′	·	
	h 1	Total. Add lines 1a-1f		`	-		1	,	
PROGRAM SERVICE REVENUE					ss Code	, , , , , , , , , , , , , , , , , , , ,			. 1
Ě	2a]	Membership_due:	<u>s/assmts</u>	<u> </u>		2,095,208.	2,095,208.		
2	b_								
딩	c_			[
SER	d_			L					
Σ	е_	.							
OGR	f A	All other program service	ce revenue						
å	g T	Total. Add lines 2a-2f			-	2,095,208.	, ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3 h	nvestment income (inc	luding divide	ends, interest	t and				
		other similar amounts)				27,381.	<u> </u>		27,381.
		ncome from investmen	t of tax-exe	mpt bond pro	ceeds				
	5 F	Royalties							
			(ı) Real	(ii) P	ersonal	3			
		Gross Rents					3 -		
		ess rental expenses						,	_
		Rental income or (loss)				ن ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	'		
	dΝ	Net rental income or (lo			<u> </u>				 :
		ross amount from sales of ssets other than inventory	(ı) Securiti	es (ii)	Other			1 .	
		ess cost or other basis and sales expenses							- ,
	c C	Gain or (loss)							1
	d١	Net gain or (loss)			▶				
REVENUE	8a (Gross income from function including \$	fraising eve	nts		• • •		P.	~
EVE	0	of contributions reported	d on line 1c)		- , , , , , ,	*		, 1
	S	See Part IV, line 18		a		manus and and and	a the same of the	-as approved an engine are -	
ОТНЕВ	b L	ess direct expenses		ь					
٥	сN	Net income or (loss) fro	m fundraisii	ng events	>				wasterwick waster has a fine a first and a
	9a (Gross income from gam See Part IV, line 19	ning activitie	s a					
	b L	ess direct expenses		ь	-	, ,	1	, .	
	c N	Net income or (loss) fro	m gaming a	ictivities	-		- 02	* * * * * * * * * * * * * * * * * * * *	
	10a G	Gross sales of inventory and allowances				\$ 2 th		1 1	() () () () () () () () () ()
		ess cost of goods solo	t	ь					
		Net income or (loss) fro		nventorv	▶	" L.	A 1 1 2 2 2 2 2 2 3 2 4 2 4 2 4 2 4 2 4 2 4 2		المائدية بمستعد علمانا
		Miscellaneous Revenu		Busines	s Code		,		
	11 a			-					2.'
	b _	· -							· · · · · · · · · · · · · · · · · · ·
ļ	c —						,		
	d A	· — — — — — — —							
		otal. Add lines 11a-11o	1		>				
		otal revenue. See instr			•	2,122,589.	2,095,208.	0.	27,381.
			-0.0710			-,, 500,	2,000.		21,301.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete c	olumn (A) but are not required to complete columns (B), (C), and (D).

Do .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			****	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· .	
5	Compensation of current officers, directors, trustees, and key employees	104,959.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	904,499.	·		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	151,786.			
9	Other employee benefits.	303,606.			
10	Payroll taxes	55,363.			
11	Fees for services (non-employees)				
ā	a Management				
t) Legal	46,962.			
•	Accounting	18,000.			
c	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17		1		
f	Investment management fees				
ç	g Other				
12	Advertising and promotion	530.			
13	Office expenses	35,631.			
14	Information technology	2,002.			
15	Royalties				
16	Occupancy	77,244.			-
17	Travel	8,184.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,902.			
20	Interest	894.			"
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,968.			
23	Insurance		•		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			 	
ā	Auto expenses	143,540.			
	Telephone	21,194.			
	: Contributions	20,055.			
c	Printing and Publications	17,680.			
€	Organizing grant	13,000.			
f	All other expenses	35,391.			
25	Total functional expenses Add lines 1 through 24f	2,000,390.			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

Pa	ırt X	Balance Sheet					
		,			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			450,196.	1	738,942.
	2	Savings and temporary cash investments			2,271,461.	2	2,126,124.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin	ed und	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete P	art II of Schedule L		6	
S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10a	356,242.	Te,,*** 4 (1) 7		
		Complete Part VI of Schedule D			,		
	Ь	Less accumulated depreciation	10Ь	102,465.	200,427.	10 c	253,777.
	11	Investments - publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets		ĺ		14	
	15	Other assets See Part IV, line 11			13,000.	15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		2,935,084.	16	3,118,843.
	17	Accounts payable and accrued expenses			, ,	17	, , , , , , , , , , , , , , , , , , , ,
	18	Grants payable		18			
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities				20	
Å	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
LLIT	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees.	kev emplovees,			-
		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated th	nird pai	rties		23	61,560.
	24	Unsecured notes and loans payable to unrelated third		1		24	,
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	61,560.
N		Organizations that follow SFAS 117, check here	X an	d complete lines			
N E T		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			2,935,084.	27	3,057,283.
Š	28	Temporarily restricted net assets			· · · · · · · · · · · · · · · · · · ·	28	
E T S	29	· · · · · · · · · · · · · · · · · · ·				29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete	THE PARTY OF THE PROPERTY OF THE PARTY OF TH		
		lines 30 through 34.				1	, ,
FUZD	30	Capital stock or trust principal, or current funds				30	. , , , , , , , , , , , , , , , , , , ,
	31	Paid-in or capital surplus, or land, building, and equip	ment t	fund		31	
Ķ	32	Retained earnings, endowment, accumulated income,		1		32	
BALAZCES	33	Total net assets or fund balances			2,935,084.	33	3,057,283.
Ē	34	Total liabilities and net assets/fund balances		ļ	2,935,084.	34	3,118,843.

BAA

Form **990** (2009)

orr	n 990 (2009)	Laborers'	New England R	egion Or	ganizing		05-0508803		Pa	ige 12
Pa	rt XI Fina	ancial Statem	ents and Reportin	g						
	- ,								Yes	No
1	Accounting	method used to	prepare the Form 990	X Cash	Accrual	Other				
	If the organ in Schedule		its method of accounting	ng from a prio	or year or checked	'Other,' explain				
2	a Were the or	ganization's fina	ncial statements compi	led or review	ed by an independ	dent accountant?		2a	X	
1	b Were the or	ganization's fina	ncial statements audite	d by an indep	pendent accountar	nt?		2b		X
•			s the organization have financial statements ar				ght of the audit,	2c	Х	
	If the organ in Schedule		either its oversight prod	cess or select	tion process during	g the tax year, explain	n	٠ ۽		
(ne 2a or 2b, ched d basis, separate	ck a box below to indicate basis, or both	ate whether t	he financial staten	nents for the year we	re issued on a			v
	X Separ	ate basis	Consolidated basis	Both c	onsolidated and se	eparate basis				
3		of a federal awar nd OMB Circular	rd, was the organization A-133?	required to	undergo an audit (or audits as set forth	in the Single	3a		Х
(undergo the required a nedule O and describe				he required audit	3 b		

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Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Lab	oorers' New England Region Org	anizing			
				05-0508803	
Pai	rt I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Fun	ds or Acco	ounts Complete	ıf
	the organization answered les t	· -··· · · · · · · · · · · · · · · · ·			
_	T 1:1	(a) Donor advised funds	(b) F	unds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	funds are the organization's property, subject			Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for efit??	ds may be any other	∏Yes	□No
Par	t II Conservation Easements Comple		to Form 99		
	Purpose(s) of conservation easements held by		10 1 01111 33	o, rarriv, inte	<i>'</i> .
•	Preservation of land for public use (e.g., r		of an historica	ally important land a	oran
	Protection of natural habitat	Preservation of		-	ilea
	Preservation of open space	reservation c	or certified file	storic structure	
2		on held a qualified conservation contribution in	the form of a	conservation ease	ment on the
_	last day of the tax year			. conscivation case	ment on the
				Held at the End of	the Year
a	Total number of conservation easements		2 a		
b	Total acreage restricted by conservation easer	nents	2b		
c	Number of conservation easements on a certif	ied historic structure included in (a)	2c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminal	ted by the org	ganization during th	e tax
	year ►				
4	Number of states where property subject to co	nservation easement is located >	_		
5	and enforcement of the conservation easemer		_	ations, Yes	No
6	during the year ►	ng, inspecting, and enforcing conservation ease			
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easemen	ts		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction	Yes	No No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue and expen o the organization's financial statements that d	se statement, lescribes the	and balance sheet, a organization's acco	and unting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Sim	ilar Assets	
	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line	8		
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balar nce of public	nce sheet works of a service, provide, in	art, historical i Part XIV,
b	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement and exhibition, education, or research in furthera	and balance s nce of public	sheet works of art, service, provide the	historical e following
	(i) Revenues included in Form 990, Part VIII,	line 1		- \$	
	(ii) Assets included in Form 990, Part X			►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fi 116 relating to these items	or financial g	ain, provide the foll	owing
а	Revenues included in Form 990, Part VIII, line	1		► \$	
b	Assets included in Form 990, Part X			► \$	

Schedule b (Form 990) 2009 Labo.	ters ne	w Eng.	rand Regio	n org	anızın	g		05-050	18803		Page 2
Part III Organizations Mainta	ining Coll	ections	s of Art, Hist	orical	Treasure	es, or	Other:	Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisit items (check all that apply)	ion accession	and ot	her records, che	eck any o	of the follo	owing t	hat are a	significant us	se of its o	ollection	on
a Public exhibition			d Loan	or excha	ange prog	rams					
b Scholarly research			e Othe	r							
c Preservation for future gener	ations										
4 Provide a description of the organ Part XIV	nızatıon's co	llections	and explain ho	w they f	urther the	organı	zation's i	exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit oi ather than to	receive be mai	donations of a ntained as part	rt, histor of the o	ıcal treası rganızatıo	ires, oi n's coll	r other si ection?	mılar	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arranger unt on For	nents m 990	Complete if a Part X, line	organız 21.	ation ar	swer	ed 'Yes	to Form 9	90, Par	t IV, I	line
1a Is the organization an agent, trus included on Form 990, Part X?						or oth	er assets	not	Yes]No
b If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ung table	9						
									Amount		
c Beginning balance							1с	·			
d Additions during the year							1 d				
e Distributions during the year							1 e				
f Ending balance							1 f				
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21	?					Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV										
Part V Endowment Funds Co	mplete if o	rganız	ation answer	ed 'Ye	s' to For	m 99	0, Part	IV, line 10.			
	(a) Current	year	(b) Prior yea	ar	(c) Two yea	ars back	(d) T	hree years back	(e) Fo	our years	back
1a Beginning of year balance								-			
b Contributions				.,	5				. ,		
c Net Investment earnings, gains, and losses					٠,					, _	
d Grants or scholarships									'.		$\overline{}$
e Other expenditures for facilities and programs				-	, ,	k.		***		1,,	
f Administrative expenses											
g End of year balance				•	, ,	, ,	581	* ,			
2 Provide the estimated percentage	e of the year	end bal	ance held as	•							
a Board designated or quasi-endov	vment 🟲		8								
b Permanent endowment ►	8										
c Term endowment ►	8										
3a Are there endowment funds not i organization by	n the posses	sion of t	the organization	that are	held and	admın	ustered fo	or the	Г	Yes	No
(i) unrelated organizations									3a(i)		
(ii) related organizations									3a(ii)	$\neg \uparrow$	
b If 'Yes' to 3a(ıı), are the related of	rnanizations	listed a	s required on S	chedule	R?				3b	\rightarrow	
4 Describe in Part XIV the intended											
Part VI Investments-Land, B						art X	line 10				
Description of investment		(a) Cos	t or other basis	(b) C	ost or others	er	(c) Acc	umulated eciation	(d) Bo	ook Va	lue
1a Land							J- ,	1.1.			
b Buildings											
c Leasehold improvements					106,6	06.		6,398.	-	100.	208.
d Equipment					73,3			4,892.		_	482.
e Other					176,2		_	91,175.			087.
Total. Add lines 1a through 1e (Column	n (d) must ed	ual For	m 990, Part X. o	column (>			777.
											

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Schedule D (Form 990) 2009

Schedule [(Form 990) 2009 Laborers' New Eng	land Region Organ	nizing	05-0508803	Page 3
	Investments-Other Securities See Fo	T			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or en	ethod of valuation d-of-year market value	
Financial d					
	ld equity interests				
Other					
	-				
		<u> </u>			
			\$ 112	· · · · · · · · · · · · · · · · · · ·	
	nn (b) must equal Form 990 Part X, col (B) line 12)	000 5 1 1			'
Part VIII	Investments-Program Related (See I	,		the state of the state of	
	(a) Description of investment type	(b) Book value	(c) Me Cost or en	ethod of valuation d-of-year market value	
· · · · · ·				· · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				••
	nn (b) must equal Form 990, Part X, Col (B) line 13)	1		r. it y.	, ,
Part IX					
	(a) De	scription		(b) B	ook value
					
		 			
		······································			

		· · · · · · · · · · · · · · · · · · ·	=, ,,=, ,		
Total (Co	harman (h) marah arang Farra 2000 Part V and (P) V	10)			
Part X	lumn (b) must equal Form 990, Part X, col (B), li Other Liabilities (See Form 990, Part				· · · · · · · · · · · · · · · · · · ·
Turex	(a) Description of Liability	(b) Amount	3.2	in the second	· · · · · ·
Federal Inc	come Taxes	(a) / iiiiodiii	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		!
	_		7	,	, . }
				•	, ,
]	•	•
-			-	• • • • • • • • • • • • • • • • • • • •	
			4	•	, 1
			- • •	•	•
		-	┤		;
	· · · · · · · · · · · · · · · · · · ·	 	1		- 1
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)		1' .	-	1
2 EINI 40 E					

Schedule D (Form 990) 2009 Laborers' New England Region Organizing

05-0508803

Schedule D (Form 990) 2009 Laborers'	New England Region Orga	nizing 05	5-0508803 Page 4
Part XI Reconciliation of Change in	Net Assets from Form 990 to	Financial Statements	N/A
1 Total revenue (Form 990, Part VIII,columi	n (A), line 12)		
2 Total expenses (Form 990, Part IX, colum	nn (A), line 25)		
3 Excess or (deficit) for the year Subtract I	ine 2 from line 1		
4 Net unrealized gains (losses) on investme	ents		
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through	ah 8		
10 Excess or (deficit) for the year per audited	•	.3 and 9	
Part XII Reconciliation of Revenue p			eturn N/A
1 Total revenue, gains, and other support p			1 1
2 Amounts included on line 1 but not on Fo			
a Net unrealized gains on investments	330, 1 dr. v,e 72	2a	
b Donated services and use of facilities		2b	1 -:1
c Recoveries of prior year grants		2c	1. 1
d Other (Describe in Part XIV)		2d	1
e Add lines 2a through 2d		Zuj	
			2e
	L = 10 E d = 1 = 1 = 2	1 1	3
4 Amounts included on Form 990, Part VIII,			
a Investments expenses not included on Fo	rm 990, Part VIII, line 7b	4a	1: 1
b Other (Describe in Part XIV)		4b	
c Add lines 4a and 4b			4c
5 Total revenue Add lines 3 and 4c. (This			5
Part XIII Reconciliation of Expenses		ents with Expenses per	
1 Total expenses and losses per audited fin			1
2 Amounts included on line 1 but not on Fo	rm 990, Part IX, line 25	1 . !	
a Donated services and use of facilities		2a	
b Prior year adjustments		2b	
c Other losses		2c	<u> - </u>
d Other (Describe in Part XIV)		2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Part IX, I	ine 25, but not on line 1:		
a Investments expenses not included on Fo	rm 990, Part VIII, line 7b	4a]. '
b Other (Describe in Part XIV)		4b	
c Add lines 4a and 4b			4c
5 Total expenses Add lines 3 and 4c (This	must equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information			
Complete this part to provide the descriptions rine 4, Part X, line 2, Part XI, line 8, Part XII, linformation	equired for Part II, lines 3, 5, and 9, F nes 2d and 4b, and Part XIII, lines 2d	Part III, lines 1a and 4, Part IV and 4b Also complete this pa	, lines 1b and 2b, Part V, art to provide any additional
DAA			Calcad In D. (5. 1992) 2002
BAA	TEEA3304L 02/02/10		Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Laborers' New England Region Organizing Part XIV Supplemental Information (continued)	05-0508803	Page 5
Part XIV Supplemental Information (continued)		
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Schedule **D** (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Laborers' New England Region Organizing	05-0508803
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
Members consist of: RI_Laborers' District Council, MA_Laborers'	District Council, CT
Laborers' District Council, and Maine, NH, and Vermont District	Council.
Form 990, Part VI, Line 11 - Form 990 Review Process	
Copy provided to governing body to review, sign, and file with	appropriate agencies.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
Board of Directors review and approve compensation for all indi	viduals receiving
compensation by the organization.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Upon request	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection .

Employer identification number 05-0508803 Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) Laborers' New England Region Organizing

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ing (Complete if the or ing the tax year.)	ganization answere	d 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Laborers International Union of NA					
Providence, RI 02903	Labor union	RI	501 (c) (5)		NA
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	TE	TEEA5001L 02/05/10	Schedul	Schedule R (Form 990) (2009)

05-0508803 Schedule R (Form 990) 2009 Laborers' New England Region Organizing

Page 2

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

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(A) Nieme address and EIN of	(B)	ပ ပြ	(C) (D)	(E)		(F) (G)	(H)		5	;
	ליוויוסל ליוווייי	domicile	controlling entity	income (related,		Silare of end-or-year	- inspriopor - tionate	amount in box	Genera	ם ב
		(state or	•	unrelated, excluded			allocations?	20 of Schedule	partner	رع.
		roreign Coupto		rom tax under		-,1		- Y-		
		country		sections 512-514)			Yes No	(Form 1065)	Yes	٩
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Part IV Identification of Related Organizations Taxable as a	axable as a Cor	poration or Tru	ust (Complete	if the organiz	ration answered 'Y	Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV,	rt IV,
Ine 34 pecause it had one or more relate	d organizations	ions treated as a corporation or trust during the tax year.)	orporation or t	rust during th	e tax year.)		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile	(D) Direct	(E) Type of entity	(F) Share of total income	(G) Share of end-of-vear	(H) Percentane
	`	(state or foreign country)	controlling entity	(C corp, S corp, or trust)		(state or foreign controlling entity (C corp, S corp, country)	ownership
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		•					
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Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	õ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		-	•	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1 P	-	×,
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan quarantees to or for other organization(s)		7	-	⊹∣×
e Loans or loan guarantees by other organization(s)		- e		⊹
		·		•
f Sale of assets to other organization(s)		-	 - 	×
g Purchase of assets from other organization(s)		19		×
		두	\vdash	×
i Lease of facilities, equipment, or other assets to other organization(s)		=		$ \times $
		-	*	-
J. Lease of facilities, equipment, or other assets from other organization(s)	•	=	+	\times
K Performance of services or membership or fundraising solicitations for other organization(s)		¥	_	×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		13		×
n Sharing of paid employees		1n		×
Domotive of the other contraction of the other termination of the other		i	1	1:
o remindusement paid to other organization to expenses		•		\prec
p Reimbursement paid by other organization for expenses		1 _P	+	\times
Other transfer of order of other property to other property of the			1	:
d Other transfer of cash of property to other organization(s)		-		\times
_		-		×
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	and transaction thresh	olds		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved) nvolve	ъ
(μ)				
				1
(3)				
(4)				
(5)				
(9)				
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Part VI Unrelated Organizations Taxable as a Partnership (Complete If the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managifig partner? ŝ 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ş Yes (E) Share of end-of-year assets (D)
Are all partners section 501(c)(3) organizations? å Yes (C) Legal domicile (state or foreign country) TEEA5004L 02/05/10 Primary activity <u>@</u> 1111 i i ı Ì i (A)
Name, address, and EIN of entity Ĺ 1 1 1 1 1 ţ I ı ı 1 I ١ I 1 I ŧ ١ ŧ Ī ı 1111 1 1 1 1111 ŀ 1 1111 1 1 1 1 ١ ł 1 Ì BAA