

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

[redacted]

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
CONSTRUCTION & GENERAL LABORERS UNION
LOCAL 964
101 SOUTH MERCER STREET #300
NEW CASTLE, PA 16101

D Employer identification number
25-0694421

E Telephone number
724-654-5551

F Group Exemption Number ►

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► N/A

J **Tax-exempt status** (check only one) — ☒ 501(c) (5) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► $ 428,717.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	421,235.
	4	Investment income	4	7,482.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	428,717.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	128,540.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	181,946.
	13	Professional fees and other payments to independent contractors	13	5,700.
	14	Occupancy, rent, utilities, and maintenance	14	4,908.
	15	Printing, publications, postage, and shipping	15	2,497.
	16	Other expenses (describe ► SEE STATEMENT 2)	16	27,955.
	17	**Total expenses.** Add lines 10 through 16 ►	17	351,546.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	77,171.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	220,217.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	7,863.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	305,251.

Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	199,523.	22	297,034.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	54,099.	24	35,627.
25	**Total assets**	253,622.	25	332,661.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	33,405.	26	27,410.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	220,217.	27	305,251.

SCANNED SEP 07 2010

RECEIVED
AUG 16 2010
OGDEN, UT

Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? IMPROVEMENT OF WORKING CONDITIONS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	TO ORGANIZE ALL WORKERS AND TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATION AND COLLECTIVE BARGAINING. (Grants $) If this amount includes foreign grants, check here. ▶ ☐	28a	142,554.
29	(Grants $) If this amount includes foreign grants, check here. ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	142,554.

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(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	(e) Expense account and other allowances
DONALD MANGINO 408 JENNY LANE NEW CASTLE, PA 16101	BUSINES MANAGER 40.00	81,013.	36,537.	5,040.
PHIL FABICH 625 SHENANGO STOP ROAD NEW CASTLE, PA 16101	VICE PRESIDENT 1.00	510.	0.	0.
WILLIAM QUIGLEY 433 SUMMIT VIEW DRIVE NEW CASTLE, PA 16105	RECORDING SEC. 1.00	510.	0.	0.
DANIEL KEAN 5021 LEACH ROAD ATLANTIC, PA 16113	PRESIDENT 1.00	510.	0.	0.
SHAWN SULLIVAN 3845 KIBBLER ROAD ATLANTIC, PA 16111	TRUSTEE 1.00	510.	0.	0.
JAMES MOTT 23 W. NORTHVIEW AVENUE NEW CASTLE, PA 16105	SECRETARY-TREAS 1.00	510.	0.	900.
MICHAEL MCCLENAHAN 111 AIKEN ROAD NEW CASTLE, PA 16101	SGT-AT-ARMS 1.00	510.	0.	0.
JEFFREY GRINNELL 124 ECHO STREET FOMBELL, PA 16123	EXECUTIVE BOARD 1.00	510.	0.	0.
JODI PANELLA 1403 E HARBOR ROAD NEW CASTLE, PA 16101	TRUSTEE 1.00	510.	0.	0.
ROLAND BUTTGEREIT 107 W. CLEN-MOORE BLVD. NEW CASTLE, PA 16105	EXECUTIVE BOARD 1.00	510.	0.	0.
DAN SHIPTON 451 GROVE CITY ROAD SLIPPERY ROCK, PA 16057	TRUSTEE 1.00	510.	0.	0.

Other Information (Note the statement requirements in the instrs for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► DONALD MANGINO Telephone no. ► 724-654-5551

Located at ► 101 S. MERCER STREET, NEW CASTLE, PA ZIP + 4 ► 16101

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000. ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

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.

► Donald R. Mangino — Signature of officer — Date: 8-6-10

► DONALD MANGINO — Type or print name and title. — BUSINES MANAGER

Paid Preparer's Use Only

Preparer's signature ►	Date 8/06/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) P00285799
Firm's name (or yours if self-employed), address, and ZIP + 4 ► C. J. PANAGULIAS & CO. 127 ANDERSON STREET, STE 127 PITTSBURGH, PA 15212		EIN ► 25-1252908 Phone no ► (412) 321-9428	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: CONSTRUCTION & GENERAL LABORERS UNION LOCAL 964

Identifying number: 25-0694421

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,307.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,307.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	PUBLIC CHARITY	
DONEE'S NAME:	VARIOUS ORGANIZED CHARITIES	
DONEE'S ADDRESS:	UNRELATED TO LOCAL 964 NEW CASTLE, PA	
CASH AMOUNT GIVEN:		$ 385.

PAYMENTS TO AFFILIATES

NAME:	LABORERS INTL. UNION OF N.A.	
ADDRESS:	905 16TH STREET, N.W. WASHINGTON, DC 20006	
PURPOSE OF PAYMENT:	PER CAPITA TAXES	
AMOUNT:		$ 126,744.
NAME:	PENNSYLVANIA AFL-CIO HARRISBURG, PA,	
PURPOSE OF PAYMENT:	PER CAPITA TAXES	
AMOUNT:		$ 556.
NAME:	OTHER AFFILIATES	
PURPOSE OF PAYMENT:	PER CAPITA TAXES	
AMOUNT:		$ 855.
PAYMENTS TO AFFILIATES		$ 128,155.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	$ 2,606.
DEPRECIATION	2,307.
EDUCATION AND PUBLICITY	1,755.
INSURANCE AND BONDS	1,603.
MEMBERS SOCIAL ACTIVITIES	1,865.
OFFICE EXPENSES	3,363.
REFUNDS	194.
SOFTWARE SUPPORT	125.
TELEPHONE	4,293.
TRAVEL	9,844.
TOTAL	$ 27,955.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADJUSTMENT FOR OVERSTATEMENT OF PENSION LIABILITY 2006	$ 7,863.
TOTAL	$ 7,863.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 45,504.	$ 29,339.
FURNITURE AND FIXTURES	8,595.	6,288.
TOTAL	$ 54,099.	$ 35,627.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 33,405.	$ 27,410.
TOTAL	$ 33,405.	$ 27,410.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization CONSTRUCTION & GENERAL LABORERS UNION LOCAL 964	**Employer identification number** 25-0694421
File by the extended due date for filing the return. See instructions	Number, street, and room or suite number If a P.O box, see instructions C. J. PANAGULIAS & CO. 127 ANDERSON STREET, STE 127	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15212	

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

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► DONALD MANGINO
  Telephone No. ► 724-654-5551 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 is for.

4 I request an additional 3-month extension of time until 11/15, 20 10.

5 For calendar year 2009, or other tax year beginning _____, 20 __, and ending _____, 20 __.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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...	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868...	8b	$
c Balance Due. Subtract line 8b from line 8a. 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 instrs ..	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Ron Panagulias Title ► ATTORNEY AT LAW Date ► 8/6/10