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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		LABORERS INTERNATIONAL UNION OF NORTH AMERICA OREGON & SOUTHERN IDAHO DIST CO		93-0144236
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		10245 SE HOLGATE BLVD		503 760-2933
City or town, state or country, and ZIP + 4		F Group Exemption Number ▶ 0121		
PORTLAND, OR 97266				

• 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) ▶

I Website: ▶ N/A

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

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 ▶ \$ 485,440.

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

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 8 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 9 Other revenue (describe)	STMT 3	5a	1,028.	5b	1,164.	5c	-136.	6a		6b		6c		7a		7b		7c		8		9	484,276.
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe)	SEE STATEMENT 5																						
	SEE STATEMENT 1																						
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	SEE STATEMENT 4																						

Part II 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	1,096,620.	1,178,507.
23 Land and buildings	27,244.	26,862.
24 Other assets (describe) ▶ SEE STATEMENT 2)	45,403.	44,521.
25 Total assets	1,169,267.	1,249,890.
26 Total liabilities (describe) ▶ WITHHELD DUES AND TAXES)	4,236.	5,576.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,165,031.	1,244,314.

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02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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7

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **SEE STATEMENT 7**

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, and other relevant information for each program title.

Expenses

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

28 THE DISTRICT COUNCIL COORDINATES AND ASSISTS THE
ORGANIZING EFFORTS OF MEMBER LOCALS TO MAINTAIN AND EXTEND
UNION MEMBERSHIP.

(Grants \$ _____) If this amount includes foreign grants, check here

28a

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

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

[illegible]

Part V Other Information (Note the statement requirements in the instructions 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		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?		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?		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 N/A	
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	▶ N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶ N/A	
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 ▶ THE ORGANIZATION Telephone no. ▶ 503 760-2933		
Located at ▶ 10245 SE HOLGATE BLVD, PORTLAND, OR ZIP + 4 ▶ 97266		
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)?	42b	X
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 Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/> N/A		
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

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Part VI 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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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 & deferred compensation	(e) Expense account and other allowances
N/A				

- 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
N/A		

- 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.			
	Signature of officer	Date 7-16-10		
	Business Manager / Secretary Treasurer			
Paid Preparer's Use Only	Preparer's signature	Date 7-16-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4	LOCKITCH, CLEMENTS & RICE, P.S. 534 WESTLAKE AVE. N., STE 300 SEATTLE, WA 98109		EIN Phone no. (206) 622-4253

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

Form 990-EZ (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	010107L				21,000.			21,000.			0.
2	210245 HOLGATE	010176SL		18.00	16	53,396.			53,396.	53,396.		0.
3	ROOF	030189SL		31.50	16	3,546.			3,546.	2,232.		113.
4	PARKING LOT	100191SL		20.00	16	9,646.			9,646.	8,438.		482.
5	SEWER AND PLUMBING	110191SL		20.00	16	18,761.			18,761.	10,202.		595.
6	LANDSCAPING	120191SL		20.00	16	5,795.			5,795.	5,074.		290.
7	LANDSCAPEING	010192SL		15.00	16	5,795.			5,795.	4,929.		290.
8	LANDSCAPING	020192SL		31.50	16	2,025.			2,025.	1,718.		101.
9	OFFICE ADDITION	063003SL		15.00	16	40,947.			40,947.	15,014.		2,730.
10	BATHROOM REMODEL	021405SL		31.00	16	5,280.			5,280.	657.		168.
11	FURNACE	080607SL		15.00	16	3,440.			3,440.	305.		229.
12	MISC EQUIPMENT	010180SL		5.00	16	3,130.			3,130.	3,130.		0.
13	ALARM SYSTEM	010180SL		5.00	16	1,140.			1,140.	1,140.		0.
14	FILING CABINET	010181SL		5.00	16	195.			195.	195.		0.
15	SAFE	010181SL		5.00	16	790.			790.	790.		0.
17	CARPET	120189SL		7.00	16	3,774.			3,774.	3,774.		0.
18	COUCH	120189SL		7.00	16	1,389.			1,389.	1,389.		0.

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06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	OFFICE SHADES	010189SL		7.00	16	2,997.			2,997.	2,997.		0.
21	OFFICE FURNITURE	020192SL		5.00	16	3,750.			3,750.	3,750.		0.
25	17" MONITOR	080197SL		5.00	16	3,150.			3,150.	3,150.		0.
26	LASERJET	090197SL		5.00	16	400.			400.	400.		0.
27	DESKJET	090197SL		5.00	16	280.			280.	280.		0.
28	PHONE SYSTEM	120197SL		5.00	16	6,764.			6,764.	6,764.		0.
29	RICOH COPIER	010198SL		5.00	16	9,191.			9,191.	9,191.		0.
30	GE TELEVISION	010198SL		5.00	16	200.			200.	200.		0.
31	ZENITH VCR	010198SL		5.00	16	100.			100.	100.		0.
34	DELL COMPUTER	010102SL		5.00	16	1,215.			1,215.	1,215.		0.
35	COMPUTER & PRINTER	090104SL		5.00	16	1,179.			1,179.	1,023.		156.
36	PRINTER	120104SL		5.00	16	280.			280.	229.		51.
37	USED IBM TYPEWRITER	090905SL		5.00	16	300.			300.	200.		0.
38	17" MONITOR	030507SL		5.00	16	210.			210.	74.		42.
39	REFRIGERATOR	052608SL		5.00	16	503.			503.	59.		101.
40	MODIFY STAIRS TO BASEMENTS	031108SL		15.00	16	3,746.			3,746.	188.		250.
41	I PHONE	042009SL		5.00	16	459.			459.			61.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

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990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	DELL LATITUDE E550 COMPUTER	042009SL		5.00	16	2,138.			2,138.			285.
43	DELL OPTIPLEX 760 COMPUTER	041809SL		5.00	16	1,505.			1,505.			201.
44	HP LASERJET CM 2320 FXIMFP	072909SL		5.00	16	850.			850.			71.
	* TOTAL 990-EZ PG 1 DEPR					219,266.		0.	219,266.	142,203.	0.	6,216.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
AFFILIATE FEES	2,093.
TRAVEL AND MEETINGS	59,711.
SUPPLIES	7,974.
INSURANCE	2,844.
DONATIONS	7,550.
SERVICE CHARGES	1,803.
OTHER TAXES	1,715.
TOTAL TO FORM 990-EZ, LINE 16	83,690.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
FEDERAL TAX DEPOSIT	536.	536.
OTHER DEPRECIABLE ASSETS	44,867.	43,985.
TOTAL TO FORM 990-EZ, LINE 24	45,403.	44,521.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MUTUAL FUNDS	1,028.	1,164.	0.	-136.
TO FORM 990-EZ, LINE 5	1,028.	1,164.	0.	-136.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED CHANGE IN FAIR VALUE OF INVESTMENTS	10,345.
TOTAL TO FORM 990-EZ, LINE 20	10,345.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	6,216.
OTHER EXPENSES	29,249.
TOTAL TO FORM 990-EZ, LINE 14	35,465.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

DISTRICT COUNCIL OF LOCAL LABOR UNIONS AFFILIATED WITH THE LABORERS
INTERNATIONAL UNION OF NORTH AMERICA LOCATED IN OREGON AND SOUTHERN IDAHO.