



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



Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 08/01, 2009, and ending 07/31, 2010

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 LABORERS INTERNATIONAL UNION		D Employer identification number 23-0490779
		Doing Business As		E Telephone number (717) 541-0461
		Number and street (or P O box if mail is not delivered to street address) Room/suite 524 SOUTH 22ND STREET		G Gross receipts \$ 821,968.
		City or town, state or country, and ZIP + 4 HARRISBURG, PA 17104-2403		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer JOSEPH GUSLER 524 SOUTH 22ND STREET HARRISBURG, PA 17104		H(c) Group exemption number 0121		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: N/A				
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1937		M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LABOR UNION AND RELATED FUNCTION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	723,725.	788,302.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,713.	20,463.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,535.	13,203.
		758,973.	821,968.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	389,737.	431,533.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	457,498.	485,163.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	847,235.	916,696.	
19 Revenue less expenses Subtract line 18 from line 12	-88,262.	-94,728.	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	1,475,061.	1,385,847.
	21 Total liabilities (Part X, line 26)	31,533.	35,928.
22 Net assets or fund balances Subtract line 21 from line 20	1,443,528.	1,349,919.	

Part II Signature Block

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.

Sign Here
 Signature of officer: *Joseph Gusler* Date: 10-13-10
 JOSEPH GUSLER BUSINESS MANAGER
 Type or print name and title

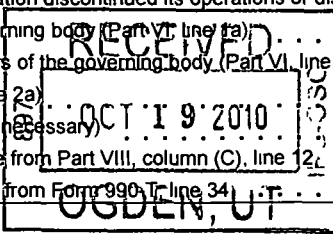
Preparer's Use Only
 Preparer's signature: *James A. Koontz* Date: 10/11/10
 Check if self-employed: Preparer's identifying number (see instructions): P00004834
 Firm's name (or yours if self-employed): BROWN SCHULTZ SHERIDAN FRITZ
 EIN: 25-1644159
 address, and ZIP + 4: 210 GRANDVIEW AVENUE CAMP HILL, PA 17011
 Phone no: 717-761-7171

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Form 990 (2009)

SCANNED NOV 08 2010



Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
LABOR UNION AND RELATED FUNCTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
ON JULY 31, 2009, THE LOCAL UNION HAD 663 MEMBERS. DURING THE FISCAL YEAR, THE UNION PROMOTED APPROPRIATE COMPENSATION AND WORKING CONDITIONS FOR ITS MEMBERS. THE LOCAL UNION ADVANCED WORKERS' OPPORTUNITIES FOR EMPLOYMENT THROUGH NEGOTIATIONS WITH EMPLOYERS.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12b regarding IRS filings, employee counts, foreign accounts, and charitable contributions.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (7), 1b Enter the number of voting members that are independent (4), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990, 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed, 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (X), 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public, 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOSEPH GUSLER 524 SOUTH 22ND STREET HARRISBURG, PA 17104 717-541-0461.

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 organization'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 employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT HUMMER EXECUTIVE BOARD MEMBER	1.00	X					1,800.	0.	0.	
BRETT HILDEBRAND EXECUTIVE BOARD MEMBER	1.00	X					1,800.	0.	0.	
ROBERT DISABELLA PRESIDENT	41.00			X			52,901.	0.	28,463.	
KEITH LAVINE SERGEANT AT ARMS	2.00			X			150.	0.	0.	
KEITH TONER SECRETARY/TREASURER	46.00			X			52,451.	0.	28,449.	
JOHN LOGAN VICE PRESIDENT	1.00			X			1,800.	0.	0.	
KAREN LANTRY RECORDING SECRETARY	2.00			X			1,050.	0.	0.	
JOSEPH GUSLER BUSINESS MANAGER	48.00				X		81,591.	0.	34,335.	
PAMELA COHEN ASST. BUSINESS MANAGER	47.00				X		41,916.	0.	26,086.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 235,459. 0. 117,333.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a?
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization?

Table with 2 columns: Yes, No. Rows 3, 4, 5 with 'X' marks in the 'No' column.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

23-0490779

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		0.				
Program Service Revenue				Business Code				
	2a	CONTRACTOR DEDUCTIONS DUES		574,945.	574,945.			
	b	MEMBERS DUES		181,122	181,122			
	c	INITIATION FEES		12,941.	12,941			
	d	READMISSION FEES		19,294	19,294			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		788,302				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		20,463			20,463.	
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
					10,550			
					10,550.			
	d	Net rental income or (loss)		10,550				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	d	Net gain or (loss)		0.				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events		0				
	9a	Gross income from gaming activities See Part IV, line 19 a						
	b	Less direct expenses b						
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS INCOME		2,653	2,653.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,653.					
12	Total Revenue. See instructions		821,968.	790,955		20,463.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	238,009.			
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	30,926.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	56,369.			
9 Other employee benefits	83,092.			
10 Payroll taxes	23,137.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	12,635.			
c Accounting	10,115.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	3,717.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	15,311.			
20 Interest	0.			
21 Payments to affiliates ATCH. 3.	160,825.			
22 Depreciation, depletion, and amortization	29,190.			
23 Insurance	3,837.			
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)				
a MEMBERSHIP ACTIVITIES & SUPP	175,363.			
b WORKERS COMPENSATION INSURAN	3,327.			
c SUPPLIES	5,740.			
d TELEPHONE AND UTILITIES	22,192.			
e AUTOMOBILE EXPENSE	9,373.			
f All other expenses	33,538.			
25 Total functional expenses. Add lines 1 through 24f	916,696.			
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	204,674.	1	136,013.
	2 Savings and temporary cash investments	851,623.	2	874,744.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,143.	4	29,726.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	250.	8	250.
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 483,169.		
	b Less accumulated depreciation	10b 151,932.	341,738.	10c 331,237.
	11 Investments - publicly traded securities	ATCH 4	9,945.	11 11,142.
	12 Investments - other securities See Part IV, line 11			12
	13 Investments - program-related See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets See Part IV, line 11		5,688.	15 2,735.
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,475,061.	16 1,385,847.	
Liabilities	17 Accounts payable and accrued expenses	31,533.	17	35,928.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		31,533.	26 35,928.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,443,528.	27	1,349,919.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		1,443,528.	33 1,349,919.	
34 Total liabilities and net assets/fund balances		1,475,061.	34 1,385,847.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LABORERS INTERNATIONAL UNION OF NORTH AMERICA 1180

Employer identification number 23-0490779

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with columns 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2 and associated dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XI V and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii)...

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	821,968.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	916,696.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-94,728.
4	Net unrealized gains (losses) on investments	4	1,119.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,119.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-93,609.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	823,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,119.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,119.
3	Subtract line 2e from line 1	3	821,968.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	821,968.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	916,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	916,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	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	916,696.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FINANCIAL STATEMENT FOOTNOTE

SCHEDULE D, PAGE 3, PART X, LINE 2

ON AUGUST 1, 2009, THE UNION IMPLEMENTED THE PROVISIONS OF THE FASB ASC 710-10, INCOME TAXES, PERTAINING TO UNCERTAIN TAX POSITIONS OF NONPROFIT ENTITIES. THE IMPLEMENTATION HAD NO IMPACT ON THE UNION'S FINANCIAL POSITION AND CHANGES IN NET ASSETS. THE UNION FILES REQUIRED U.S. FEDERAL AND PENNSYLVANIA STATE INFORMATION RETURNS. THE UNION IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDED JULY 2007 THROUGH 2010.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **LABORERS INTERNATIONAL UNION
OF NORTH AMERICA 1180**

Employer identification number
23-0490779

ATTACHMENT 1

DID ANY KEY EMPLOYEE HAVE A RELATIONSHIP WITH ANOTHER KEY EMPLOYEE?

990, PAGE 6, PART VI, SECTION A, LINE 2

JOSEPH GUSLER, BUSINESS MANAGER AND PAMELA COHEN, ASSISTANT BUSINESS
MANAGER ARE MARRIED.

DOES THE ASSOCIATION HAVE MEMBERS?

990, PAGE 6, PART VI, SECTION A, LINE 6

THE ASSOCIATION HAS MEMBERS.

DOES THE ASSOCIATION HAVE MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF...?

990, PAGE 6, PART VI, SECTION A, LINE 7A

THE ASSOCIATION'S MEMBERS ELECT OTHER MEMBERS TO BE A PART OF THE
GOVERNING BODY.

ARE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS?

990, PAGE 6, PART VI, SECTION A, LINE 7B

ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE
MEMBERS.

EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY?

990, PAGE 6, PART VI, SECTION A, LINE 8B

THE ASSOCIATION'S COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF
THE GOVERNING BODY.

Name of the organization
LABORERS INTERNATIONAL UNION
OF NORTH AMERICA 1180

Employer identification number
23-0490779

ATTACHMENT 1 (CONT'D)

DESCRIBE THE PROCESS USED BY THE ASSOCIATION TO REVIEW THIS FORM 990.

990, PAGE 6, PART VI, SECTION B, LINE 11A

THE EXECUTIVE BOARD MEMBERS REVIEW AND APPROVE THE FORM 990 BEFORE THE FORM IS FILED. ADDITIONALLY, GENERAL MEMBERSHIP MAY REVIEW AND APPROVE THE FORM 990 IF THEY REQUEST TO DO SO.

DOES THE ASSOCIATION REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH THE...?

990, PAGE 6, PART VI, SECTION B, LINE 12C

EMPLOYEES REFER TO THEIR ATTORNEY WHEN ISSUES/SITUATIONS ARISE OR CLARIFICATION IS NEEDED.

DOES THE ASSOCIATION HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION...?

990, PAGE 6, PART VI, SECTION B, LINE 14

PER THE INTERNATIONAL UNION'S WRITTEN POLICY, DOCUMENTS ARE RETAINED FOR AT LEAST SEVEN YEARS.

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION.

990, PAGE 6, PART VI, SECTION B, LINE 15A AND 15B

SALARIES ARE ESTABLISHED EVERY THREE YEARS PRIOR TO NOMINATIONS FOR PAID OFFICER POSITIONS. THE BUSINESS MANAGER'S SALARY HAS BEEN ESTABLISHED OVER THE YEARS BASED ON COMPARATIVE SALARIES IN THE AREA AND RECEIVES AN INCREASE AS DETERMINED BY THE EXECUTIVE BOARD. FIELD REPRESENTATIVES' SALARIES ARE SET BY THE HIGHEST HOURLY RATE IN THE COLLECTIVE BARGAINING AGREEMENT. ALL OTHER STAFF SALARIES ARE APPROVED BY THE EXECUTIVE BOARD MEMBERS.

DESCRIBE THE PROCESS THE ASSOCIATION USES TO MAKE ITS GOVERNING DOC...?

Name of the organization **LABORERS INTERNATIONAL UNION
OF NORTH AMERICA 1180**

Employer identification number
23-0490779

ATTACHMENT 1 (CONT'D)

990, PAGE 6, PART VI, SECTION C, LINE 19

THE ASSOCIATION HAS ALL FINANCIAL STATEMENTS AND 990 RETURNS AVAILABLE FOR INSPECTION AT ITS OFFICE. IT IS REQUIRED TO FILE A DETAILED FORM LM-2 WITH THE U.S. DEPARTMENT OF LABOR (DOL) AND IT IS AVAILABLE FOR INSPECTION AS A PUBLIC DOCUMENT ON THE DOL'S WEBSITE.

ASSETS PLACED IN SERVICE DURING 2009

FORM 4562, PAGE 1, PART III, SECTION B, LINE 19B

COMPUTER PURCHASED ON MAY 11, 2010 FOR \$1,369 AND DEPRECIATED USING 200DB/MQ FOR A FIVE-YEAR LIFE.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	20,384.			20,384.
DIVIDEND INCOME	79.			79
TOTALS	<u>20,463.</u>			<u>20,463.</u>

ATTACHMENT 3

FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
PER CAPITA PAYMENTS TO AFFILIATES	160,825.			
TOTALS	<u>160,825.</u>			

Name of the organization **LABORERS INTERNATIONAL UNION
OF NORTH AMERICA 1180**

Employer identification number
23-0490779

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
DIVIDEND GROWTH SECURITIES A	9,945.	11,142.	FMV
TOTALS	<u>9,945.</u>	<u>11,142.</u>	

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number
23-0490779

LABORERS INTERNATIONAL UNION

Business or activity to which this form relates

GENERAL DEPRECIATION

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	
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	
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 instructions)	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	7,587.

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	21,535.
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	SEE					
b 5-year property	DETAIL	1,369.	5.000	MQ	200DB	68.
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	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	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	29,190.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

42 Amortization of costs that begins during your 2009 tax year (see instructions) 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f) See the instructions for where to report