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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2010

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning _____, **2010, and ending** _____

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	UNITED CONSTRUCTION WORKERS LOCAL 84 412 LAKELAND DR NE PO BOX 738 WILLMAR, MN 56201	416041894
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		320-235-4874
<input type="checkbox"/> Terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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 (ck only one) — 501(c)(3) 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **89,867.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	RECEIPTS		EXPENSES		NET ASSETS
1	Contributions, gifts, grants, and similar amounts received	1			89,706.
2	Program service revenue including government fees and contracts	2			
3	Membership dues and assessments	3			
4	Investment income	4			161.
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 line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
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 in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			89,867.
10	Grants and similar amounts paid (list in Schedule O)	10	SEE SCHEDULE O		70,151.
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			2,580.
13	Professional fees and other payments to independent contractors.	13			1,577.
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping.	15			
16	Other expenses (describe in Schedule O)	16	SEE SCHEDULE O		13,070.
17	Total expenses. Add lines 10 through 16	17			87,378.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			2,489.
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			68,030.
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			70,519.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED APR 27 2011

P 20

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,327.	22 20,519.
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>		24 50,000.
25 Total assets	70,327.	25 70,519.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	2,297.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,030.	27 70,519.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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	----- ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O) (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
DAVE DINGMANN 904 N 2ND ST COLD SPRING, MN 56320	PRESIDENT 0	70.	0.	15.
TOM ERNST 3162 DEEGAN DR SE BUFFALO, MN 55313	TREASURER 0	910.	0.	120.
MARK VOSBERG 38490 DEER COURT SARTELL, MN 56377	GENERAL ASST 0	149.	0.	50.
KEVIN ZABINSKI 23015 21ST AVE ST CLOUD, MN 56301	SECRETARY 0	0.	0.	0.
DAVE SIMONES 1610 33RD AVE N ST CLOUD, MN 56303	BOARD MEMBER 0	25.	0.	10.
MIKE KUTZERA 331 9 1/2 ST N SAUK RAPIDS, MN 56379	BOARD MEMBER 0	25.	0.	0.
JOHN KRIPPNER, JR. 16927 235TH COURT HUTCHINSON, MN 55350	TRUSTEE 0	814.	0.	120.
MIKE KOENIG 1505 55TH AVE NE SAUK RAPIDS, MN 56379	TRUSTEE 0	272.	0.	0.
----- ----- -----				
----- ----- -----				

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

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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		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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ DOUG REESE Telephone no ▶ 320-235-4874
 Located at ▶ 412 LAKELAND DR NE WILLMAR, MN ZIP + 4 ▶ 56201

	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
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45a	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
46	46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

(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

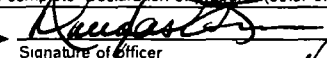
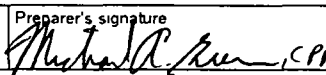
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 		Date	4/5/11	
	Type or print name and title		DOUGLAS E. REESE		
Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL A GRAMM, CPA		3-29-11		N/A
	Firm's name	WESTBERG EISCHENS, PLLP			
	Firm's address	217 SW HWY 40 / PO BOX 362 WILLMAR, MN 56201-2707			
	Firm's EIN	N/A			
	Phone no	(320) 235-3727			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED CONSTRUCTION WORKERS LOCAL 84

Employer identification number

416041894

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

LABOR ORGANIZATION. AN ASSOCIATION OF WORKERS WHO HAVE COMBINED TO PROTECT OR
PROMOTE THE INTERESTS OF THE MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR
EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES, AND SIMILAR BENEFITS.

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

PAYMENTS TO AFFILIATES

NAME: CHRISTIAN LABOR ASSN NATIONAL
 PURPOSE OF PAYMENT: DUES
 AMOUNT: \$ 70,151.

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

ADVERTISING AND PROMOTION	\$ 1,576.
CONFERENCES, CONVENTIONS, AND MEETINGS	5,910.
INSURANCE	474.
OFFICE EXPENSES	4,334.
OTHER	725.
TRAVEL	51.
TOTAL	<u>\$ 13,070.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
NOTE RECEIVABLE	\$ 0.	\$ 50,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 50,000.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,297.	\$ 0.
TOTAL	<u>\$ 2,297.</u>	<u>\$ 0.</u>

UNITED CONSTRUCTION WORKERS LOCAL 84

416041894

	2010	2009	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	89,706	98,024	-8,318
INVESTMENT INCOME	161	835	-674
TOTAL REVENUE	89,867	98,859	-8,992
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID	70,151	77,154	-7,003
SALARIES AND EMPLOYEE BENEFITS	2,580	2,080	500
PROFESSIONAL FEES/PYMT TO CONTRACTORS	1,577	1,543	34
OTHER EXPENSES	13,070	14,508	-1,438
TOTAL EXPENSES	87,378	95,285	-7,907
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	2,489	3,574	-1,085
NET ASSETS/FUND BAL. AT BEG. OF YEAR	68,030	64,456	3,574
NET ASSETS/FUND BAL. AT END OF YEAR	70,519	68,030	2,489

2010

GENERAL INFORMATION

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UNITED CONSTRUCTION WORKERS LOCAL 84

416041894

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH 0

CARRYOVERS TO 2011

NONE