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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**CONSTRUCTION AND LOCAL LABORERS
UNION #984**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2027 HAMILL AVENUE

Room/suite

City or town, state or country, and ZIP + 4

CLARKSBURG, WV 26301**F** Name and address of principal officer: **MICHAEL A. MANO****2027 HAMILL AVENUE, CLARKSBURG, WV 26301****D** Employer identification number**55-0244859****E** Telephone number**[304] 622-7841****G** Gross receipts \$**370,436.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ **LOCAL****L** Year of formation: **1940****M** State of legal domicile: **WV****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities LOCAL LABOR UNION FOR THE ENHANCEMENT OF EMPLOYMENT TO ITS MEMBERS.						
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	426				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
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)	356,635.	360,812.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,177.	9,624.				
12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	368,812.	370,436.				
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)	111,756.	105,586.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	153,179.	170,984.				
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	60,219.	62,290.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	325,154.	338,860.				
19	Revenue less expenses. Subtract line 18 from line 12	43,658.	31,576.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	831,890.	863,460.				
22	Net assets or fund balances. Subtract line 21 from line 20	<4.>	<10.>				
		831,894.	863,470.				

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 ▶ Michael A. Mano Signature of officer Date 4-4-11

▶ MICHAEL A. MANO, PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name SECRET & SHIELDS, A.C. Preparer's signature [Signature] Date 03/23/11 Check if self-employed ☐ PTIN

Firm's name ▶ SECRET & SHIELDS, A.C. Firm's EIN ▶

Firm's address ▶ PO BOX 1150 Phone no. CLARKSBURG, WV 26301

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

SCANNED MAY 10 2011

4/6/11

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:

LOCAL LABOR UNION FOR THE ENHANCEMENT OF EMPLOYMENT TO ITS MEMBERS

- 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 \$ _____)
LOCAL LABOR UNION

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 **334,681.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
4a 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)?			X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ...	1a	426
b Enter the number of voting members included in line 1a, above, who are independent	1b	0
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, 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

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 ►
DONALD CASTO - 304 622-7841
2027 HAMILL AVENUE CLARKSBURG, WV, CLARKSBURG, WV 26301

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Check if Schedule O contains a response to any question in this Part VII

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b Sub-total								70,863.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								70,863.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

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 **NONE**

(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

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Part VIII Statement of Revenue

				(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	1 a	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					
Program Service Revenue	2 a	MEMBERSHIPS, DUES AND	Business Code 561000	360,812.	360,812.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		360,812.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,624.	9,624.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	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					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	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						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue See instructions.		370,436.	370,436.	0.	0.	

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12-21-10

Form 990 (2010)

CONSTRUCTION AND LOCAL LABORERS

Form 990 (2010)

UNION #984

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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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	105,586.	105,586.		
5 Compensation of current officers, directors, trustees, and key employees	70,863.	70,863.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	44,718.	44,718.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,568.	45,568.		
9 Other employee benefits				
10 Payroll taxes	9,835.	9,835.		
11 Fees for services (non-employees)				
a Management				
b Legal	600.		600.	
c Accounting	3,579.		3,579.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	11,119.	11,119.		
15 Royalties				
16 Occupancy	9,339.	9,339.		
17 Travel	9,840.	9,840.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,502.	7,502.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,647.	6,647.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEMBER EXPENSES	13,664.	13,664.		
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	338,860.	334,681.	4,179.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

CONSTRUCTION AND LOCAL LABORERS

Form 990 (2010)

UNION #984

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	<1.>	1	<2.>
	2 Savings and temporary cash investments	810,288.	2	848,506.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 57,030.		
	b Less accumulated depreciation	10b 42,074.	21,603.	10c 14,956.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		831,890.	16	863,460.
Liabilities	17 Accounts payable and accrued expenses		17	
	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	<4.>	25	<10.>
	26 Total liabilities. Add lines 17 through 25	<4.>	26	<10.>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	831,894.	32	863,470.
	33 Total net assets or fund balances	831,894.	33	863,470.
34 Total liabilities and net assets/fund balances	831,890.	34	863,460.	

Form 990 (2010)

CONSTRUCTION AND LOCAL LABORERS

Form 990 (2010)

UNION #984

55-0244859 Page 12

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	370,436.
2	Total expenses (must equal Part IX, column (A), line 25)	2	338,860.
3	Revenue less expenses Subtract line 2 from line 1	3	31,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	831,894.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	863,470.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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 separate basis, consolidated 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 (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **CONSTRUCTION AND LOCAL LABORERS
UNION #984**

Employer identification number
55-0244859

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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?

☐ Yes☐ No**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?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		57,030.	42,074.	14,956.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X column (B), line 10(c))				14,956.

Schedule D (Form 990) 2010

CONSTRUCTION AND LOCAL LABORERS

Schedule D (Form 990) 2010

UNION #984

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Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PAYROLL TAX OVERPAYMENT	<10.>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053
12-20-10

Schedule D (Form 990) 2010

55-0244859 Page 4

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	CONSTRUCTION AND LOCAL LABORERS UNION #984	Employer identification number	55-0244859
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FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

LOCAL LABORERS UNION

FORM 990, PART VI, SECTION B, LINE 11: SENT TO INTERNATIONAL FOR REVIEW

FORM 990, PART VI, SECTION C, LINE 19: LM-2 AVAILABLE ON WEBSITE

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization** 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2010Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CONSTRUCTION AND LOCAL LABORERS
UNION #984****FORM 990 PAGE 10****55-0244859****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 instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
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 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	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 2011 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)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,647.

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 2010	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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2010 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	
i Nonresidential real property	/		39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2010 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 instr	22	6,647.
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	

**CONSTRUCTION AND LOCAL LABORERS
UNION #984**

Form 4562 (2010)

55-0244859 Page 2

Part V

Listed Property (Include automobiles, certain other vehicles, 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? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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 25

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

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

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
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?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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?		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

March 25, 2011 DOL Home > OLMS > Public Disclosure Home > Search Criteria > Select Report > Report

[Printable View](#)

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

U.S. Department of Labor
Employment Standards
Administration
Office of Labor-Management
Standards
Washington, DC 20210

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 10-31-2013

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
For Official Use Only	1. FILE NUMBER 037-357	2. PERIOD COVERED From 01/01/2010 Through 12/31/2010	3. (a) AMENDED - Is this an amended report: No (b) HARDSHIP - Filed under the hardship procedures: No (c) TERMINAL - This is a terminal report: No
4. AFFILIATION OR ORGANIZATION NAME LABORERS		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		First Name LABORERS	Last Name LU 984
6. DESIGNATION NBR 984		P.O. Box - Building and Room Number	
7. UNIT NAME (if any)		Number and Street 2027 HAMILL AVENUE	
9. Are your organization's records kept at its mailing address? Yes		City CLARKSBURG	
		State WV	
		ZIP Code + 4 26301	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

26. SIGNED: michael a mano PRESIDENT 27 SIGNED: wayne a gorbey TREASURER
Date: Mar 25, 2011 Contact Info: 304-622-7841 Date: Mar 25, 2011 Contact Info: 304-622-7841
Form LM-2 (Revised 2010)

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1 FILE NUMBER 037-357	2 PERIOD COVERED MO DAY YEAR From 01/01/2010 Through 12/31/2010	3 (a) AMENDED - If this is an amended report, check here. <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here. <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here. <input type="checkbox"/>
4 AFFILIATION OR ORGANIZATION NAME LABORERS			
5 DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6 DESIGNATION NUMBER 984	8 MAILING ADDRESS (Type or print in capital letters) First Name LABORERS Last Name LU 984 P O Box - Building and Room Number Number and Street 2027 HAMILL AVENUE City CLARKSBURG State WV ZIP Code + 4 26301
7 UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions)

70 SIGNED:	PRESIDENT	71 SIGNED	TREASURER
(If other title, see instructions)		(If other title, see instructions)	
Date	Telephone Number	Date	Telephone Number

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER 037-357

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes ☒ No ☐

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? Yes ☐ No ☒

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes ☐ No ☒

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes ☒ No ☐

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes ☐ No ☒

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds? 165,000

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes ☐ No ☒

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes ☐ No ☒

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes ☐ No ☒

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes ☒ No ☐

19. What is the date of the labor organization's next regular election of officers? 03/2013

20. How many members did the labor organization have at the end of the reporting period? (Total from Line 8 of Schedule 13) 426

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	28	per PER MONTH	28	28
(b) Working Dues/Fees	4%	per PER GROSS	4%	4%
(c) Initiation Fees	350	per EVENT		
(d) Transfer Fees	0	per MONTH		
(e) Work Permits	0	per MONTH		

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER 037-357

Complete Schedules 1 Through 20 Before Completing Statement A

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		\$810,288	\$848,506
23. Accounts Receivable	1	\$0	\$0
24. Loans Receivable	2	\$0	\$0
25. U.S. Treasury Securities		\$0	\$0
26. Investments	5	\$0	\$0
27. Fixed Assets	6	\$21,603	\$14,956
28. Other Assets	7	\$4	\$10
29. TOTAL ASSETS		\$831,895	\$863,472

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	\$0	\$0
31. Loans Payable	9	\$0	
32. Mortgages Payable		\$0	\$0
33. Other Liabilities	10	\$0	\$0
34. TOTAL LIABILITIES		\$0	\$0

35. NET ASSETS (Item 29 Less Item 34)	\$831,895	\$863,472
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: STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER 037-357

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		\$360,812
37.	Per Capita Tax		\$0
38.	Fees, Fines, Assessments, Work Permits		\$0
39.	Sale of Supplies		\$0
40.	Interest		\$9,624
41.	Dividends		\$0
42.	Rents		\$0
43.	Sale of Investments and Fixed Assets	3	\$0
44.	Loans Obtained	9	
45.	Repayments of Loans Made	2	\$0
46.	On Behalf of Affiliates for Transmittal to Them		\$0
47.	From Members for Disbursement on Their Behalf		\$0
48.	Other Receipts	14	\$0
49.	TOTAL RECEIPTS		\$370,436

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	\$43,380
51.	Political Activities and Lobbying	16	\$1,313
52.	Contributions, Gifts, and Grants	17	\$1,313
53.	General Overhead	18	\$71,252
54.	Union Administration	19	\$53,962
55.	Benefits	20	\$83,400
56.	Per Capita Tax		\$67,754
57.	Strike Benefits		\$0
58.	Fees, Fines, Assessments, etc.		\$0
59.	Supplies for Resale		\$0
60.	Purchase of Investments and Fixed Assets	4	\$0
61.	Loans Made	2	\$0
62.	Repayment of Loans Obtained	9	
63.	To Affiliates of Funds Collected on Their Behalf		\$0
64.	On Behalf of Individual Members		\$0
65.	Direct Taxes		\$9,835
66.	Subtotal		\$332,209
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld		\$32,789
67b.	Less Total Disbursed		\$32,789
67c.	Total Withheld But Not Disbursed		\$0
68.	TOTAL DISBURSEMENTS (Line 66-Line 67c)		\$332,209

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
	\$0	\$0	\$0	\$0

FILE NUMBER

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose. _____ Security _____ Terms of Repayment _____					
	\$0	\$0	\$0	\$0	\$0

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
(The total from Line will be automatically entered in Item 43.)				
Less Reinvestments				
Net Sales				\$0

FILE NUMBER

[illegible]

SCHEDULE 5 - INVESTMENTS

FILE NUMBER

Description (A)	Amount (B)
7 Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).)	\$0

SCHEDULE 6 - FIXED ASSETS

FILE NUMBER: 037-357

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1. Automobiles and Other Vehicles	\$26,588	\$11,632	\$14,956	\$15,000
2. Office Furniture and Equipment	\$30,442	\$30,442	\$0	\$2,000
3 Other Fixed Assets				
4. Totals of Lines 1 through 3 (The Total from Line 4, Column(D) will be automatically entered in Item 27, Column(B).)	\$57,030	\$42,074	\$14,956	\$17,000

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER 037-357

Description (A)	Book Value (B)
1. FICA & FED W/H OVERPAYMENT	\$10
2. Total of Lines 1 through 1 (The Total from Line 2 will be automatically entered in Item 28, Column(B).)	\$10

FILE NUMBER

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
. Total of Lines 1 through				
Totals from all other accounts payable				
. Total of Lines and (Line , will be automatically entered in Item 30, Column(D).)	\$0	\$0	\$0	\$0

FILE NUMBER

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
Total of Lines 1 through .					
The Totals from Line will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

Description (A)	Amount at End of Period (B)
1	
. Total of Lines 1 through (The Total from Line will be automatically entered in Item 33, Column (D).)	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 037-357

(A) Name			(B) Title			(C) Status			(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	A	MIKE	Middle Initial	MANO	Last Name								
		PRESIDENT							\$900	\$420			\$1,320
		C											
	I		Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	3%	Schedule 19 Administration		96%
2	A	BRIAN	Middle Initial	STEVENS	Last Name								
		VICE-PRESIDENT							\$0	\$420			\$420
		C											
	I		Schedule 15 Representational Activities	2%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration		96%
3	A	RICHARDS	Middle Initial	MCGRADY	Last Name								
		BUSINESS MANAGER							\$65,223	\$420			\$65,643
		C											
	I		Schedule 15 Representational Activities	66%	Schedule 16 Political Activities and Lobbying	2%	Schedule 17 Contributions	2%	Schedule 18 General Overhead	21%	Schedule 19 Administration		9%
4	A	WILLIAM	Middle Initial	GULLEY	Last Name								
		SECRETARY/TREASURER							\$450	\$210			\$660
		P											
	I		Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration		97%
5	A	ROGER	Middle Initial	SISK	Last Name								
		RECORDING SECRETARY							\$900	\$420			\$1,320
		C											
	I		Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration		97%
6	A	WAYNE	Middle Initial	GORBY	Last Name								
		SECRETARY/TRESURER							\$450	\$420			\$870
		N											
	I		Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration		97%

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 037-357

(A) Name		(B) Title		(C) Status		(D) Gross Salary Disbursements (before any deductions)		(E) Allowances Disbursed		(F) Disbursements for Official Business		(G) Other Disbursements not reported in (D) through (F)		(H) TOTAL						
7	A	First Name	Middle Initial	Last Name	Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration	97%						
		TED		MICK																
		EXECUTIVE BOARD																		
		C																		
	I														\$420					
8	A	First Name	Middle Initial	Last Name	Schedule 15 Representational Activities	1%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	2%	Schedule 19 Administration	97%						
		JOHN		MCCLOUD																
		EXECUTIVE BOARD																		
		N																		
	I														\$210					
TOTAL OF LINES 1-8																\$67,923	\$2,940	\$0	\$0	\$70,863
LESS DEDUCTIONS																				
NET DISBURSEMENTS																				\$70,863

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER 037-357

(A) Name		(B) Title		(C) Other Payee		(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	First Name A DONALD	Middle Initial	Last Name CASIO			\$44,718				\$44,718
	OFFICE SECRETARY									
	C									
I	Schedule 15 Representational Activities	0%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	100%	Schedule 19 Administration	0%
2. TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS										
I	Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	\$0
TOTAL OF LINES 1-2						44,718.00	\$0	\$0	\$0	\$44,718
LESS DEDUCTIONS										
NET DISBURSEMENTS										\$44,718

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER 037-357

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. FULL	294	Yes <input checked="" type="checkbox"/>
2. RETIRED	132	Yes <input checked="" type="checkbox"/>
3. Members (Total of Lines 1 through 2; Enter the Total from Line 3 in Item 20.)	426	
4. Agency Fee Payers*	0	
Total Members/Fee Payers (Total of Lines 3 and 4)	426	
*Agency Fee Payers are not considered members of the labor organization.		

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	1 Named Payer Itemized Receipts	\$0	ITEM 48
	2 Named Payer Non-itemized Receipts	\$0	
	3 All Other Receipts	\$0	
	4 Total Receipts (add Lines 1 through 3)	\$0	

SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS	1 Named Payee Itemized Disbursements	\$0	ITEM 52
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$1,313	
	4 To Employees	\$0	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$1,313	

SCHEDULE 15 REPRESENTA- TIONAL ACTIVITIES	1. Named Payee Itemized Disbursements	\$0	ITEM 50
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$43,380	
	4 To Employees	\$0	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$43,380	

SCHEDULE 18 GENERAL OVERHEAD	1 Named Payee Itemized Disbursements	\$12,633	ITEM 53
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$13,901	
	4 To Employees	\$44,718	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$71,252	

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	1 Named Payee Itemized Disbursements	\$0	ITEM 51
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$1,313	
	4 To Employees	\$0	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$1,313	

SCHEDULE 19 UNION ADMINISTRATION	1 Named Payee Itemized Disbursements	\$43,009	ITEM 54
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$10,953	
	4 To Employees	\$0	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$53,962	

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O. Box				
Street				
City				
State				
Zip Code				
(B) Type or Classification				
		(F) Total of All Itemized Transactions with this Payee/Payer		
		(G) Total of All Non-Itemized Transactions with this Payee/Payer		
		(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

Complete Itemization Pages *BEFORE* the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O. Box				
Street				
City				
State				
Zip Code				
(B) Type or Classification				
		(F) Total of All Itemized Transactions with this Payee/Payer		
		(G) Total of All Non-Itemized Transactions with this Payee/Payer		
		(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O. Box				
Street				
City				
State				
Zip Code				
(B) Type or Classification				
		(F) Total of All Itemized Transactions with this Payee/Payer		
		(G) Total of All Non-Itemized Transactions with this Payee/Payer		
		(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name R.G. SLIKCER	MONTHLY RENT	01/01/10	\$520
P.O. Box	MONTHLY RENT	02/01/10	\$520
Street	MONTHLY RENT	03/01/10	\$520
City CLARKSBURG	MONTHLY RENT	04/01/10	\$520
State WV	MONTHLY RENT	05/01/10	\$520
Zip Code 26301	MONTHLY RENT	06/01/10	\$520
(B) Type or Classification	MONTHLY RENT	07/01/10	\$520
LANDLORD	MONTHLY RENT	08/01/10	\$520
	MONTHLY RENT	09/01/10	\$520
	MONTHLY RENT	10/01/10	\$520
	MONTHLY RENT	11/01/10	\$520
	MONTHLY RENT	12/01/10	\$520
(F) Total of All Itemized Transactions with this Payee/Payer			\$6,240
(G) Total of All Non-Itemized Transactions with this Payee/Payer			
(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))			\$6,240

SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name LOCAL 984	INSURANCE	06/30/10	\$1,076
P.O. Box	TELEPHONE	06/30/10	\$3,294
Street	SAFETY DEPOSIT BOX	06/30/10	\$26
City CLARKSBURG	ELECTRIC	06/30/10	\$583
State WV	GAS-HEAT	06/30/10	\$789
Zip Code 26301	PROPERTY TAXES	06/30/10	\$625
(B) Type or Classification			
OVERHEAD EXPENSES			
	(F) Total of All Itemized Transactions with this Payee/Payer		\$6,393
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		\$6,393

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name LOCAL 984	POSTAGE	06/30/10	\$1,320
P.O. Box	OFFICE EXPENSE	06/30/10	\$6,504
Street	PROFESSIONAL FEES	06/30/10	\$4,179
City CLARKSBURG	MISC MEMBER EXPENSES	06/30/10	\$13,664
State WV	TRAVEL	06/30/10	\$9,840
Zip Code 26301	CONF & CONVENTIONS	06/30/10	\$7,502
(B) Type or Classification			
OFFICE EXPENSE			
	(F) Total of All Itemized Transactions with this Payee/Payer		\$43,009
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		\$43,009

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	LIUNA	\$27,752
2. PENSION	WV LABORERS CFD	\$17,816
3. HEALTH & WELFARE	WV LABORERS CFD	\$23,430
4. TRAINING	WV LABORERS CFD	\$1,272
5. LECT	WV LABORERS CFD	\$382
6. ANNUITY	WV LABORERS CFD	\$12,748
7. Total of Lines 1 through 6 (The Total from Line 7 will be automatically entered in Item 55.)		\$83,400

69. ADDITIONAL INFORMATION SUMMARY

Schedule 13, Row1 FULL

Schedule 13, Row2. RETIRED

Question 12. SECRET & SHIELDS, AC CLARKSBURG, WV

Question 10 PENSION-WV LABORERS COMBINED FUNDS, CHARLESTON, WV

Question 18. THE INTERNATIONAL IS FILING CONSTITUTIONAL CHANGES ON OUR BEHALF