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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 08/01, 2010, and ending 07/31,20 11 D Employer identification number C Name of organization LABORERS INTERNATIONAL UNION B Check if applic 23-0490779 OF NORTH AMERICA 1180 Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 524 SOUTH 22ND STREET (717) 541-0461 Initial return City or town, state or country, and ZIP + 4 686,194. Amended G Gross receipts \$ HARRISBURG, PA 17104-2403 return F Name and address of principal officer H(a) Is this a group return for Yes X JOSEPH A. GUSLER No 524 SOUTH 22ND STREET HARRISBURG, PA 17104 H(b) Are all affiliates included? Nο Tax-exempt status X | 501(c) ( If "No," attach a list, (see instructions) 527 Website: ► N/A H(c) Group exemption number Х Other > L Year of formation 1937 M State of legal domicile PA Form of organization Corporation Part I Summary Briefly describe the organization's mission or most significant activities LABOR UNION AND RELATED FUNCTION. Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets 7. 3 Number of voting members of the governing body (Part VI, line 1a) 4. Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0. Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 . **Current Year Prior Year** 0. 0. 8 Contributions and grants (Part VIII, line 1h) 788,302 662,316. 9 Program service revenue (Part VIII, line 2g) 20,463. 15,325 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)-Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 70c, and 1e/ED 11 13,203 8,553. 686,194. 821,968 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 0. 3 2011. 13 0. 0 0. 14 Benefits paid to or for members (Part IX, column (A) line 4) Salaries, other compensation, employee benefits (Part-IX; column\_(A)) 431,533. 396,515. 15 16 a Professional fundraising fees (Part IX, column (A), line 1060EN 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 485,163. 378,782. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 916,696. 775,297. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -94,728-89.103.19 Revenue less expenses Subtract line 18 from line 12 ōë **Beginning of Current Year End of Year** 1,290,931. 1,385,847. 20 Total assets (Part X, line 16) 35,928 28,261. 21 Total liabilities (Part X, line 26) 22 1,349,919. 1,262,670. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block SCANNED OCT 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 Surnature of officer Here BUSINESS MANAGER JOSEPH A. GUSLER Type or print name and title PTIN Check if Print/Type preparer's name १३७ /।( JAMES A. KOONTZ, CPA employed P00004834 Preparer ▶ BROWN SCHULTZ SHERLDAN FRITZ Firm's EIN 25-1644159 Firm's name **Use Only** Firm's address ▶ 210 GRANDVIEW AVENUE Phone no 717-761-7171 CAMP HILL, May the IRS discuss this return with the preparer shown above? (see instructions) Х

Form **990** (2010)

JSA 0E1010 1 000

For Paperwork Reduction Act Notice, see the separate instructions.

JSA

Part	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)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C,			
	Part III	5		Х
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? If "Yes,"			
	complete Schedule D, Part I	6		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? If "Yes, "complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		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? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		
	quasi-endowments? If "Yes, "complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		440	<b>**</b> *****
••	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	100	ZVC-NEE C	. Marchaeles
4	Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	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° If "Yes," complete Schedule D, Part VIII.	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, "complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's separate of consolidated initialical statements for the tax year include a footifier that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	<del>  ' ' ' '</del>		<u> </u>
12 a	complete Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120	<del>                                     </del>	
ь	•	12b	ĺ	X
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and $IV \cdot \cdot$	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		<del>  '`</del>
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
46		13		<del>  ^`</del>
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? If "Yes," complete Schedule F, Parts III and IV	16		X
47	·	-10		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	1	X
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<del>  ''</del>		^\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		X
40	Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II	18		\ \frac{\lambda}{\lambda}
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		X
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form	201		
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	4UD	1	1

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	21		Х
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	•	23		Х
	employees? If "Yes," complete Schedule J			- ^
24 a	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			١
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
ь				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
	If "Yes," complete Schedule L, Part I	25b		
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.	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ļ		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<del></del> -
C		28c		X
	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	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	i		
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		Х
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
<b>-</b>	IV, and V, line 1	34		X
0.5		35		X
35		35		
а	Did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2		1	
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	36		
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,	ļ		1
	Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>"</del>	<del> </del> -	† -
38		20	X	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38		(2040)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it 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			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		X
þ	If "Yes," enter the name of the foreign country			- 1
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	F		'
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	-	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
va	organization solicit any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<del></del> -
	gifts were not tax deductible?	6b		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		X
9	organization, have excess business holdings at any time during the year?	-	-	<u>^^</u>
-	Did the organization make any taxable distributions under section 4966?	9a	<b></b> -	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	l
	against amounts due or received from them )	ļ	ļ	ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	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.	40	<del> </del>	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>├</del>
	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	1		
	Enter the amount of reserves on hand	14a	<del>                                     </del>	X
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146	<del>                                     </del>	<del>                                     </del>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion 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 7			
b	Enter the number of voting members included in line 1a, above, who are independent			
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-	Χ-	
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	v	Δ
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<b>.</b> .	Х	
	of the governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	Х	
a	The governing body?	8b		x
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue C		.)	
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	~
12 a	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		X
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	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?	45.	х	
a	The organizations of the product of the management of the product	15a	X	<del></del>
b		15b		<b></b>
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	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
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	10a		-
J	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		
Sect	ion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	 )		
	available for public inspection. Indicate how you make these available Check all that apply	•		
	Own website Another's website X 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 ► JOSEPH A. GUSLER 524 SOUTH 22ND STREET HARRISBURG, PA 17104 717-541-0461			

JSA ∩⊑1∩421 ∩0

## Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A.	Officers, Directors,	Trustees, Key	/ Employ	yees, and Hig	ghest Com	pensated Emp	loyees
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- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A)	(B)	(C) Position (check all that apply						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) KEITH T. LAVINE  EXECUTIVE BOARD MEMBER	2.00	х						900.	0	0.
(2) ROBERT E. HUMMER EXECUTIVE BOARD MEMBER	1.00			-				1,800.	0.	0.
(3) ROBERT DISABELLA PRESIDENT	41.00			Х				53,693.	0.	31,134.
(4) KEITH W. TONER SECRETARY/TREASURER	46.00			Х				53,693.	0	31,134.
(5) JOHN J. LOGAN VICE PRESIDENT	1.00			х				1,800.	0.	0.
(6) DAVID H. FETTEROLF SERGEANT-AT-ARMS	1.00			Х				450.	0	0.
(7) BONNIE S. ROSINI RECORDING SECRETARY	1.00			Х				150.	0	0
(8) JOSEPH A. GUSLER BUSINESS MANAGER	48.00				Х			81,591.	0	38,388.
(9) PAMELA A. COHEN ASST. BUSINESS MANAGER	47.00				Х			42,408.	0	28,200.
(12)										
(13)										
(14)					-					_
(15)										
(16)										

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	ustees. Ke	ev Er	nple	ove	es,	and I	Hia	hest Compensa	ted Employ	ees(cc	ontinue		age o
(A)	(B)		•		C)			(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related		institutional frustee		Key employee	Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensate from relate organization (W-2/1099-MI	on d ns	amo o compo froi orgai	mated ount of ther ensation the nization	on n
	organizations in Schedule O)	<b>.</b>				nsated						ization	
(17)		-	_	_			_						
(18)						[				-	<del></del>		
(19)		_	<u> </u>				-			-			
(20)	1	-			ļ								
			_										
(21)			<u> </u>				_						
(22)	ļ		l			)   _							
(23)													
(24)	<u> </u>												
(25)			-										
(26)													
(27)		-	-										
(28)													
	<u> </u>			<u> </u>				236,485.		0.		28,8	
c Total from continuation sheets to Part VII, Sec	ction A .				• •		<b>&gt;</b>				_		
d Total (add lines 1b and 1c)						ho red	 ceiv	236, 485. yed more than \$100	  ,000 in	0	12	28,8	<u>56.</u>
reportable compensation from the organization			0						·			Yes	No
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched  4 For any individual listed on line 1a, is the											3		Х
the organization and related organizations	greater th	nan 🤄	\$15C	,00	9٦	If "Y	es,				4		×
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un				5		Х
Section B. Independent Contractors	es, comple	<del>10</del> 30	.neu	uic .	0 10	30011	pe	13011	<u></u>	• •			
Complete this table for your five highest compensation from the organization	compensat	ted II	ndep	enc	dent	cont	rac	tors that received	d more than	\$100	0,000	of	
(A) Name and business add								(B) Description of ser	vices	C	(C)	ation	_
Traine and paginess and				_			1						
	<u>.</u>						+						
							$\perp$						
2 Total number of independent contractors (iii	noludina h	ut no	+ lı=	nitor	d +	) than		isted above) who	received	<del></del>			<u></u>
more than \$100,000 in compensation from the					u ((	0			received				

Par	t 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
22 00	1a	Federated campaigns 1a					
ifts, grant r amounts	Ь	Membership dues 1b					
a, g	С	Fundraising events 1c					
a F	d	Related organizations 1d					
II,	е	Government grants (contributions) 1e					
utio er s	f	All other contributions, gifts, grants,				-	-
ot à		and similar amounts not included above . 1f					
Program Service Revenue and other similar amount	g	Noncash contributions included in lines 1a-1f \$				<del></del>	
_	<u> </u>	Total. Add lines 1a-1f		0			
une		Busin	ness Code				
eve	2a	CONTRACTOR DEDUCTIONS DUES		477,365	477,365		<u></u>
e R	b	MEMBERS DUES		159,112	159,112.		
Z	C	INITIATION FEES		12,931	12,931	<del></del> -	<del>-  </del>
Se	d	READMISSION FEES		12,908.	12,908.		-
гап	е						
rog	f	All other program service revenue					<del>                                     </del>
	g	Total. Add lines 2a-2f	••••	662,316			<u>'</u>
	3	Investment income (including dividends, interest, and		15,325			15,325.
		other similar amounts)	- 1	13,323_			15,525.
	-	Income from investment of tax-exempt bond proceeds Royalties		0.			
	5		Personal				
	6a	Gross Rents					
	b	Less rental expenses		1			
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶	7,050.			
	70		) Other				
	7a	assets other than inventory					
	ь	Less cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶	0 _			
Пe	8a	Gross income from fundraising					į
en		events (not including \$					
Other Revenue		of contributions reported on line 1c)					
Ē		See Part IV, line 18 a					
E E	b	Less direct expenses b				<del></del>	
Ö	С	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19					
	Ь	Less direct expenses		0.			
	C						
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory		0.			
			ness Code				
	11a	MISCELLANEOUS INCOME		1,503	1,503		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	1,503			
	12	Total revenue. See instructions		686,194.	663,819.		15,325

# 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)

	All other organizations must complete not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1		0.			
_	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	0.			
•					··
_	Grants and other assistance to governments, organizations, and individuals outside the				Lagar or service of
	U S See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			<u> </u>
4		0.			
5	Compensation of current officers, directors, trustees, and key employees	220,501.			
•		220,301.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	22,829.	<del>-</del>		
	<u>-</u>	22,023.	·····		_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	59,522.			
9	Other employee benefits	72,010.			
10	Payroll taxes	21,653.			
		21,000.			
11	Fees for services (non-employees)	0.			
_	Management	3,106.			
b	Accounting	10,295.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.		_	
	Investment management fees	0.			
g		0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	3,729.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	7,870.			
20	Interest	0.			
21	Payments to affiliates ATCH. 1	124,398.			
22	Depreciation, depletion, and amortization	26,344.			
23	Insurance	5,070.			
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)				
а	MEMBERSHIP ACTIVITIES & SUPP	138,650.			
b	WORKERS COMPENSATION INSURAN	1,850.			
c	SUPPLIES	3,729.			
d	TELEPHONE AND UTILITIES	21,163.			
е	AUTOMOBILE EXPENSE	11,294.			
f	All other expenses	21,284.			
25	Total functional expenses. Add lines 1 through 24f	775,297.			
26	Joint Costs. Check here ▶ 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				
JSA	campaign and fundraising solicitation	<u></u>			Form <b>990</b> (2010)

Pa	rt X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	136,013.	1	57,434.
	2	Savings and temporary cash investments	874,744.	2	859,952.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	00 000	4	52,687.
	5	Receivables from current and former officers, directors, trustees,	key		
		employees, and highest compensated employees Complete Part I	l of		
	ĺ	Schedule L	· · · ·	5_	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), pe			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizatio	ns of	1	
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	250.
•	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or	• • •	<u> </u>	
		other basis Complete Part VI of Schedule D   10a   483,1	.69.		
	Ь	Less accumulated depreciation		10c	304,893.
	11	Investments - publicly traded securities			13,094.
	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			2,621.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,290,931.
	17	Accounts payable and accrued expenses			28,261.
	18	Grants payable		18	20,201.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
•	21	Escrow or custodial account liability Complete Part IV of Schedul		21	
Liabilities	22	· · · · · · · · · · · · · · · · · · ·			
Ē	22	Payables to current and former officers, directors, trustees,			,
Ë.		employees, highest compensated employees, and disqualified pers Complete Part II of Schedule L		22	
	22			23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Unsecured notes and loans payable to unrelated third parties		25	
	26	Other liabilities Complete Part X of Schedule D			28,261.
	26	Total liabilities. Add lines 17 through 25		20	20,201.
es		Organizations that follow SFAS 117, check here $X$ and complet lines 27 through 29, and lines 33 and 34.	ie		
S	27	Unrestricted net assets	1,349,919.	27	1,262,670.
Sala	28	Temporarily restricted net assets	,	28	
B	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
o g	30	Capital stock or trust principal, or current funds		30	1
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	, , , , , , , , , , , , , , , , , , , ,
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances		+	1,262,670.
2	34	Total liabilities and net assets/fund balances		_	1,290,931.

Form **990** (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	_
1	Total revenue (must equal Part VIII, column (A), line 12)		6	86,1	L94.
2	1 - 1		7	75,2	297.
3	I a I		-	89,1	103.
4	·		1,3	49,9	19.
5	1 - 1			1,8	354.
6					
-	column (B))	:- —	_ 1,2	- 62,6	570.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	ſ			
	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?		2a		X
b	Were the organization's financial statements audited by an independent accountant?	• • • •	2b	X	
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	i			
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				
	X Separate basis Consolidated basis Both consolidated and separate basis				İ
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?		3a		X
b	Total evenue (inust equal Part IXI, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  **Exili Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  **Accounting method used to prepare the Form 990				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2010)

### **SCHEDULE D** (Form 990)

## 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

LABORERS INTERNATIONAL UNION

**Employer identification number** 

Name of the organization OF NORTH AMERICA 1180 23-0490779 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_..... 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) ..... Aggregate value at end of year ...... 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Number of conservation easements on a certified historic structure included in (a) ..... Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Par	Organizations Maintainir	ng Collections of	of Art, Histo	orical T	reasures	s, or	Other Similar A	Assets(	:ontinued)	<u> </u>
3	Using the organization's acquisition collection items (check all that apply		other recor	ds, che	ck any of	the	following that a	re a sigr	ificant use	of its
а	Public exhibition		d	] Lo	an or excl	hange	e programs			
b	Scholarly research		e T	i ot	her	_				
С	Preservation for future gene	erations	<u> </u>					<del>-</del>		
4	Provide a description of the organ		ns and expla	ain how	they furt	her t	he organization's	exemp	: purpose	ın Part
-		!		.6			a ar athar amuli			
	During the year, did the organization assets to be sold to raise funds rather	er than to be mair	ntained as pa	art of the	organizat	tion's	collection?	[		No_
Par	t IV Escrow and Custodial A line 9, or reported an amo				nızation a	answ	ered "Yes" to F	Form 99	), Part IV, 	
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-					Yes	□ No
h	If "Yes," explain the arrangement in I									
		ant At Y and Com	picto the follo	iy tat	г.	T		mount		
_	Decisions belongs				-	4	^	mount		
	Beginning balance									
	Additions during the year				_				· · · · · · · · · · · · · · · · · · ·	
е	Distributions during the year									
f	Ending balance								<del>-                                    </del>	
2a	Did the organization include an amou	unt on Form 990,	, Part X, line 2	217	<i></i>			L	Yes _	No
	If "Yes," explain the arrangement in I	Part XI V								
Par	t V Endowment Funds. Com	plete if organiza	ation answei	red "Ye	s" to For	m 99	0, Part IV, line	10		
		(a) Current year	(b) Prior ye	ear	(c) Two yea	ars bacl	k (d) Three yea	ars back	(e) Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains,		<del> </del>							
	and losses									
	Grants or scholarships									
	<u> </u>									
е	Other expenditures for facilities .			ľ						
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the y ear end bal	ance held as		•					
. а	Board designated or quasi-endowme	ent ▶	%							
b	Permanent endowment ▶		· <b></b>							
С		/·								
3a	Are there endowment funds not in th	-	the organizat	tion that	are held a	and a	dministered for th	_		
-	organization by	e pos session or	the organizat	uon mat	are neid e	and a	arring tered for th		Ye	s No
	•									5 140
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" to 3a(II), are the related orga		-			• • •			3b	
4	Describe in Part XIV the intended us									
Par	t VI Land, Buildings, and Eq	uipmentSee Fo	rm 990, Pai	<u>rt X, line</u>	e 10					
	Description of investment	1 ' '	or other basis vestment)	, , ,	t or other bas (other)	sis	(c) Accumulated depreciation	(	d) Book value	
1a	Land			l	15,00	0.0			15	,000.
b	Buildings			İ	302,09	-	43,780			,311.
c	Leasehold improvements				,	<del>-  </del>				<u></u>
d	Equipment			1	107,94	$\frac{1}{2}$	101,710			,230.
e	Other			<del>                                     </del>	58,13		32,786			,352.
	··		m 000 Po-1	V 00/11-						
1 OTA	I. Add lines 1a through 1e (Column	(u) must equal Fo	нн ээо, Рап .	A, COIUM	ııı (⊡), IIN€	; 1U(C	// <b>&gt;</b>		304	<u>,893.</u>

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	<u>= 12.</u>			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year mark	on et value	
(1) Financia	al derivatives					
(2) Closely-held equity interests						
(3) Other			<u> </u>			
<u>(A)</u>					<del></del>	
(B)		<del> </del>	-			
(C)			-			
(D)		<del> </del>				
(E) (F)			<del>                                     </del>			
(G)		<del> </del>	<del></del>			
(H)			<del></del>			
(l)		<del>                                     </del>	1	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		
	n (b) must equal Form 990, Part X, col (B) line 12)	•	1	· · ·		
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)					<del></del>	
_(3)						
(4)						
(5)						
(6)			ļ			
(7)		<u> </u>	<del> </del>		<del></del>	
(8)		<del>                                     </del>	<del> </del> -	<del> </del>		
(10)					<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. See Form 990, Part X,	<del> </del>	1	· · · · · · · · · · · · · · · · · · ·		
		a) Description			(b) Book value	
(1)						
(2)						
(3)						
(4)						
(5)					· · · · · · · · · · · · · · · · · · ·	
(6)						
(7)						
(8)						
(10)						
	n (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) Fede	ral income taxes					
(2)						
_(3)						
_(4)						
_(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)	mn (b) must equal Form 990, Part X, col (B) line 25	5) ▶				
	1-,	/		<u> </u>		

2. 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 FIN 48 (ASC 740)

JSA 0E1270 1 000

23-0490779 Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 686,194. 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 775,297. 2 Total expenses (Form 990, Part IX, column (A), line 25) -89,103. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 1,854. Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 6 7 7 Other (Describe in Part XIV ) 8 R 1,854. 9 Total adjustments (net) Add lines 4 through 8 -87,24910 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII 688,048. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments d Other (Describe in Part XIV) 1,854. 686,194. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990. Part VIII, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b 686,194. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 775,297. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2b Other losses 2c Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 775,297. Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c 775,297. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010 Open to Public

OMB No 1545-0047

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.

Inspection Employer identification number

23-0490779

Name of the organization

LABORERS INTERNATIONAL UNION

OF NORTH AMERICA 1180

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

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

JOSEPH GUSLER, BUSINESS MANAGER AND PAMELA COHEN, ASSISTANT BUSINESS

MANAGER ARE MARRIED.

DOES THE ASSOCIATION HAVE MEMBERS?

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

THE ASSOCIATION HAS MEMBERS.

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

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

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

GOVERNING BODY.

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

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

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

MEMBERS.

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

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

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

THE GOVERNING BODY.

Employer identification number 23-0490779

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

FORM 990, PAGE 6, PART VI, SECTION B, LINE 11AB:

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

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

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

EMPLOYEES REFER TO THEIR ATTORNEY WHEN ISSUES/SITUATIONS ARISE OR

CLARIFICATION IS NEEDED.

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

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

PER THE INTERNATIONAL UNION'S WRITTEN POLICY, DOCUMENTS ARE RETAINED FOR

AT LEAST SEVEN YEARS.

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION.

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

SALARIES ARE ESTABLISHED EVERY THREE YEARS PRIOR TO NOMINATIONS FOR PAID

OFFICER POSITIONS. THE BUSINESS MANAGER'S SALARY HAS BEEN ESTABLISHED

OVER THE YEARS BASED ON COMPARATIVE SALARIES IN THE AREA AND RECEIVES AN

INCREASE AS DETERMINED BY THE EXECUTIVE BOARD. FIELD REPRESENTATIVES'

SALARIES ARE SET BY THE HIGHEST HOURLY RATE IN THE COLLECTIVE BARGAINING

AGREEMENT. ALL OTHER STAFF SALARIES ARE APPROVED BY THE EXECUTIVE BOARD

MEMBERS.

76226K K371

Name of the organization LABORERS INTERNATIONAL UNION OF NORTH AMERICA 1180

Employer identification number 23-0490779

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

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

THE ASSOCIATION HAS ALL FINANCIAL STATEMENTS AND 990 RETURNS AVAILABLE

FOR INSPECTION AT ITS OFFICE. IT IS REQUIRED TO FILE A DETAILED FORM LM-2

WITH THE U.S. DEPARTMENT OF LABOR (DOL) AND IT IS AVAILABLE FOR

OTHER CHANGES IN NET ASSETS OR FUND BALANCE.

INSPECTION AS A PUBLIC DOCUMENT ON THE DOL'S WEBSITE.

FORM 990, PAGE 12, PART XI, LINE 5:

UNREALIZED GAINS ON INVESTMENTS

ALL OTHER EXPENSES - ITEMIZED

FORM 990, PAGE 10, PART IX, LINE 24F:

CONTRIBUTIONS:

\$1,650

BUILDING MAINTENANCE:

3,457

REAL ESTATE TAXES:

9,937

PRINTING AND STATIONARY:

1,141

BANK CHARGES:

945

POSTAGE:

4,154

TOTAL ALL OTHER EXP:

\$21,284

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Schedule O (Form 990 or 990-EZ) 2010 Page 2 Name of the organization LABORERS INTERNATIONAL UNION Employer identification number OF NORTH AMERICA 1180 23-0490779 ATTACHMENT FORM 990, PART IX - PAYMENTS TO AFFILIATES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING SERVICE EXP. AND GENERAL EXPENSES DESCRIPTION EXPENSES PER CAPITA PAYMENTS TO AFFILIATES \_\_\_\_ 124,398. 124,398. TOTALS ATTACHMENT 2 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING COST

BOOK VALUE

11,142.

11,142.

DESCRIPTION

DIVIDEND GROWTH SECURITIES A

TOTALS

BOOK VALUE

13,094.

13,094.

OR FMV

FMV