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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

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning** and ending**B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated
- ☐ Amend-  
ed return
- ☐ Applica-  
tion  
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 \$**473,819.****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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>LOCAL LABOR UNION FOR THE ENHANCEMENT OF EMPLOYMENT TO ITS MEMBERS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>426</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>360,812.</b>	<b>466,778.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,624.</b>	<b>7,041.</b>
	<b>12</b> Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>370,436.</b>	<b>473,819.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>105,586.</b>	<b>116,282.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>170,984.</b>	<b>174,640.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>62,290.</b>	<b>56,720.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>338,860.</b>	<b>347,642.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>31,576.</b>	<b>126,177.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>863,460.</b>	<b>989,647.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>&lt;10.&gt;</b>	<b>0.</b>
		<b>863,470.</b>	<b>989,647.</b>

**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.

<b>Sign Here</b>	Signature of officer	<b>Michael A Mano</b>		Date	<b>3-30-12</b>
	Type or print name and title	<b>MICHAEL A. MANO, PRESIDENT</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>SECRET &amp; SHIELDS, A.C.</b>	<b>CPA</b>	<b>03/25/12</b>	<input type="checkbox"/>	<b>P00626980</b>
	Firm's name ▶ <b>SECRET &amp; SHIELDS, A.C.</b>	Firm's EIN ▶ <b>31-1554057</b>			
	Firm's address ▶ <b>PO BOX 1150 CLARKSBURG, WV 26301</b>	Phone no.			

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

☐ Yes☐ No

APR 30 2012

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## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

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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 MEMBERS2 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 organization's program service accomplishments for each of its three largest program services, as measured 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 **343,462.**

# CONSTRUCTION AND LOCAL LABORERS

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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 <b>Section 501(c)(3) organizations.</b> 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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <b>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</b>		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O.

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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 Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	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
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
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	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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	426	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**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**

**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 Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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

[illegible]



## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

UNION #984

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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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-total</b>								72,005.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								72,005.	0.	0.

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Form 990 (2011)

## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

UNION #984

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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	<b>Total.</b> Add lines 1a-1f					
Program Service Revenue	2 a	<b>MEMBERSHIPS, DUES AND</b>	Business Code 561000	466,778.	466,778.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		466,778.			
	3	Investment income (including dividends, interest, and other similar amounts)		7,041.	7,041.		
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	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	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		473,819.	473,819.	0.	0.	

## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

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)

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	116,282.	116,282.		
5 Compensation of current officers, directors, trustees, and key employees	72,005.	72,005.		
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	44,710.	44,710.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	47,919.	47,919.		
9 Other employee benefits				
10 Payroll taxes	10,006.	10,006.		
11 Fees for services (non-employees):				
a Management				
b Legal	600.		600.	
c Accounting	3,580.		3,580.	
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	8,749.	8,749.		
15 Royalties				
16 Occupancy	9,503.	9,503.		
17 Travel	13,283.	13,283.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,772.	6,772.		
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEMBER EXPENSES</b>	7,586.	7,586.		
b				
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	347,642.	343,462.	4,180.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

UNION #984

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	<2.>	1	187,271.
	2 Savings and temporary cash investments	848,506.	2	794,016.
	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	51.
	10a Land, buildings, and equipment. Cost or other basis. Complete Part VI of Schedule D	10a 57,030.		
	b Less: accumulated depreciation	10b 48,721.	10c 14,956.	8,309.
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	863,460.	989,647.
<b>Liabilities</b>	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<10.>25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25		<10.>26	0.
<b>Net Assets or Fund Balances</b>	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	863,470.	32	989,647.
	33 Total net assets or fund balances	863,470.	33	989,647.
34 <b>Total liabilities and net assets/fund balances</b>	863,460.	34	989,647.	

Form 990 (2011)

## CONSTRUCTION AND LOCAL LABORERS

Form 990 (2011)

UNION #984

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**Part XI Reconciliation of Net Assets**Check 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	473,819.
2	Total expenses (must equal Part IX, column (A), line 25)	2	347,642.
3	Revenue less expenses. Subtract line 2 from line 1	3	126,177.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	863,470.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	989,647.

**Part XII Financial Statements and Reporting**Check 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 (2011)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

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	▶ \$ _____

## CONSTRUCTION AND LOCAL LABORERS

Schedule D (Form 990) 2011

UNION #984

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Temporarily restricted endowment ► \_\_\_\_\_ %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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 property	(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.	48,721.	8,309.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,309.

Schedule D (Form 990) 2011

## CONSTRUCTION AND LOCAL LABORERS

Schedule D (Form 990) 2011

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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (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 FIN 48 (ASC 740).

132053  
01-23-12

Schedule D (Form 990) 2011



UNION #984

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1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1	473,819.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	347,642.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	126,177.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	126,177.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>0.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>0.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	<b>0.</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>0.</b>

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>0.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>0.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>0.</b>

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 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

**2011**

Open to Public  
Inspection

Name of the organization

CONSTRUCTION AND LOCAL LABORERS  
UNION #984

Employer identification number  
55-0244859

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)

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2011**Attachment  
Sequence No 179**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 2010 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 2012. 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 2011	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		

**Section B - Assets Placed in Service During 2011 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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2011 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

Form 4562 (2011)

UNION #984

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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> 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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2011 tax year:					
<b>43</b> Amortization of costs that began before your 2011 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

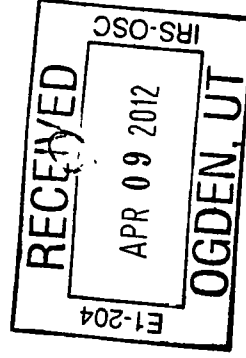
MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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 MO DAY YEAR From 01/01/2011 Through 12/31/2011	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. michael a mano PRESIDENT 71 SIGNED wayne a gorbey TREASURER  
Date 03/26/2012 Telephone Number 304-622-7841 (If other title, see instructions)  
Date 03/26/2012 Telephone Number 304-622-7841 (If other title, see instructions)

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?

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 ☒

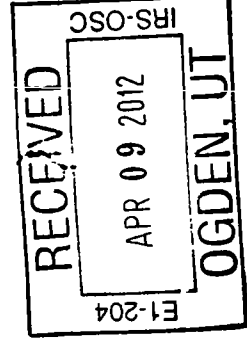
18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes ☒ No ☐

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

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

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	31	per MONTH	31	31
(b) Working Dues/Fees	4%	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

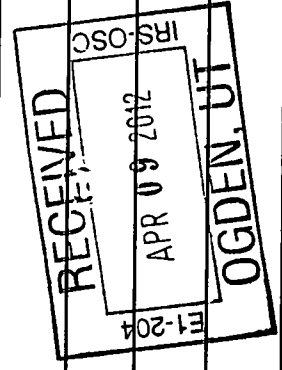
## Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		\$848,506	\$981,288
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	\$14,956	\$8,309
28. Other Assets	7	\$10	\$51
29. TOTAL ASSETS		\$863,472	\$989,648

## Liabilities

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

35. NET ASSETS (Item 29 Less Item 34)	\$863,472	\$989,648
---------------------------------------	-----------	-----------

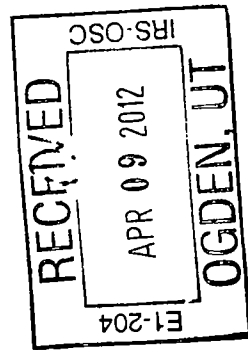


# STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER 037-357

Item	CASH RECEIPTS	SCH #	AMOUNT
36. Dues and Agency Fees			\$466,778
37. Per Capita Tax			\$0
38. Fees, Fines, Assessments, Work Permits			\$0
39. Sale of Supplies			\$0
40. Interest			\$7,041
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			\$473,819



Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50. Representational Activities		15	\$43,534
51. Political Activities and Lobbying		16	\$1,317
52. Contributions, Gifts, and Grants		17	\$1,317
53. General Overhead		18	\$100,846
54. Union Administration		19	\$19,769
55. Benefits		20	\$87,161
56. Per Capita Tax			\$77,040
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			\$10,006
66. Subtotal			\$340,990
67. Withholding Taxes and Payroll Deductions			
67a. Total Withheld	\$31,797		
67b. Less Total Disbursed	\$31,797		
67c. Total Withheld But Not Disbursed			\$0
68. TOTAL DISBURSEMENTS (Line 66-Line 67c)			\$340,990

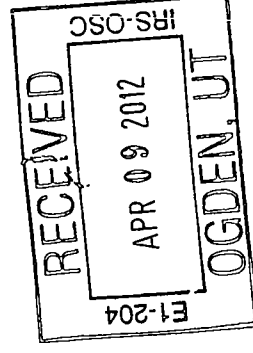


# SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER 037-357

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13 <small>(Total from Line 14, Total of Column(B) will be automatically entered in Item 23, Column (B).)</small>	\$0	\$0	\$0	\$0

Form LM-2 (Revised 2010)



# SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER 037-357

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 Purpose: _____					
Terms of Repayment _____					
2. Name: _____					
Purpose: _____					
Security Purpose: _____					
Terms of Repayment _____					
3. Name: _____					
Purpose: _____					
Security Purpose: _____					
Terms of Repayment _____					
4 Total of loans not listed above	\$0	\$0	\$0	\$0	\$0
5 Total of all lines 1 through 4	\$0	\$0	\$0	\$0	\$0
Totals from Line 5 will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)
Form LM-2 (Revised 2010)					

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**

Form LM-2 (Revised 2010)

SCHEDULE 5 - INVESTMENTS

FILE NUMBER 037-357

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	\$0
2. Book Value	\$0
3. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
<b>Other Investments</b>	
4. Total Cost	\$0
5. Book Value	\$0
6. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
7. Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).)	\$0

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	\$18,279	\$8,309	\$12,000
2. Office Furniture and Equipment	\$30,442	\$30,442	\$0	\$1,750
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	\$48,721	\$8,309	\$13,750

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER 037-357

Description (A)	Book Value (B)
1. FICA & FED W/H OVERPAYMENT	\$51
2. Total of Lines 1 through 1 (The Total from Line 2 will be automatically entered in Item 28, Column(B).)	\$51

# SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER 037-357

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.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts payable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13 <small>(Line 14, Column (B) will be automatically entered in Item 30, Column (D).)</small>	\$0	\$0	\$0	\$0



## SCHEDULE 9 - LOANS PAYABLE

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)

Form LM-2 (Revised 2010)

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	First Name MIKE	Middle Initial MANO	Last Name MANO		\$900	\$420	\$0	\$0	\$1,320	
		PRESIDENT									
		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	First Name BRIAN	Middle Initial STEVENS	Last Name STEVENS		\$0	\$420	\$0	\$0	\$420	
		VICE-PRESIDENT									
		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	First Name RICHARD	Middle Initial MCGRADY	Last Name MCGRADY		\$65,444	\$420	\$0	\$0	\$65,864	
		BUSINESS MANAGER									
		C									
I		Schedule 15 Representational Activities	66%	Schedule 16 Political Activities and Lobbying	2%	Schedule 17 Contributions	2%	Schedule 18 General Overhead	9%	Schedule 19 Administration	21%
4	A	First Name WAYNE	Middle Initial GORBY	Last Name GORBY		\$1,821	\$420	\$0	\$0	\$2,241	
		SECRETARY/TREASURER									
		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%
5	A	First Name ROGER	Middle Initial SISK	Last Name SISK		\$900	\$420	\$0	\$0	\$1,320	
		RECORDING SECRETARY									
		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	First Name TED	Middle Initial MICK	Last Name MICK		\$0	\$420	\$0	\$0	\$420	
		EXECUTIVE BOARD									
		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%

# 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 any Contributions	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL			
1	First Name JOHN	Middle Initial MCCLOUD	Last Name MCCLOUD							
	EXECUTIVE BOARD			\$0	\$420	\$0	\$420			
	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%
TOTAL OF LINES 1-7				\$69,065	\$2,940	\$0	\$0	\$72,005		
LESS DEDUCTIONS										
NET DISBURSEMENTS								\$72,005		

Form LM-2 (Revised 2010)

# 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 any Contributions	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL			
1	First Name DONALD	Middle Initial CASTO	Last Name CASTO							
	OFFICE SECRETARY			\$44,710	\$0	\$0	\$44,710			
	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%
TOTAL OF LINES 1-2				\$44,710.00	\$0	\$0	\$0	\$44,710		
LESS DEDUCTIONS										
NET DISBURSEMENTS								\$44,710		

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# SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER 037-357

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. FULL/ACTIVE	291	Yes <input checked="" type="checkbox"/>
2. RETIRED	135	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
	2 Named Payer Non-itemized Receipts	\$0
	3 All Other Receipts	\$0
	4 Total Receipts (add Lines 1 through 3)	\$0

ITEM 48

SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS
---

1 Named Payee Itemized Disbursements	\$0
2 Named Payee Non-itemized Disbursements	\$0
3 To Officers	\$1,317
4 To Employees	\$0
5 All Other Disbursements	\$0
6 Total Disbursements (add Lines 1 through 5)	\$1,317

ITEM 52

SCHEDULE 15 REPRESENTATIONAL ACTIVITIES	1 Named Payee Itemized Disbursements	\$0
	2 Named Payee Non-itemized Disbursements	\$0
	3 To Officers	\$43,534
	4 To Employees	\$0
	5 All Other Disbursements	\$0
6 Total Disbursements (add Lines 1 through 5)	\$43,534	

ITEM 50

SCHEDULE 18 GENERAL OVERHEAD
------------------------------------

1 Named Payee Itemized Disbursements	\$50,073
2 Named Payee Non-itemized Disbursements	\$0
3 To Officers	\$6,063
4 To Employees	\$44,710
5 All Other Disbursements	\$0
6 Total Disbursements (add Lines 1 through 5)	\$100,846

ITEM 53

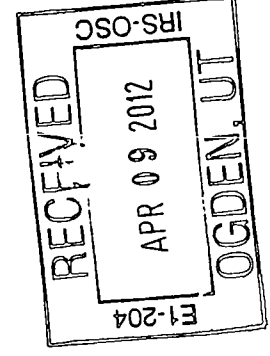
SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	1 Named Payee Itemized Disbursements	\$0
	2 Named Payee Non-itemized Disbursements	\$0
	3 To Officers	\$1,317
	4 To Employees	\$0
	5 All Other Disbursements	\$0
6 Total Disbursements (add Lines 1 through 5)	\$1,317	

ITEM 51

SCHEDULE 19 UNION ADMINISTRATION
--

1 Named Payee Itemized Disbursements	\$0
2 Named Payee Non-itemized Disbursements	\$0
3 To Officers	\$19,769
4 To Employees	\$0
5 All Other Disbursements	\$0
6 Total Disbursements (add Lines 1 through 5)	\$19,769

ITEM 54



**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 LOCAL 984	INSURANCE	06/30/11	\$1,076
P.O. Box	TELEPHONE	06/30/11	\$3,261
Street	SAFETY DEPOSIT BOX	06/30/11	\$27
City CLARKSBURG	ELECTRIC	06/30/11	\$500
State WV	GAS-HEAT	06/30/11	\$867
Zip Code 26301	PROPERTY TAXES	06/30/11	\$508
(B) Type or Classification	POSTAGE	06/30/11	\$1,320
OCCUPANCY	OFFICE EXPENSE	06/30/11	\$4,142
	PROFESSIONAL FEES	06/30/11	\$4,180
	MISC MEMBER EXPENSES	06/30/11	\$7,586
	TRAVEL	06/30/11	\$13,283
	CONF & CONVENTIONS	06/30/11	\$6,771
(F) Total of All Itemized Transactions with this Payee/Payer			\$43,521
(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))			\$43,521

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.SLICKER  P.O. Box Street City CLARKSBURG State WV Zip Code 26301	MONTHLY RENT	06/30/11	\$6,552
(B) Type or Classification			
LANDLORD			
(F) Total of All Itemized Transactions with this Payee/Payer			\$6,552
(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))			\$6,552

**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))		

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	LIUNA	\$28,005
2. PENSION	WV LABORERS CFD	\$19,914
3. HEALTH & WELFARE	WV LABORERS CFD	\$23,877
4. TRAINING	WV LABORERS CFD	\$1,248
5. LECT	WV LABORERS CFD	\$449
6. ANNUITY	WV LABORERS CFD	\$13,668
7. Total of Lines 1 through 6 (The Total from Line 7 will be automatically entered in Item 55.)		\$87,161

69. ADDITIONAL INFORMATION SUMMARY

Schedule 13, Row1:FULL/ACTIVE MEMBERS

Schedule 13, Row2:RETIRED MEMBERS

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

Question 12: SECRET & SHIELDS AC CLARKSBURG, WV

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

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