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DLN: 93493135058713

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspec<u>tio</u>n A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable LABORERS' INTERNATIONAL UNION OF HCL Address change 53-0088501 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 905 16TH STREET NW Terminated (202) 737-8320 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 200061703 Application pending **G** Gross receipts \$ 115,469,432 Name and address of principal officer **H(a)** Is this a group return for TERENCE M O'SULLIVAN affiliates? 905 16TH STREET NW WASHINGTON, DC 200061703 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► 0121 Website: ► WWW LIUNA ORG L Year of formation 1903 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION AND TRAINING, EMPLOYEE BENEFITS Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 15 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 354 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . 75,408,284 73,186,224 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,185,697 3,335,407 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 494,138 666,818 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 77,866,059 79,410,509 O 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 43,872,268 43,063,687 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 37,066,810 29,862,807 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 80,939,078 72,926,494 19 Revenue less expenses Subtract line 18 from line 12 -3,073,019 6,484,015 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 136,785,734 151,528,999 191,900 21 Total liabilities (Part X, line 26) 1,088,664 22 Net assets or fund balances Subtract line 21 from line 20 136,593,834 150,440,335 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 2013-05-15 Signature of officer Date Sian Here ARMAND SABOTINI GENERAL SEC/TREAS Type or print name and title

Preparer's signature

WEST

Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200

BETHESDA, MD 20814

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

Print/Type preparer's name JOANN WOODSON CPA

Paid

Preparer

Use Only

Date

✓ Yes ☐ No

P01293745

self-employed

Firm's EIN F 47-0900880

Phone no (202) 331-9880

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$

Total program service expenses ►

4d

) (Revenue \$

Part IV	Checklist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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	Yes	
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? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		V	
	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)? If "Yes," complete Schedule D, Part X	11e 11f	Yes	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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° If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	 Yes	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 72		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
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	Yes	
b	If "Yes," enter the name of the foreign country •CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			1
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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 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		
	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 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- -		
1	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
.2a	Section 4947(a)(1) non-exempt charitable trusts. 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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand	<u> </u>		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $\dots \dots \dots$	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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 ►ARMAND E SABITONI GEN SEC-TREAS 905 16TH STREET NW WASHINGTON, DC (202)737-8320

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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, or 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) Name and Title	(B) A verage hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) TERENCE M O'SULLIVAN	60 00			х				602,525	0	156,349	
GENERAL PRESIDENT (2) ARMAND E SABITONI	50 00										
GENERAL SECRETARY/TREASURER	30 00			х				459,204	0	153,728	
(3) VERE HAYNES	12 00			х				119,335	0	55,073	
VICE PRESIDENT				Ĺ				111,333			
(4) MIKE QUEVEDO JR	12 00			х				150,961	0	26,869	
VICE PRESIDENT (5) TERRENCE M HEALY	50 00										
` ,	30 00			х				338,313	0	125,71	
VICE PRESIDENT & REG MGR											
(6) RAYMOND POCINO VICE PRESIDENT & REG MGR	50 00			х				296,111	0	99,882	
(7) JOSEPH S MANCINELLI	50 00			l ,				200 100	-	100.07	
VICE PRESIDENT & REG MGR				X				368,169	0	109,076	
(8) ROCCO DAVIS	50 00			х				350,120	0	126,633	
VICE PRESIDENT & REG MGR											
(9) VINCENT MASINO	50 00			х				287,895	0	99,882	
VICE PRES & ASST REG MGR	50.00	ļ									
(10) DENNIS L MARTIRE	50 00			х				284,711	0	107,376	
VICE PRESIDENT & REG MGR										, , , , , , , , , , , , , , , , , , ,	
(11) MANO W FREY	50 00			Х				231,260	0	56,96	
VICE PRESIDENT & REG MGR (12) ROBERT E RICHARDSON	50.00										
	50 00			х				289,890	0	112,376	
VICE PRESIDENT & REG MGR											
(13) OSCAR DE LA TORRE	12 00			х				101,549	0	51,345	
VICE PRESIDENT								, , , , ,		,	
(14) RALPH E COLE	12 00			x				108,906	0	56,418	
VICE PRESIDENT				<u> </u>				155,500			
(15) JOHN PENN	50 00			×				293,693	0	112,376	
VICE PRESIDENT & REG MGR				Ĺ				275,093		112,370	
(16) JOHN HEGARTY	12 00]		x				01 172	0	40.920	
VICE PRESIDENT				L^				81,172		49,838	
(17) SERGIO RASCON	12 00										
VICE PRESIDENT				Х				29,750	0	7,694	
										Form 990 (2012	

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

(A) Name and Tıtle		(B) A verage hours per week (list any hours	(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	(E) Reportable compensation from related organizations		(F Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organı and re organız	lated
(18) MICHAEL BEAF		45 00				х			470,336		0		128,118
GENERAL COUNSEL (19) ROD BENNETT		45 00									+		
CHIEF OF STAFF						Х			213,438		0		89,685
(20) WILLIAM BERG	GFELD	45 00				,,			240.074				04 222
EXEC ASSISTANT TO	O GP					Х			248,074		0		84,332
(21) REX HOLLIS JE	₹	45 00				X			190,178		0		77,736
BUILDING MANAGEI		45.00	1								+		
(22) GREG HARRIS		45 00					x		275,875		0		84,091
SUBREGIONAL MAN (23) TED GREEN	AGER	45 00	1								+		
SENIOR ADVISOR T	O GP						х		236,241		0		96,826
(24) STEPHEN FAR		45 00									\top		
ASST REG MNGR							X		231,220		0		97,549
(25) MICHAEL BARI	RETT	45 00					х		185,865		0		83,561
ASSOC GENERAL CO									103,003				05,501
(26) STEPHANIE M	CCARTHY	45 00					×		185,865		0		71,630
ASSOC GENERAL CO	OUNSEL												
											+		
											+		
1b Sub-Total	1			<u> </u>		1	<u> </u> ≽		l I		十		
	n continuation sheets to Part	VII. Section A		•			►						
	d lines 1b and 1c)						►		6,630,656	C			2,321,123
2 Total num	ber of individuals (including b of reportable compensation f	ut not limited to	those			bove	e) who	rec	eived more than		ı		
												Yes	No
	ganızatıon lıst any former offi ? <i>If "Yes," complete Schedule J</i>			e, ke	y em	nplo [.]	yee, o	r hıg	jhest compensate	d employee	3		No
organizati	dıvıdual lısted on lıne 1a, ıs th on and related organızatıons ç									om the			1.2
ındıvıdual 			•	•	•	•	•	•		· · ·	• 4 Yes		
	erson listed on line 1a receive rendered to the organization?		-			-			_		5		No

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
PATTON BOGGS LLP 2550 M STREET NW WASHINGTON DC 20037	LEGAL	850,000
GUERRIERE CLAYMAN BARTOS & PARCELLI 1625 MASSACHUSETTS AVENUE NW WASHINGTON DC 20036	LEGAL	405,452
MEYER SUOZZI ENGLISH & KLEIN PC 990 STEWART AVE GARDEN CITY NY 11530	LEGAL	206,850
LAW OFFICES OF JAMES S RAY 706 DUKE ST 2ND FLOOR ALEXANDRIA VA 22314	LEGAL	206,710
SCHROETER GOLDMARK & BENDER 810 3RD AVE SUITE 500 SEATTLE WA 98104	LEGAL	191,257

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 ►9

			ule O contains a respoi	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
. £ 1,	.a	Federated cam						
Other Similar Amounts	b		ıes 1b					
Am	С	_	ents 1c					
and Other Similar A	d		zations 1d					
Sim	е	Government grant			ļ			
je l	f	All other contributions and all other contributions are similar amounts in the same and the same are same as a second and the same are sam	ons, gifts, grants, and 1f ot included above					
₹	g	Noncash contributi 1a-1f \$	ons included in lines					
and	h	Total. Add lines	s 1 a - 1 f					
				Business Code				
2	2a	PER CAPITA & OTH	HER FEE	900099	75,408,284	75,408,284		
	b							
	c d							
	e e							
2	f	All other progra	am service revenue					
-	g	Total. Add lines	s 2a-2f		75,408,284			
	_	Investment inc	ome (including dividen	ds, interest,	2,582,234			2,582,2
	4		ar amounts)	<u> </u>	2,302,234			2,302,2
5	-			·	881,787			881,7
			(ı) Real	(II) Personal				
6	6a h	Gross rents Less rental	1,006,899					
	c	expenses Rental income	-674,944					
d	_	or (loss)	me or (loss)		-674,944			-674,9
	-	Troc roman moo	(ı) Securities	(II) O ther	·			,
7	7a	Gross amount from sales of assets other than inventory	34,871,732	19,743				
	b	Less cost or other basis and	34,059,474	78,828				
	c	sales expenses Gain or (loss)	812,258	-59,085				
d			ss)		753,173			753,1
8	8a	events (not inc \$	s reported on line 1c) ne 18					
c			penses b (loss) from fundraising	events				
g	9a		from gaming activities ne 19 a					
	b		penses b (loss) from gaming acti	vities				
10		Gross sales of returns and allo	inventory, less	165,326				
	b	Less cost of g	oods sold b	238,778				
	С		(loss) from sales of inv		-73,452	-73,452		
11	1a		s Revenue POL OUTREACH -	Business Code 900099	500,000	500,000		
	b	MMBSHIP MISCELLANEO		900099	33,427	33,427		
	c	SELLANE	-					
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		533,427			
12	2	Total revenue.	See Instructions .	🗚	79,410,509	75,868,259	0	3,542,2

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 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				
5	Compensation of current officers, directors, trustees, and key employees	8,951,779			
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	19,754,494			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,452,200			
9	Other employee benefits	8,252,731			
0	Payroll taxes	1,652,483			
1	Fees for services (non-employees)				
а	Management				
b	Legal	2,708,190			
C	Accounting	288,434			
d	Lobbying	345,966			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	120,472			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,207,984			
2	Advertising and promotion	67,406			
3	Office expenses	2,187,789			
Ļ	Information technology	628,318			
;	Royalties				
;	Occupancy	2,719,348			
,	Travel	4,088,560			
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	2,884,157			
)	Interest				
L	Payments to affiliates	5,275,126			
2	Depreciation, depletion, and amortization	1,334,294			
}	Insurance	446,362			
1	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)				
а	CONTRIBUTIONS	2,406,910			
b	OTHER GENERAL ADMIN EXP	972,306			
c	ORGANIZING CAMPAIGN EXP	937,993			
d	OTHER PUBLICATIONS & PR	648,500			
e	All other expenses	594,692			
5	Total functional expenses. Add lines 1 through 24e	72,926,494			
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Fig. 1 following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response to any question in the	nıs Par	t X			
	_				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,116	1	688
	2	Savings and temporary cash investments			10,328,388	2	16,311,010
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		•	1,590,032	4	2,048,002
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete & Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions) Complete Part II	nd contributing cary employees'		6		
χ. Υ	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	29,416,256			
	Ь	Less accumulated depreciation	10b	15,401,636	15,013,029	10c	14,014,620
	11	Investments—publicly traded securities			55,299,966	11	57,562,880
	12	Investments—other securities See Part IV, line 11	54,462,807	12	61,486,918		
	13	Investments—program-related See Part IV, line 11	,,	13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			90,396	15	104,881
	16	Total assets. Add lines 1 through 15 (must equal line 34).			136,785,734	16	151,528,999
	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 Sci				21	
es.		Loans and other payables to current and former officers, direc				21	
Liabiliti	22	key employees, highest compensated employees, and disqua	lified	•			
<u>.e</u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third particular				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete PD	art X o	f Schedule	191,900	25	1.088.664
	26	Total liabilities. Add lines 17 through 25			191,900	26	1,088,664
— - Ф		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			,		· · ·
ă.	27	Unrestricted net assets			136,593,834	27	150,440,335
<u>88</u>	28	Temporarily restricted net assets			, ,	28	· · ·
	29	Permanently restricted net assets		29			
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.					
٥	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
S S	32	Retained earnings, endowment, accumulated income, or other				32	
	33	Total net assets or fund balances			136,593,834	33	150,440,335
Net	34	Total liabilities and net assets/fund balances			136,785,734	34	151,528,999
	J-4	rotal navinties and het assets/fully valances	• •	• •	130,700,734	54	151,528,999

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		79,4	110,509
2	Total expenses (must equal Part IX, column (A), line 25)	2		72,9	926,494
3	Revenue less expenses Subtract line 2 from line 1	3		6,4	184,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		136,	593,834
5	Net unrealized gains (losses) on investments	5		7,3	362,486
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		150,4	140,335
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ite			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

DLN: 93493135058713

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** LABORERS' INTERNATIONAL UNION OF HCL 53-0088501 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter directly delivered to a 0 separate political organization If none, enter -0-(1) LIUNA PAC 52-0886981 79,329 905 16TH STREET NW WASHINGTON, DC 20006

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Identifier

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			r age e
For a	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(z	1)	(1	b)
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912		L		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c))(5), o	r sect	ion
			_	Ye	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1 Y ∈	_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."	`No" C)(5), o)R (b) I	r sect Part I	ion II-A,
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Schedule C (Form 990 or 990EZ) 2012

Explanation

DLN: 93493135058713

OMB No 1545-0047

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.

Open to Public Inspection

lame of the organization		Employer identification number
ABORERS' INTERNATIONAL UNION OF HCL	53-0088501	
Organizations Maintaining Donor Adorganization answered "Yes" to Form 990	, Part IV, line 6.	inds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No
Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?		
art II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 23 through 2d if the organization held.	or education) Preservation of an Preservation of a c	ertified historic structure
Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a quaimed conservation contribution in tr	
	-	Held at the End of the Year
Total number of conservation easements	-	2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified histon Number of conservation easements included in (c) accommodate structure listed in the National Register	` '	2d
Number of conservation easements modified, transfer	L red released extinguished orterminated	d by the organization during
the tax year -	rea, released, extinguished, or terminated	a by the organization during
·		
Number of states where property subject to conservat		_
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
A mount of expenses incurred in monitoring, inspecting ▶ \$	g, and enforcing conservation easements	during the year
Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial ents	statements that describes
rt III Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	or research in furtherance of public
If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education, o	
(i) Revenues included in Form 990, Part VIII, line 1		► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, histor following amounts required to be reported under SFAS		
Revenues included in Form 990, Part VIII, line 1		► \$
Assets included in Form 990, Part X		▶ - \$

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tr</u>	reasures, or	<u>Othe</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, c	heck	any of t	the following tha	t are a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exchange pro	grams			
b	Scholarly research		e	Г	Other	r				
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın ho	w the	y furthe	er the organizati	on's ex	kempt purpose i	n	
5	During the year, did the organization solicit o	or receive donations	sofa	rt, hıs	torical	treasures or otl	nersım			
	assets to be sold to raise funds rather than t								Yes	☐ No
Par	Part IV, line 9, or reported an an						red "Y	es" to Form 9	90, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	y for c	ontribu	itions or other a	ssets	not 	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	able			·		
							<u> </u>	Am	ount	
С.	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?				ļ	Yes	Г No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		swer)Prior				t IV, line 10. Three years back	(a)Four v	oars back
1a	Beginning of year balance	(a)Curient year	(1)	PHOL	усаі	b (c) wo years be	ick (u)	Tillee years back	(e)i oui y	ears back
ь	Contributions						+			
c	Net investment earnings, gains, and losses						+			
							-			
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colum	nn (a)) held as				
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment ►									
c	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are held	d and administe	red for	the	Yes	No
	(i) unrelated organizations							3a(
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(II), are the related organization	•						3Ł	<u>, </u>	
4	Describe in Part XIII the intended uses of th					1.0				
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 95	90, Pa		Cost or		other	(c) Accumulated	(d) Bo	ok value
					s (invest			depreciation		
1a	Land					1,4	78,004		<u> </u>	1,478,004
	Buildings		•			20,3	35,497	10,440,247	<u>'</u>	9,895,250
С	Leasehold improvements						90,571	188,236	<u>;</u>	302,335
	Equipment		•				83,604		3	2,210,451
	Other		•		70. (28,580		 	128,580
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	x, colu	umn (B), line	1U(c).)		<u> ►</u>	1	4,014,620

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		_
(A) AFL-CIO HOUSING INVESTMENT TRUST	10,611,399	F
(B) SSGA S & P 500 INDEX MUTUAL FUND	50,875,519	F
(b) 330A 3 &T 300 TNDEX PIOTOAL FOND	30,873,313	<u>'</u>
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	61,486,918	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+ +	Cost or end-of-year market value
		
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	<u> iption </u>	(b) Book value
		+
		+
	_	
T-1-1 (C-1 (h) 1		
Iotal. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER	X, line 25. (b) Book value 856,658	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO INVESTMENT BROKER OTHER LIABILITIES	X, line 25. (b) Book value 856,658	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	87,050,586
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 277,591		
e	Add lines 2a through 2d	2e	7,640,077
3	Subtract line 2e from line 1	3	79,410,509
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	79,410,509
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	73,204,085
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	277,591
3	Subtract line 2e from line 1	3	72,926,494
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	С
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	72,926,494

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		INCOME OF LIUNA TRAVEL
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF LIUNA TRAVEL

DLN: 93493135058713

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service

Name of the organization LABORERS' INTERNATIONAL UNION OF HCL **Employer identification number**

					53-0088501	
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants o	r
	assistance, the grantees' elig	_			_	
	the grants or assistance?					┌ Yes ┌ No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fur	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)		(f) Total expenditures for and investments in region
	NORTH AMERICA	2	20	PROGRAM SERVICES	SEE ORGANIZATION MISSION	3,902,830
	Sub-total	2	20			3,902,830
ŀ	Total from continuation sheets to Part I	o	0			0

c Totals (add lines 3a and 3b)

3,902,830

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti Ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_									
_									
_									
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_									
2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
	 		1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Sup	plementa	al Info	rmation
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493135058713

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** LABORERS' INTERNATIONAL UNION OF HCL 53-0088501

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to					
	directors, trustees, and the CEO/Executive Director	or, regard	aing the items checked in line 1a/	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	ın Regula	itions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$?	ne rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits		
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS TRAVEL - GENERAL EXECUTIVE BOARD IS ALLOWED TO TRAVEL FIRST CLASS TRAVEL FOR COMPANIONS - THE CONSTITUTION OF LIUNA STATES THAT "TRAVEL EXPENSES MAY ALSO BE PROVIDED FOR AN OFFICER'S SPOUSE WHO ACCOMPANIES THE OFFICER WHEN THE OFFICER TRAVELS IN CONNECTION WITH THE PERFORMANCE OF OFFICIAL DUTIES AND RESPONSIBILITIES " THESE AMOUNTS ARE INCLUDED AS TAXABLE INCOME TO THE OFFICER TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AND HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE CONSTITUTION OF LIUNA STATES THAT "THE GENERAL PRESIDENT AND GENERAL SECRETARY-TREASURER SHALL EACH BE PROVIDED WITH THE USE OF ACCOMODATIONS PURCHASED OR LEASED BY THE UNION WHEN SUCH OFFICERS ARE IN THE CITY OF WASHINGTON, DISTRICT OF COLUMBIA, IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES AND RESPONSIBILITIES " THE GENERAL EXECUTIVE BOARD HAS AUTHORIZED LIUNA TO RENT A HOUSE BASED ON THE CONSTITUTION FOR GENERAL PRESIDENT TERENCE M O'SULLIVAN IN ADDITION, AUTHORIZATION WAS GIVEN TO GROSS-UP THESE HOUSING EXPENSES TO HANDLE ALL THE TAXES ALSO, THE GENERAL EXECUTIVE BOARD AUTHORIZED LIUNA TO RENT A CONDOMINIUM FOR THE GENERAL COUNSEL FOR HIS USE FOR WHEN HE IS WORKING IN WASHINGTON, DC IT ALSO AUTHORIZED THE GROSS-UP FOR THE RENTAL COSTS, AS WELL AS THE COMMUTING COSTS FROM HIS HOME TO WASHINGTON, DC, TO HANDLE ALL THE TAXES
	PART I, LINES 4A-B	LABORER'S INTERNATIONAL UNION OF NORTH AMERICA HAS AN EMPLOYEES SEVERANCE PAY PLAN AN EMPLOYEE WITH 10 YEARS OF QUALIFYING EMPLOYMENT IS ELIGIBLE FOR A LUMP SUM PAYMENT UPON TERMINATION OF THEIR EMPLOYMENT IN 2012 MIKE QUEVEDO, JR RECEIVED A SEVERANCE PAYMENT OF \$54,447, ALL IN U S DOLLARS PART 1, LINE 4B LABORER'S INTERNATIONAL UNION OF NORTH AMERICA HAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PAY BENEFITS THAT ARE NOT PAYABLE FROM THE PENSION FUND BECAUSE OF BENEFIT AND COMPENSATION LIMITS OF THE INTERNAL REVENUE CODE IN 2012 RAYMOND POCINO RECEIVED \$2,174, MIKE QUEVEDO, JR RECEIVED \$40,928, AND MANO W FREY RECEIVED \$1,436

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule J, Pa	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	penents	(B)(I)-(D)	990 or Form 990-EZ
TERENCE M O'SULLIVAN	(I) (II)		0	148,300 0	130,598 0	25,751 0	758,874 0	0
ARMAND E SABITONI	(I) (II)		0	22,707 0	125,989 0	27,739 0	612,932 0	0
VERE HAYNES	(I) (II)		0	4,181 0	29,940 0	25,133 0	174,408 0	0
MIKE QUEVEDO JR	(I) (II)	42,273 0	0	108,688 0	16,466 0	10,403 0	177,830 0	0
TERRENCE M HEALY	(I) (II)		0 0	7,458 0	98,522 0	27,189 0	464,024 0	0
RAYMOND POCINO	(I) (II)		0 0	15,041 0	85,578 0	14,304 0	395,993 0	0
JOSEPH S MANCINELLI	(I) (II)		0 0	0 0	95,72 4 0	13,352 0	477,245 0	0 0
ROCCO DAVIS	(I) (II)	0	0 0	19,265 0	98,522 0	28,115 0	476,757 0	0 0
VINCENT MASINO	(ı) (ıı)		0 0	6,825 0	85,578 0	14,304 0	387,777 0	0 0
DENNIS L MARTIRE	(ı) (ıı)		0	3,641 0	85,578 0	21,798 0	392,087 0	0
MANO W FREY	(I) (II)		0	90,725 0	43,566 0	13,399 0	288,225 0	0
ROBERT E RICHARDSON	(ı) (ıı)		0 0	8,820 0	85,578 0	26,798 0	402,266 0	0 0
OSCAR DE LA TORRE	(ı) (ıı)		0	94 0	26,378 0	24,967 0	152,894 0	0
RALPH E COLE	(ı) (ıı)	101,455 0	0 0	7,451 0	31,451 0	24,967 0	165,324 0	0 0
JOHN PENN	(I) (II)	0	0 0	12,623 0	85,578 0	26,798 0	406,069 0	0 0
JOHN HEGARTY	(I) (II)	81,008 0	0 0	164 0	25,112 0	24,726 0	131,010 0	0 0
SERGIO RASCON	(I) (II)		0 0	159 0	7,694 0	0 0	37,444 0	0 0
MICHAEL BEARSE	(I) (II)	0	0 0	130,498 0	100,858 0	27,260 0	598,454 0	0 0
ROD BENNETT	(I) (II)	0	0 0	8,356 0	63,575 0	26,110 0	303,123 0	0
WILLIAM BERGFELD	(I) (II)	0	0 0	20,787 0	70, 4 59 0	13,873 0	332,406 0	0
REX HOLLIS JR	(I) (II)	0	0 0	21,753 0	51,966 0	25,770 0	267,914 0	0
GREG HARRIS	(I) (II)	0	0 0	0 0	71,728 0	12,363 0	359,966 0	0
TED GREEN	(I) (II)	0	0	8,954 0	70,459 0	26,367 0	333,067 0	0
STEPHEN FARNER	(I) (II)	0	0	1,650 0	71,166 0	26,383 0	328,769 0	0
MICHAEL BARRETT	(I) (II)	0	0	101 0	57,587 0	25,974 0	269,426 0	0
STEPHANIE MCCARTHY	(I) (II)	185,764 0	0 0	101 0	57,587 0	14,043 0		_

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135058713

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

LABORERS' IN	TERNATIO	NAL UNION OF HC	L					53	-008	8501							
		Benefit Trai						ganıza	tions	only).		10b					
		disqualified per			between dis		(c) Descri					(d) Corr	ected?				
		·	1		d organizati	•	. ,	•				Yes	No				
											_						
2 Entert 4958		int of tax incurr	ed by organiza	ation mana	gers or disc	qualified perso	ns during the	yearu	ınder	section							
		nt of tax, ıf any	on line 2 ab	ove reimb	ursed by th	e organization			•	- \$ - \$							
J Linter t	ile alliou	inc or cax, ir any	, on line 2, ab	ove, rennb	dised by th	e organization			•	Fφ							
Part II		to and/or															
	-	te if the organi ation reported a					ine 38a, or Fo	rm 990	0, Par	t IV, lın	ie 26, o	r if the					
(a) Name o	Name of (b) Rela		(c) Purpose				(f)Balance	(g)	In	(h	1)	(i)Wr	ıtten				
ınterested person	l w	ith organization	of Ioan			or from the organization?	1 '	principal amount	due	due	due	default?		Approved by board or committee?		agreement	
				То	From	\dashv		Yes	No	Yes	No	Yes	No				
												_	1				
										-		_					
						1						_					
												_ _					
otal				<u> </u>						1							
		or Assista															
		ete if the orga															
(a) Name pe	erson		elationship bet sted person ar organization		:) Amount o	f assistance	(d) Type o	rassis	tance	(e)	Purpos	e or ass	istanc				
										•							
							•										
							-										
							_										

Part IV Business Transactions					
Complete if the organization	<u>on answered "Yes" on I</u>	<u>Form 990, Part IV, lı</u>	ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Cabadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

Software ID: Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) TERENCE J O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	67,600	EMPLOYED BY ORGANIZATION		No
(2) KEVIN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	152,042	EMPLOYED BY ORGANIZATION		Νο
(3) BRENDAN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	82,696	EMPLOYED BY ORGANIZATION		No
(4) CAITLIN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	28,410	EMPLOYED BY ORGANIZATION		No
(5) PATRICK HEALY	FAMILY MEMBER OF TERENCE M HEALY, CURRENT VICE PRESIDENT & REGIONAL MANAGE	111,023	EMPLOYED BY ORGANIZATION		No
(6) AMBER NOVEY	FAMILY MEMBER OF ROCCO DAVIS, CURRENT VICE PRESIDENT & REG MGR	58,805	EMPLOYED BY ORGANIZATION		No
(7) CHRISTOPHER SABITONI	FAMILY MEMBER OF ARMAND E SABITONI, CURRENT GENERAL SECRETARY- TREASURER	126,294	EMPLOYED BY ORGANIZATION		Νo
(8) MARIO DE LA TORRE JR	FAMILY MEMBER OF OSCAR DE LA TORRE, CURRENT VICE PRESIDENT	110,278	EMPLOYED BY ORGANIZATION		No
(9) LATAYSHA RICHARDSON	FAMILY MEMBER OF ROBERT E RICHARDSON, CURRENT VICE PRESIDENT	35,079	EMPLOYED BY ORGANIZATION		Νo

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As Filed Data -

DLN: 93493135058713

OMB No 1545-0047

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SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number** LABORERS' INTERNATIONAL UNION OF HCL 53-0088501

ldentifie	r Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	EVERY FIVE YEARS MEMBERS OF LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) ELECT DELEGATES THAT GO TO THE CONVENTION THE DELEGATES NOMINATE AND ELECT THE GENERAL EXECUTIVE BOARD MEMBERS, WITH THE EXCEPTION OF THE PRESIDENT OF THE MAIL HANDLERS DIVISION, WHO IS AN EXOFFICIO MEMBER OF THE BOARD DELEGATES FROM THE MAIL HANDLERS DIVISION CAN NOT VOTE TO NOMINATE VICE PRESIDENTS IN THEIR REGION ASSOCIATE MAIL HANDLERS ARE NOT REGULAR MEMBERS AND HAVE NO VOTING RIGHTS RETIREE MEMBERS OF LIUNA HAVE LIMITED VOTING RIGHTS DELEGATES ALSO APPROVE RESOLUTIONS AT THE CONVENTION THESE RESOLUTIONS CONCERN THE OPERATIONS OF THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICAN AND ALSO CHANGES TO THE CONSTITUTION, WHICH IS THE GOVERNING DOCUMENT OF LIUNA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	SEE SUMMARY ABOVE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	SEE SUMMARY ABOVE

Identifier	Return Reference	Explanation
	SECTION B, LINE 11	FORM 990 WAS REVIEWED BY THE GENERAL PRESIDENT, GENERAL SECRETARY-TREASURER, AND GENERAL COUNSEL FOR THEIR APPROVAL A COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH GENERAL EXECUTIVE BOARD MEMBER BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF BEST PRACTICES ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT THE LIUNA GENERAL PRESIDENT WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE CODE OF BEST PRACTICES, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA GENERAL EXECUTIVE BOARD THE CODE OF BEST PRACTICES EXPLAINS THE DISCIPLINARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTRUSTED TO ENFORCE THE CODE. THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST. THIS INFORMATION IS OPEN TO THE PUBLIC.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	LIUNA FILES A DEPARTMENT OF LABOR (DOL) FORM LM-2, WHICH IS AVAILABLE TO THE PUBLIC THROUGH THE DOL'S WEBSITE (OLMS DIVISION, ONLINE PUBLIC DISCLOSURE ROOM) THIS FORM IS AN EXTENSIVE FINANCIAL REPORT CONCERNING LIUNA THE MOST RECENT CONSTITUTION (GOVERNING DOCUMENT) OF LIUNA HAD BEEN FILED WITH THE DEPARTMENT OF LABOR WITH THE 2011 LM-2 REPORT AS DISCUSSED IN THE ANSWER TO PART VI, LINE 12(C) THE CONFLICT OF INTEREST POLICY IS IN THE ETHICS AND DISCIPLINARY PROCEDURE, WHICH IS PART OF THE CONSTITUTION

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493135058713

2012

Open to Public Inspection

Name of the organization LABORERS' INTERNATIONAL UNION OF HCL	Employer identification number								
LABORERS INTERNATIONAL UNION OF FICE					53-00885	501			
Part I Identification of Disregarded Entities (Complete if the organization a	answered "Yes" to	Form 990, Pa	rt I\	/, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-c	(e) of-year assets	D	(f) Direct controlling entity		
					000 5	TV	1 24 1	L la ad a a	
Part II Identification of Related Tax-Exempt O or more related tax-exempt organizations du	rganizations (Complete if t uring the tax year.)	ne organization a	nswerea "Yes"	to F	orm 990, F	art IV,	line 34 because i	t nad one	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion	(e) Public charity (if section 50)		(f) Direct controlling entity	Section 5 (13) con entit	512(ntroll ty?
(1) LIUNA PAC	POLITICAL ORGANIZATION	DC	527					Yes	No No
905 16TH STREET NW							N. / A		1
WASHINGTON, DC 20006 52-0886981							N/A		
(2) LIUNA STAFF & AFFILIATES PENSION FUND	PENSION FUND	DC	501(A)						No
905 16TH STREET NW							N/A		1
WASHINGTON, DC 20006 52-0743575									1
(3) 401 K PLAN FOR LIUNA EMPLOYEES & AFFIL	PENSION FUND	DC	501(A)						No
905 16TH STREET NW							N/A		1
WASHINGTON, DC 20006 52-6941497									
(4) LABORERS' POLITICAL LEAGUE - EDUCATION FUND	POLITICAL ORGANIZATION	DC	527					+	No
905 16TH STREET NW							N/A		1
WASHINGTON, DC 20006 52-2257725							.,,		
(5) NATIONAL POSTAL MAIL HANDLERS UNION PAC	POLITICAL ORGANIZATION	DC	527						No
905 16TH STREET NW							N/A		1
WASHINGTON, DC 20006 20-8609421									
(6) LABORERS' CHARITABLE FOUNDATION	FINANCIAL ASSISTANCE TO NON-PROFITS AND MEMBERS	DC	501(C)(5)					\top	No
905 16TH STREET NW	MON-FROI II 3 MND PILPIDERS						N/A		1
WASHINGTON, DC 20006 33-1082848									1

(a)	(a) Name, address, and EIN of		(c)	(d)	(e)		(f)	(g)	(h	1)	(i)	(j)	(k)	
Name, address, and E related organizatio	IN of n	Primary activity Legal Diridomicile contr		Direct controlli entity	rolling income(related, unrelated, excluded from tax under sections 512-		Share of total income	Share of end-of-year assets	Disproprtionater allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		Percent owners	rcentage Inership
					514)			Yes	No		Yes	No		
													\vdash		
												-			
Identification of Related line 34 because it had one of (a) Name, address, and EIN of related organization			s a cor le oreign	ooration		Type of (C corp	he tax yo		Share	(g) e of end f-year assets	(h)	age	S	(i) Section 51 (b)(13) controlled	d
ALTINIA TRAVEL INC	TD AVEL A CENT			l N					<u> </u>		100.00	0.0/	Ľ		No
LIUNA TRAVEL INC 16TH STREET NW SHINGTON, DC 20006 2088637	TRAVEL AGENT	DC		N/	А	C					100 00	0 %		ſ	No
													+		_
														I	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
С	Gıft, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d	Yes	
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1 f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	1					
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
1) U	JNA TRAVEL INC	D	206,211				
2) ப	JNA TRAVEL INC	Q	380,000				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Software ID:

Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity g Section 51 (b)(13) controlled organizatio	d
(1) LIUNA PAC 905 16TH STREET NW WASHINGTON, DC 20006 52-0886981	POLITICAL ORGANIZATION	DC	527		N/A	No
(2) LIUNA STAFF & AFFILIATES PENSION FUND 905 16TH STREET NW WASHINGTON, DC 20006 52-0743575	PENSION FUND	DC	501(A)		N/A	No
(3) 401 K PLAN FOR LIUNA EMPLOYEES & AFFIL 905 16TH STREET NW WASHINGTON, DC 20006 52-6941497	PENSION FUND	DC	501(A)		N/A	No
(4) LABORERS' POLITICAL LEAGUE - EDUCATION FUND 905 16TH STREET NW WASHINGTON, DC 20006 52-2257725	POLITICAL ORGANIZATION	DC	527		N/A	No
(5) NATIONAL POSTAL MAIL HANDLERS UNION PAC 905 16TH STREET NW WASHINGTON, DC 20006 20-8609421	POLITICAL ORGANIZATION	DC	527		N/A	No
(6) LABORERS' CHARITABLE FOUNDATION 905 16TH STREET NW WASHINGTON, DC 20006 33-1082848	FINANCIAL ASSISTANCE TO NON- PROFITS AND MEMBERS	DC	501(C)(5)		N/A	No