



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

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

C Name of organization: UNITED CONSTRUCTION WORKER LOCAL 84
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1511 N PACIFIC ROAD ROOM/SUITE 207
City or town, state or province, country, and ZIP or foreign postal code: BRAINERD, MN 56401

D Employer identification number

41-6041894

E Telephone number

(218) 454-5018

F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify) []

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(5) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [x] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$86,100

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

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

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership dues, Investment income, etc.), Expenses (Grants, Benefits, Salaries, etc.), and Net Assets (Excess or deficit, Net assets at beginning/end of year).

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	45,666	22	40,286
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	45,666	25	40,286
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,666	27	40,286

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 LABOR ORGANIZATION AN ASSOCIATION OF WORKERS WHO HAVE COMBINED TO PROTECT OR PROMOTE THE INTERESTS OF THE MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES, AND SIMILAR BENEFITS
(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *****
 Signature of officer
 BENJAMIN LEDDY PRESIDENT
 Type or print name and title
 2014-04-03
 Date

Paid Preparer Use Only
 Print/Type preparer's name: MICHAEL A GRAMM CPA
 Preparer's signature: _____
 Date: 2014-03-22
 Check if self-employed
 PTIN: P00432924
 Firm's name: WESTBERG-EISCHENS PLLP
 Firm's EIN: _____
 Firm's address: PO BOX 362
 WILLMAR, MN 562010362
 Phone no: (320) 235-3727

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

Additional Data

Software ID:

Software Version:

EIN: 41-6041894

Name: UNITED CONSTRUCTION WORKER LOCAL 84

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BENJAMIN LEDDY PRESIDENT	000 00	103		
TOM ERNST TREASURER	000 00	210		
MARK VOSBERG GENERAL ASST	000 00	180		
KEVIN ZABINSKI SECRETARY	000 00	35		
DAVE SIMONES BOARD MEMBER	000 00	55		
JOHN KRIPPNER JR TRUSTEE	000 00	453		
MIKE KOENIG TRUSTEE	000 00	0		
SHANE HERDINA BOARD MEMBER	000 00	50		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
UNITED CONSTRUCTION WORKER LOCAL 84

Employer identification number

41-6041894

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	REPAYMENT OF BAD DEBT 3,500 TOTAL 3,500
FORM 990-EZ, PART I, LINE 10	CLA - USA DUES 64,944 PO BOX 65 ZEELAND MI 49464
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING EXPENSE 4,412 ADMINISTRATIVE EXPENSE 5,275 TRAVEL EXPENSE 234 MEETINGS EXPENSE 9,956 TOTAL 19,877
FORM 990-EZ, PART III	LABOR ORGANIZATION AN ASSOCIATION OF WORKERS WHO HAVE COMBINED TO PROTECT OR PROMOTE THE INTERESTS OF THE MEMBERS MY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES, AND SIMILAR BENEFITS
FORM 990-EZ, PART III, LINE 28	LABOR ORGANIZATION AN ASSOCIATION OF WORKERS WHO HAVE COMBINED TO PROTECT OR PROMOTE THE INTERESTS OF THE MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES, AND SIMILAR BENEFITS

TY 2013 Compensation Explanation

Name: UNITED CONSTRUCTION WORKER LOCAL 84

EIN: 41-6041894

Person Name	Explanation
BENJAMIN LEDDY	
TOM ERNST	
MARK VOSBERG	
KEVIN ZABINSKI	
DAVE SIMONES	
JOHN KRIPPNER JR	
MIKE KOENIG	
SHANE HERDINA	