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# Porm 390 Department of the Treasury Internal Revenue Service A For the 2013 call

#### Return of Organization Exempt From Income Tax

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

2013

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www irs.gov/form990.

Open to Public Inspection

Form 990 (2013)

For the 2013 calendar year, or tax year beginning JUL 1. 2013 and ending JUN 30. 2014 Check if C Name of organization D Employer identification number Address change LABORERS UNION LOCAL 110 Name change 43-0337580 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-(314)892-0777 4532 SOUTH LINDBERGH BLVD X Amended 3,334,327. City or town, state or province, country, and ZiP or foreign postal code G Gross receipts \$ Applica-ST LOUIS, MO 63127 H(a) Is this a group return pendina F Name and address of principal officer RICK CASSON Yes X No for subordinates? 4532 SOUTH LINDBERGH BLVD, ST LOUIS, MO 631 H(b) Are all subordinates included? \_\_Yes L\_\_\_No 501(c)(3) X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) Tax-exempt status J Website: ► N/A H(c) Group exemption number ▶ K Form of organization Corporation X Other LABOR L Year of formation: 1933 M State of legal domicile: MO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities LOCAL LABOR UNION Activities & Governance Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 61 5 0 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Ō. 0 Contributions and grants (Part VIII, line 1h) 2,320,112. <u>2,562,118.</u> Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 (and 7d) 17 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 598,620. 656,153. 10 <u>116,056.</u> 48,074. 11 2,966,806 334,327. 12 Total revenue add lines 8 through 11 (must equal Part Vill; column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. О. Benefits paid to or for members (Part IX, column (A), line 4) 1,289,744. 1,257,899. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1.857.667. 2.092.839. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,115,566. 3,382,583. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -148,760-48,256. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 25,844,215. 28,064,146. 20 Total assets (Part X, line 16) 120.967. 112.012 Total liabilities (Part X, line 26) 732,203. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Boclaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5-12-16 Date Signature of officer Sign RICK CASSON, SECRETARY-TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name 05/09/16 self-employed P00986838 Paid MARK J. HOLLMAN Firm's name GRABEL, SCHNIEDERS! HOLLMAN & CO., CPA Firm's EIN 43-1171178 Preparer Use Only Firm's address 206 W. ARGONNE, STE Phone no. (314) 434-7310KIRKWOOD, MO 63122 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

THE LOCAL ACTS OP BEHALP OF ITS MEMBERS IN NEGOTIATING AGREEMENTS W/ PARTICIPATING CONTRACTORS AND IN ARBITRATING DISPUTES.  Did the organization undertake any significant program services during the year which were not listed on the pinor Form 990 or 990 ez?  If Yes, "describe these eshapes on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(3) and 501(c)(4) granizations are required to report the original adiocations to others, the total expenses, and reviewe, if any, for each program service reported a cost of the amount of grants and adiocations to others, the total expenses, and reviewe, if any, for each program service reported a cost of the companies of the compa	<u>orm</u>	990 (2013) LABORERS UNION L	OCAL 110		43-0337580	Page 2
Brefty describe the organization's mission THE LOCAL ACTS OF BEHALF OF ITS MEMBERS IN NEGOTIATING AGREEMENTS W/ PARTICIPATING CONTRACTORS AND IN ARBITRATING DISPUTES.  Did the organization undertake any significant program services during the year which were not listed on the pinor Form 99.0 or 990.627?  If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501 (x)(3) and 501 (x)(4) organizations are required to report the amount of grants and slications to others, the total expenses, and revenue, if any, for each program service expenses  [a (cose	Par	t III Statement of Program Service Accomp	lishments			
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					Form <b>99</b>	<b>90</b> (2013)

Form 990 (2013) LABORERS UNION LOCAL 110
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
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	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>↓</b>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
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Form 990 (2013) LABORERS UNION LOCAL 110
Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or 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		<u> X</u>
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		х	
	Schedule J	_23_		
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	24a		Х
h	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		}	l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
~~	Schedule N, Part II	32		^
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		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		**
34	Part V, line 1	34	Į	Х
35a	5.000.000	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
Ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990	(2013)

Form 9	90 (2013) LABORERS UNION LOCAL 110		43-0337	<u>580</u>	Pa	age <b>5</b>
Part	V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a 1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
	iled for the calendar year ending with or within the year covered by this return	2a	61			
	f at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	-	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
	f "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	)		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
	f "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccour	its			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit	-		
	any contributions that were not tax deductible as charitable contributions?	3-		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	aifts			
	were not tax deductible?		•	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		, ,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ured			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		ļ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-			7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
	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		
	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		ļ		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		•
	Section 501(c)(12) organizations. Enter	.05	<del></del>	1	1	l
	Gross income from members or shareholders	11a			1	
	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
р		11b				1
10-	amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<b>†</b>
		120		1	ľ	
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
а	Note. See the instructions for additional information the organization must report on Schedule O			130	<b> </b>	1
<b>I</b>						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b		}		
_	organization is licensed to issue qualified health plans	13c		1		1
С	Enter the amount of reserves on hand	ناتان	L	+	+	+

Form **990** (2013)

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

43-0337580 Form 990 (2013) LABORERS UNION LOCAL 110 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the q organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request → Other (explain in Schedule O) 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RICK CASSON - (314)892-07774532 SOUTH LINDBERGH BLVD, ST. LOUIS MO 63127

332006 10-29-13

210 2

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organi	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١		Pos	ition		[	Reportable	Reportable	Estimated
	hours per	Бох	not c , unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	offic	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Ē	۱.,			ted		organization	(W-2/1099-MISC)	from the
	related	ste (	ruste			bensa		(W-2/1099-MISC)		organization
	organizations	altru	onalt		ploye	8 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ботшег	1		organizations
(1) GARY ELLIOTT	40.00									
PRESIDENT			_	X				12,000.	0.	1,872.
(2) DONALD WILLEY	40.00								_	
BUSINESS MANAGER				X				123,732.	0.	73,050.
(3) RONNY GRIFFIN	40.00									
BUSINESS AGENT				X		<u> </u>		101,603.	0.	65,085.
(4) RICH CASSON	40.00	]				1		440.00		
FINANCIAL SECRETARY			_	Х				113,963.	0.	69,527.
(5) CURT WHEELING	40.00									
BUSINESS AGENT				X	ļ	<u> </u>		101,565.	0.	65,085.
(6) CHUCK ROBERTS	1.00	ļ		'				4 504		•
AUDITOR		_	ļ	X		<u> </u>		1,524.	0.	0.
(7) STEVE MACDONALD	40.00	-						101 610		65 005
BUSINESS AGENT				X	ļ	ļ	<u> </u>	101,640.	0.	65,085.
(8) ROBERT REED	1.00	1			ļ					
EXECUTIVE BOARD		_		Х		ļ		4,800.	0.	0.
(9) DAVID WINKLER	1.00	ļ						4 - 5 4		
AUDITOR		_		X		<u> </u>		1,524.	0.	0.
(10) BRAD FREESE	1.00									
AUDITOR			ļ	Х		ļ	_	1,524.	0.	0.
(11) ANIL MOORE	1.00	-					}			
SERGEANT @ ARMS		ļ		X	<u> </u>	<u> </u>	$\vdash$	2,000.	0.	0.
(12) TONY BEARD	1.00	-		l		1		0 000		•
SERGEANT @ ARMS		ļ		X	<u> </u>	<del> </del>		2,800.	0.	0.
		1	ļ							
		ļ —	<u> </u>			$\vdash$	-	· · ·		
	<u> </u>	1			l	}				
		-	<del> </del>	_	$\vdash$	<del> </del>	$\vdash$			
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	<del></del>	1	-							
				L	L	1	Ь	<u> </u>	l	Form <b>990</b> (201)

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(A)  Name and title	(B) Average hours per week (list any	(do box, offic	not c	(C Posi heck i ss per	ition more than one rson is both an irector/trustee)			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	cor	(F) stimate mount other npensa	of ation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W·2/1099·MISC)	(W-2/1099-MISC)	or a	from th ganizat nd relat ganizati	tion ted
·						_						
		-										
4. 0.1.1.1						<u></u>		568,675.		. 3	39,7	704
Sub-total     Total from continuation sheets to Part V     Total (add lines 1b and 1c)	II, Section A						<u> </u>	568,675.			39,7	0.
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	bove	e) w	no re	eceived more than \$100	),000 of reportable		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on	3	1.00	х
4 For any individual listed on line 1a, is the sand related organizations greater than \$15	0,000? If "Yes	, " со	mpl	ete S	Sche	edul	e J f	or such individual		4	x	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors							relat	ed organization or indiv	idual for services	5		х
Complete this table for your five highest co the organization. Report compensation for												
(A) Name and business	s address	N	ON	E				(B) Description of s	services		(C) ensatio	on
									-			
Total number of independent contractors	(including but)	not le	mite	ed to	tho		ster	d above) who received n	nore than			
\$100,000 of compensation from the organ						0					n <b>990</b>	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		Shook ij Sohoodis S Sohie	2013 a 103poi 130	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a		···			
E		Membership dues	1b					i
عَ ق		Fundraising events	10					ı
ar A		d Related organizations	1d					ı
9:2		Government grants (contributions)						ı
Si is		All other contributions, gifts, grant	· —					ı
it j	1	similar amounts not included abov	1 1					ı
중	_							ı
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1f \$					l
<u> </u>		1 Total, Add lines Ta-11		Business Code				
ا بو	o a	MEMBERSHIP DUES			2.562.118.	2,562,118.		ı İ
Program Service Revenue	b		<del></del>					<del></del>
Sei	-							
E Š								
ğœ	6						· · · · · ·	
ď	f		nue					<del></del>
		Total. Add lines 2a-2f		<b>•</b>	2,562,118.			<del></del>
	3	Investment income (including	dividends, intere					
İ	-	other similar amounts)		<b>&gt;</b>	656,153.			656,153.
	4	Income from investment of tax	exempt bond of	proceeds				
	5	Royalties		<b>&gt;</b>				
l	•		(ı) Real	(II) Personal			<u>.</u>	
	6.8	a Gross rents	38,749.	(,			i	
	- :	b Less rental expenses	0.					
	-	Rental income or (loss)	38,749.					
		d Net rental income or (loss)		<b>•</b>	38,749.			38,749.
		a Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory		1			•	
	۲	b Less cost or other basis						
	_	and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		<b>&gt;</b>				
en.		a Gross income from fundraising	a events (not					
une		including \$	of					
Other Reven		contributions reported on line	1c). See	1 1				
ď.		Part IV, line 18	a					
the	Ŀ	b Less direct expenses	b					
0		c Net income or (loss) from fund	raising events	<b>•</b>				
		a Gross income from gaming ac	-					
		Part IV, line 19	а					
	. t	b Less direct expenses	b					
		c Net income or (loss) from gam	ing activities	<b>&gt;</b>				
		a Gross sales of inventory, less	_					
		and allowances	а	j .		]		
	Ŀ	b Less cost of goods sold	b					
		c Net income or (loss) from sale	•	<b></b>				
	`	Miscellaneous Revenu		Business Code				
	11 a	a OTHER INCOME		900099	77,307.	77,307.		
	_	b			•			
		c	<u> </u>					
		d All other revenue						
		e Total. Add lines 11a-11d		<b></b>	77,307.			
	12	Total revenue See instructions.			3,334,327.	2,639,425.	0.	694,902.
33200 10-29	8							Form <b>990</b> (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)  $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 561,026. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 185,253. Other salaries and wages R Pension plan accruals and contributions (include 357,157. section 401(k) and 403(b) employer contributions) Other employee benefits 122,026. 9 64,282. 10 Payroll taxes Fees for services (non-employees) а Management 24,485. **b** Legal 26,184. c Accounting Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 157,261 Advertising and promotion 12 110,062. Office expenses 13 12,614 Information technology 14 15 Royalties Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 77,324 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 144,689. Depreciation, depletion, and amortization 22 40,315. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 552,656. PER CAPITA TAXES **b** CONTRIBUTIONS 242,486. & GIFTS 209,744. RETIREES PARTY 79,545. d PROPERTY TAXES 415,474 SEE SCH O e All other expenses 3,382,583. Total functional expenses Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	471.	1	470
	2	Savings and temporary cash investments	469,407.	_2	599,922
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	257,465.	4	314,156
1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
-		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
2255	7	Notes and loans receivable, net		7	
έ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,988.	9	5,848
-	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,078,396.			
	b	Less accumulated depreciation 10b 336,557.	3,328,800.	10c	4,741,839
	11	Investments - publicly traded securities	21,705,542.	11	22,311,151
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	77,542.	15	90,760
}	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,844,215 <u>.</u>	16	28,064,146
	17	Accounts payable and accrued expenses	112,012.	17	<u>120,967</u>
	18	Grants payable		18	
-	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24_	
İ	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	112,012.	26_	120,967
-		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	25,732,203.		27,943,179
) gi	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
٥ <b>ا</b>		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
4ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	07 040 17
z	33	Total net assets or fund balances	25,732,203.	_	27,943,179
- 1	34	Total liabilities and net assets/fund balances	25,844,215.	34	28,064,146 Form <b>990</b> (201

	990 (2013) LABORERS UNION LOCAL 110	43-	0337580	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,33	4,3	<u> 27.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,38	2,5	83.
3	Revenue less expenses Subtract line 2 from line 1	3	-4	8,2	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,73		
5	Net unrealized gains (losses) on investments	5	2,25	9,2	32.
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	27,94	3,1	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	İ
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated 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 of the	e audıt,			}
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

332012 10-29-13 Form **990** (2013)

#### **SCHEDULE C**

(Form'990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

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

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

Name of orga		ations Complete Part III		Empl	oyer identification number
-	LABORE	RS UNION LOCAL 1	10		43-0337580
Part I-A	Complete if the or	rganization is exempt un	der section 501(c) o	r is a section 527 o	rganization.
1 Provide	a description of the organ	nization's direct and indirect polit	ical campaign activities in	Part IV	
	expenditures	nzation's direct and indirect point	icar campaign activities in	<b>▶</b> \$	
3 Volunte	•			, •	
Part I-B	Complete if the or	rganization is exempt un	der section 501(c)(3	).	
1 Enter th	e amount of any excise ta	x incurred by the organization un	nder section 4955	<b>▶</b> \$	
2 Enter th	e amount of any excise ta	x incurred by organization mana	gers under section 4955	<b>▶</b> \$	
	*	ion 4955 tax, did it file Form 472	0 for this year?		Yes No
	orrection made?				Yes No
Part I-C	Complete if the or	rganization is exempt un	der section 501(c)	except section 501/	c)(3)
		<del></del>			0.
	• •	ed by the filing organization for s anization's funds contributed to c	•		
	function activities	anzation's lunds contributed to	other organizations for sec		70,000
•		es. Add lines 1 and 2 Enter here	and on Form 1120-POL.	- •	70/000
line 17b	•			<b>▶</b> \$	70.000
	filing organization file Forr	m 1120-POL for this year?		, ,	70,000
<ul><li>4 Did the</li><li>5 Enter the</li><li>made p</li></ul>	e names, addresses and e ayments For each organiz	m 1120-POL for this year? employer identification number (l zation listed, enter the amount po promptly and directly delivered to	aid from the filing organiza	tical organizations to whic tion's funds Also enter th	th the filing organization ne amount of political
<ul><li>4 Did the</li><li>5 Enter the made per contribution</li></ul>	e names, addresses and e ayments For each organizations received that were p	employer identification number (l zation listed, enter the amount p	aid from the filing organiza o a separate political organ	ical organizations to whic tion's funds Also enter th nization, such as a separa	th the filing organization ne amount of political
<ul><li>4 Did the</li><li>5 Enter the made per contribution</li></ul>	e names, addresses and e ayments For each organizations received that were p	employer identification number (l zation listed, enter the amount p promptly and directly delivered to	aid from the filing organiza o a separate political organ	ical organizations to whic tion's funds Also enter th nization, such as a separa	th the filing organization the amount of political the segregated fund or a
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name	employer identification number (leation listed, enter the amount proceedings) and directly delivered to the additional space is needed, proceeding (b) Address	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
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Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
Did the     Enter the made perior contribute political  LABOREI	e names, addresses and dayments. For each organizations received that were paction committee (PAC).  (a) Name.	employer identification number (ization listed, enter the amount property and directly delivered to if additional space is needed, profess  (b) Address  LSUNSET HILLS, M	aid from the filing organiza o a separate political organ ovide information in Part IV (c) EIN	tical organizations to which tion's funds. Also enter the nization, such as a separa? (d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
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332041 11-08-13

2013.06020 LABORERS UNION LOCAL 110

210

Schedule C (Form 990 or 990 EZ) 2013 L	AROPEDS IN	TON LOCAL 1	10	13_0	0337580 Page 2
Part II-A   Complete if the orga	nization is exer	npt under section	on 501(c)(3) and file	ed Form 5768	000 Fage 2
(election under secti		-	· ·		
A Check > if the filing organization	on belongs to an affil	lated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	of excess lobbying	expenditures)			
B Check 🕨 🔲 if the filing organization	on checked box A ar	nd "limited control" pr	ovisions apply		
Limits (The term "expendit	on Lobbying Exper tures" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influe	nce a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)		_		
d Other exempt purpose expenditures	ł –				
e Total exempt purpose expenditures	(add lines 1c and 1d	1)			
f Lobbying nontaxable amount Enter	the amount from the	e following table in bo	th columns		<u> </u>
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,	000 \$100,00	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50		· •	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (ente			}		
h Subtract line 1g from line 1a. If zero	•		Ì		<del> </del>
Subtract line 1f from line 1c If zero of If there is an amount other than zero	·	ling 1, did the organi	zation file Form 4720		
reporting section 4911 tax for this ye		inte ir, did the organia	ation tile Point 4720		Yes No
reporting section 4511 tax for this yo		eraging Period Unde	r Section 501(h)		165
•	tions that made a s	ection 501(h) election	n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
4. Grangroots labbuma aynandituras					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 LABORERS UNION LOCAL 110 43-0337580 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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 Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Yes	No	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e 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 Other activities?  j Total Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c 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?				
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
A III A Complete if the aggregation is everything and the SO4(2)(4) costi				
ırt III-A∣ Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(	(5), or se	ction	
501(c)(6).		,		
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		2
Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		2
Dues, assessments and similar amounts from members		1		
	ical	<u>'</u>		
	car			
expenses for which the section 527(f) tax was paid).		2a		
a Current year		2b		
b Carryover from last year		2c		
c Total		3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	0000	3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
art IV Supplemental Information	n list). Dort II	I A line 2 a	nd Part II E	line
ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	p iisi), mart ii	rA, iirie z, a	inu ran inc	), III IC
o, complete this part for any additional information	гор <b>м</b> а пт	CNI.		
ART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	CKMALI	LON	<del></del>	
PORRE INTO LOCAL # 110 MOLINMARY ROLLETING				
ABORERS UNION LOCAL # 110 VOLUNTARY POLITICAL FUND				
22 GOVERN LINDREDGU CUNICEE UTLLC NO 62127				
532 SOUTH LINDBERGH SUNSET HILLS, MO 63127				

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LABORERS UNION LOCAL 110

Employer identification number 43-0337580

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year <b>&gt;</b>	-	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

(a) Descrip	Complete if the organization answered "Yes"				<del></del>
	tion of security or category (including name of security)	(b) Book value	(c) Method	of valuation Cost or	end-of-year market value
Financia	al derivatives .				
	held equity interests				
Other	<del> </del>				
(A)					
(B)					
(C)	- · · · · · · · · · · · · · · · · · · ·				
(D)					
(E)			-		
(F)					
(G)					
(H)				<del></del>	
	b) must equal Form 990, Part X, col (B) line 12)				
arτ VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"		e 11c See Form 99	90, Part X, line 13	r end-of-year market value
	(a) Description of investment	(b) Book value	(c) Method		r end-of-year market value
(1)			<del>- </del>		<del>-</del>
(2)				···	
(3)	· · · · · · · · · · · · · · · · · · ·				<del></del>
(4)			<u> </u>		
(5)			-		<del></del>
(6)					
(7)			-		
(8)					<del></del>
(9)	h) must equal form 000. Part V and (P) line 12 )				
Part IX	b) must equal Form 990, Part X, col (B) line 13.)  Other Assets.	<u> </u>			
urt ix	Complete if the organization answered "Yes"	to Form 990 Part IV line	a 11d. See Form 9	90 Part X line 15	
		Description	7110 00010	001. 0.1.14	(b) Book value
(1)		<u> </u>			
(2)					·
			<del></del>		
(3)					
(3) (4)					
(3) (4) (5)					
(3) (4) (5) (6)					
(3) (4) (5) (6) (7)					
(3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8) (9)	ımn (b) must equal Form 990. Part X. col. (B) lin	e 15)			<b>&gt;</b>
(3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) lin Other Liabilities.	e 15)			
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		e 11e or 11f See F	Form 990, Part X, lin	<b>▶</b>
(3) (4) (5) (6) (7) (8) (9) <b>tal.</b> (Colu			e 11e or 11f See F	Form 990, Part X, lin	<b>▶</b>
(3) (4) (5) (6) (7) (8) (9) tal. (Colument X	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Columnat X	Other Liabilities. Complete if the organization answered "Yes"			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Colument X  (1) Fec.	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Colument X) (1) Fecces (2) (3)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Colt eart X	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) (1) Fec (2) (3) (4) (5)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, line	<b>▶</b>
(3) (4) (5) (6) (7) (8) (9) tal. (Colument X  (1) Fec (2) (3) (4) (5) (6)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Columnat X  (1) Fecces (2) (3) (4) (5) (6) (7)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Columbia (Columbia) (Columbia (Columbia) (Columbia (Columbia) (Columbia (Columbia) (Columbia (Columbia) (Columbia (Columbi	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability			Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Colt art X)  (1) Fec (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	to Form 990, Part IV, line		Form 990, Part X, lin	<b>▶</b> e 25
(3) (4) (5) (6) (7) (8) (9) tal. (Colt art X  (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colt	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	to Form 990, Part IV, line	(b) Book value		

332053 09-25-13

	dule D (Form 990) 2013 LABORERS UNION LOCAL 110			337580 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per P	leturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l		
1	Total revenue, gains, and other support per audited financial statements		1	5,523,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a 2,259,232.		
b	Donated services and use of facilities	2b	1	
С	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII )	2d	1 1	
е	Add lines 2a through 2d		2e	2,259,232.
3	Subtract line 2e from line 1		3	3,264,327.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3/203/02/0
,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь ь	Other (Describe in Part XIII )	4b 70,000.	1 1	
٥	,	70,000.	1 1	70 000
	Add lines 4a and 4b		4c	70,000. 3,334,327.
Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Botus	3,334,341.
Га		•	netui	11.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	·	т - с	2 240 502
1	Total expenses and losses per audited financial statements		1	3,312,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	] }	
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,312,583.
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 70,000.	1	
	Add lines 4a and 4b		4c	70,000.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,382,583.
	t XIII Supplemental Information.		<del></del>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	rt IV. lines 1b and 2b. Part V. line	4: Part )	Cline 2 Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad		.,	η 2, . α γ,
		anional information		
			<del></del>	
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
_	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
	RT XI, LINE 4B - OTHER ADJUSTMENTS:			70,000.
_	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
_	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS: LITICAL CONTRIBUTIONS RT XII, LINE 4B - OTHER ADJUSTMENTS:			70,000.
POI	RT XI, LINE 4B - OTHER ADJUSTMENTS:  LITICAL CONTRIBUTIONS  RT XII, LINE 4B - OTHER ADJUSTMENTS:  LITICAL CONTRIBUTIONS			70,000.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Open to Public Inspection

➤ Attach to Form 990. ➤ See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www irs gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

LABORERS UNION LOCAL 110

Employer identification number 43-0337580

OMB No 1545-0047

78	irt i	Questions Regarding Compensation			
				Yes	No
1a	Chec	k the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			l
	Part '	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			l
		First-class or charter travel			
		Travel for companions Payments for business use of personal residence			1
		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
b		y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_		coursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	truste	ees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indic	ate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•		/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
		blish compensation of the CEO/Executive Director, but explain in Part III			
		Compensation committee Written employment contract			
	$\overline{}$	Independent compensation consultant Compensation survey or study			
		Form 990 of other organizations  X Approval by the board or compensation committee			
		Tom 500 of Guild organizations			
4	Durir	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
		nization or a related organization			
а	•	eive a severance payment or change-of-control payment?	4a		X
		cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
		cipate in, or receive payment from, an equity-based compensation arrangement?	4c		X
		es" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only	section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	cont	ingent on the revenues of			
а	The	organization?	5a		ļ <del></del>
b		related organization?	5b		
		es" to line 5a or 5b, describe in Part III			
6	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	cont	ingent on the net earnings of			
а	The	organization? .	6a		<del> </del>
b	Any	related organization?	6b		<del> </del>
		es" to line 6a or 6b, describe in Part III		-	1
7		persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
		described in lines 5 and 6? If "Yes," describe in Part III	7		—
8		e any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		Il contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Ye	es" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regu	ulations section 53 4958-6(c)?	9	L	<u>L</u>
1 4/	\ E	Panerwork Reduction Act Notice, see the Instructions for Form 990	a J/Fori	n aan	1 2013

Schedule J (Form 990) 2013

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 (ii) 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)(i)-(iii) 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title	_1_,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) WILLEY	Θ	118,932.	0	4,800.	57,797.	15,253.	196,782.	0.
DOMEST MANAGER	3		0	0		0	0.	0
N	€	96,803.	0	4,800.	49,832.	15,253.	166,688.	
NESS AGENT	: ⊜		0	0	0	0	0	
NO	Ξ	109,163.	0	4,800.	54,27	15,253.	183,490.	0
NCIAL SECRETARY	3	0	0	.0	0	0	0.	
	Ξ	96,765.	0	4,800.	49,832.	15,253.	166,650.	0.
NESS AGENT	<b>E</b>	0		0		0.	0.	0
DONALD	Θ	.048,96	.0	4,800.	49,832.	15,253.	166,725.	0
INESS AGENT	Ξ	0	0.	0	0	0	0.	0
	Ξ							
	<u> </u>							
	(i)			1				
	(ii)							
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Schedule J (Form 990) 2013

23

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

LABORERS UNION LOCAL 110

Employer identification number 43-0337580

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
LABOR UNION
FROM 990 PART IV, LINE 3
EXPLANATION: THE ORGANIZATION AMENDED THIS RETURN TO REFLECT A CHANGE
TO QUESTION ON PART IV, LINE 3 FROM NO TO YES AND ADDED SCHEDULE C AS A
RESULT OF THIS CHANGE. ADDITIONALLY, PART VIII LINE 2 WAS AMENDED TO
REFLECT ORGANIZATIONS ADDITIONAL CONTRIBUTIONS RECEIVED UNDER SECTION
1.527-2(B) WHICH WERE THEN RECORDED AS TRANSFERS TO AN AFFILITATED PAC
FUND UNDER SECTION 1.527-2(B) AS A PROGRAM EXPENSE ON PART IX, LINE 24.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: LOCAL UNION MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: ALL MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO
APPROVAL BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS REVIEWED AT A MEETING OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990-EZ) (2013)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization **Employer identification number** 43-0337580 LABORERS UNION LOCAL 110 EXPLANATION: THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ETHICS AND DISCIPLINARY PROCEDURE THAT IS PART OF THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT THE LIUNA (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) INSPECTOR GENERAL WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE ETHICAL PRACTICES CODE, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA GENERAL EXECUTIVE BOARD. THE ETHICAL PRACTICES CODE 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. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE CONSTITUTION (GOVERNING DOCUMENT) AND ETHICS AND DISCIPLINARY PROCEDURE (CONFLICT OF INTEREST) IS AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS, ONLINE PUBLIC DISCLOSURE ROOM. THE INFORMATION IS FILED UNDER LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, WHO FILES THE INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS. IN ADDITION, OUR ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: TRANSFERS PER 1.527-2(B) 70,000. 63,670. LOCAL PICNIC 60,219. TRUST FEES Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization  LABORERS UNION LOCAL 110	Employer identification number 43-0337580
AUTO	44,786.
REPAIRS & MAINTENANCE	43,183.
POSTAGE/PRINTING	39,152.
UTILITIES	30,961.
CONSULTING	23,843.
<u>ORGANIZING</u>	21,881.
TELEPHONE	17,779.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 415,474.