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DLN: 93493125007085

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 201			ing 01-01-2014 , and ending	12-31-201	4			
	eck if applica	cable L	Name of organization ABORERS INTL UNION OF 472 H	CL			D Emplo	yer ide	ntification number
	dress change						22-1	01062	7
	me change		Ooing business as						
•	ial return		Jumber and street (or P.O. boy	f mail is not delivered to street addres	se) Room/su	ıte	E Teleph	one num	ber
Fin ret	al urn/termına		700 RAYMOND BOULEVARD	in mail is not delivered to screet address	55) (10011) 30	ite	(973) 589-5	050
┌ Am	ended retur			country, and ZIP or foreign postal code	<u> </u>				
Г Арі	olication pen	nding N	NEWARK, NJ 07105				G Gross	receipts	15,457,546
			F Name and address of p	principal officer		H(a) Is	this a group	o return	for
			ANTONIO S OLIVEIRA 700 RAYMOND BOULEV	ΔRD			bordinates?		┌ Yes 🗸 No
			NEWARK, NJ 07105290			Н(b) Аг	e all subord	ınates	┌ Yes ┌ No
					_	ind	cluded?		
I Ta	x-exempt s	status	501(c)(3) > 501(c) (5)	◀ (insert no)	527	If	"No," attacl	n a list	(see instructions)
J W	ebsite: 🟲	N/A				H(c) G	roup exemp	tıon nur	mber ► 0121
K For	n of organiz	zation $ extstyle extstyl$	Corporation Trust Associa	ation 🗸 Other ►		L Year o	f formation 1	950 M	State of legal domicile NJ
Pa	rt I S	Summa	iry						
Governance	TO WOI	PROMO RKING (TE OR ESTABLISH APPR	sion or most significant activiti OPRIATE WAGES, FRINGE BE ORKERS IN ACCORDANCE W BY ITS CHARTER	NEFITS, 1				
Ě	-								
¥0.	2 Che	eck this b	oox 🔰 if the organization	discontinued its operations or	disposed o	of more tha	n 25% of its	net as	sets
	l							1 _	l _
Activities &				erning body (Part VI, line 1a) rs of the governing body (Part V				3	7 0
Ę				ın calendar year 2014 (Part V ,				5	22
Æ				fnecessary)				6	
	7a Tota	al unrela	ted business revenue from	n Part VIII, column (C), line 12				7a	0
	b Net	unrelate	ed business taxable incom	e from Form 990-T, line 34 .				7b	
						P	rior Year		Current Year
a)				, line 1h)					0
Revenue				, line 2g)			7,898,		7,694,082
歪	1			mn (A), lines 3, 4, and 7d). A), lines 5, 6d, 8c, 9c, 10c, and			1,309,	12	1,301,095
				11 (must equal Part VIII, colur		e			
	1						9,207,		8,995,703
				art IX, column (A), lines 1-3)			717,	.272	243,612
	1			t IX, column (A), line 4) byee benefits (Part IX, column		' <u> </u>			
\$	1	-10)	other compensation, emplo	Tyce belieffes (Fare 1x, column)	(A), IIIIC3		4,525,	712	4,761,691
Expenses	16a Pi	rofessio	nal fundraısıng fees (Part I	X, column (A), line 11e)		·			0
ਡੌ	b To	otal fundra	ising expenses (Part IX, column	(D), line 25) ▶ <u>0</u>					
	17 0	therexp	enses (Part IX, column (A), lines 11a-11d, 11f-24e) .			2,327,	.293	2,486,086
	1			nust equal Part IX, column (A),			7,570,	.277	7,491,389
	19 R	evenue l	ess expenses Subtract lii	ne 18 from line 12			1,637,		1,504,314
Net Assets or Fund Balances						Beginr	ning of Curre Year	ent	End of Year
88.04 19.04 19.04	20 T	otal ass	ets (Part X, line 16)				20,453,	.554	21,693,279
A B	1							106	192,493
žĒ	22 N	let asset	s or fund balances Subtra	ct line 21 from line 20			20,450,	,448	21,500,786
			ure Block						
my k		and beli	ef, it is true, correct, and c	examined this return, including omplete Declaration of prepar					
	N.	*****					2015-05-04		
Sign		Signature	of officer				Date		
Here	1 1		A MOSIER President orint name and title						
	<u> </u>		Type preparer's name	Preparer's signature	In	ate .	Check 🗀 ıf	PTIN	
Paid	d	Edwa	rd L Hulse	Edward L Hulse			self-employed	P00355	5784
	parer	Firm's	s name	PC		[]	Firm's EIN 🕨		
	Only	Firm's	s address ► 350 Passaic Avenue				Phone no (97	3) 882-56	590
	y		Fairfield, NJ 07004						

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

orm 9	990 (2014)				Page 2
Part		nt of Program Service A hedule O contains a response	Accomplishments or note to any line in this Part III		
1	Briefly describe th	ne organization's mission			
HE LOISTF HOSPROT CHAR STAI SUCH	OCAL UNION IS RICT COUNCIL T E THAT WORK AT ECTION, IN ACCO TER A PARTIAL I BLISH APPROPRI WORKERS (b) TO ECTIVE BARGAIN	ALSO A LOCAL AFFILIATE (HE LOCAL UNION WAS FOR THE CRAFT AND CALLING ORDANCE WITH THE CRAFT LISTING OF THE OBJECTS (ATE WAGES, FRINGE BENER O SECURE RECOGNITION B	AFFILIATED WITH THE LABORERS OF THE NEW JERSEY HEAVY AND IMED TO ACCOMPLISH THE GOAL OF SAID INTERNATIONAL UNION AND TERRITORIAL JURISDICTION FOR THE ORGANIZATION WOULD IF THE ORGANIZATION WOULD IF THE ORGANIZATION WOULD IF THE ORGANIZATION WOULD IF THE OFFERS AND THE PUBLIC OFFERS AND THE PUBLIC OFFERS IN A MANNER WHICH WOTERNATIONAL UNIO	GENERAL CONSTRUCTION OF GATHERING UNDER ON FOR THEIR MUTUAL BEN ON ALLOTTED TO THE LOC NCLUDE THE FOLLOWING OYMENT AND WORKING CO	I LABORERS' NE BANNER ALL EFIT, AID AND AL UNION BY ITS (a) TO PROMOTE OR ONDITIONS FOR ALL O ENGAGE IN
	the prior Form 990	on undertake any significant p o or 990-EZ?	rogram services during the year whi	ch were not listed on	┌ Yes ┌ No
3	Did the organizations services?		significant changes in how it conduct	ets, any program	┌Yes ┌ No
	expenses Section		complishments for each of its three l anizations are required to report the program service reported		
4a	CODE 261 FOR ITS 6 THE HEAVY AND GEN TRANSPORTATION CO CONSTRUCTION CON REPRESENTATIVE FO	,527 MEMBERS AS OF 12-31-14 TH ERAL CONSTRUCTION INDUSTRY TI ONTRACTORS ASSOCIATION (U T C / ITRACTORS OF NEW JERSEY ACCNJ R ALL EMPLOYEES COVERED IN THE	INCLUDING GRANTS OF \$ OF CONDITIONS OF WORKERS CLASSIFIED USE ORGANIZATION PROVIDES REPRESENTATION HE UNION MADE AND ENTERED INTO AN AGIA) AND THE ASSOCIATED GENERAL CONTRAINMENT OF A STATE OR A S	ON ON BEHALF OF ITS MEMBERS W REEMENT BY AND BETWEEN THE UT CTORS (A G C) OF NEW JERSEY (OLE AND EXCLUSIVE COLLECTIVE B CTION COVERING HUDSON, BERGEN	ITH VARIOUS EMPLOYERS IN FILITY AND NOW ASSOCIATED ARGAINING
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se (Expenses \$	ervices (Describe in Schedule including		(Revenue \$)

Total program service expenses ▶

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{\bullet}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\square}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	7			
	The rate hamber of forms W 20 metaded in line 14 Enter of milot applicable	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	:	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	: 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За			Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	,		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
_		50			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift 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 services provided to the payor?	7a 	4		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	+		
	file Form 8282?	70	:		
a	11 Fes, indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e			
f	contract?	7f	+		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	-	+		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ı		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
	- ,	8	+		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	+		No No
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90	+		NO
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	,		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13	a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	1	İ	Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check in Schedule O contains a response of note to any fine in this fact vir.	Check if Schedule O	O contains a response or note to any line in this Part VI									[৴
---	---------------------	---	--	--	--	--	--	--	--	--	----

56	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
<i>,</i> a	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		_	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ue Cod Yes	e.) No
	ection B. Policies (This Section B requests information about policies not required by the Internal R	_		
10a	Did the organization have local chapters, branches, or affiliates?	evenu		No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	evenu 10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No No No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vupon 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, address, and telephone number of the person who possesses the organization's books and records
 - ►DONALD E HIBBSSEC-TREAS 700 RAYMOND BOULEVARD

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

below 불흥 활 윤 육 공호 코	from the organization and related organizations
X X 240,028 0 BUSINESS MGR	160,473
BUSINESS MGR 0 00	100,473
President 0 00 ,	146,258
(3) ROGER ELLIS 53 00 X X X 183,958 0 REC SECRETARY 0 000	131,876
(4) DONALD E HIBBS 58 00 X X X 211,689 0 SEC -TREASURER 0 000	148,295
(5) PASQUALE MANCINI 53 00 X X X 173,841 0 EXEC BOARD MBR 0 000	127,669
(6) ROBERT STEVRALIA 51 00 X X X 53,334 0 EXEC BOARD MBR 0 000	39,980
(7) MICHAEL TESTA 53 00 X X 180,347 0 Vice President 0 00 X X 180,347 0	130,242
(8) WILLIE HAGGAN 53 00 X X 177,592 0 EXEC BOARD MBR 0 00 X X 177,592 0	129,471
(9) LUIS C RECIO 53 00 X 175,737 0 AUDITOR 0 000	128,140
(10) MICHAEL GIUNTA 53 00 X 145,515 0 AUDITOR 0 000	105,122
(11) MANUEL H AMADOR JR 53 00 X 174,543 0 SERGEANT-AT-ARM 0 0 00	127,961
(12) GERARD J ISABELLA	130,162
(13) DEBRA PISCITELLI 38 00 X 160,137 0 SECRETARY 0 0 00	107,858

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

(A) Name and Title	(B) A verage hours per week (list	more t	han c	ne b	box,	heck unless		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)			ector	r/trus	stee)	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations

1b	Sub-Total	•		
С	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	►	2,264,054	1,613,507

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►12

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	on time 14 17 yes, complete senerates for such marviation.	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		×	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section	В.	Ind	lepend	lent	Contra	ctors
---------	----	-----	--------	------	--------	-------

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	LEGAL COUNSEL	120,000
501 BROADWAY POINT PLEASANT, NJ 08742		
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

			ule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
雹	1a	Federated cam						
Other Similar Ámounts	Ь	Membership du	es 1b					
₽.	C	Fundraising eve	ents 1 0					
and Other Similar A	d	Related organiz	zations 1d					
┋╽	e	Government grant	s (contributions) 1e					
īSi	f	All other contribution	ons, gifts, grants, and 1f		i			
the l	_	Similar amounts no	ot included above ons included in lines		ļ			
皇	g	1a-1f \$	ons included in lines					
and	h	Total. Add lines	s 1a-1f	· · · •	0			
יי				Business Code				
Program Service nevenue	2a	Membership Dues	& Assessments	900099	7,693,832	7,693,832		
	b	RENT - AFFIL EXE	MPT ORG	531120	250	250		
2	C							
į	d							
[е							
š	f	All other progra	am service revenue					
í	g	Total. Add lines	s 2a-2f		7,694,082			
	3		ome (including dividen		428,890			428,89
	4		ar amounts) stment of tax-exempt bond		420,090			420,0
	4 5		· · · · · · · ·	`	0			
		itoyaraes i	(ı) Real	(II) Personal				
	6a	Gross rents	()					
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	7,197,298	136,750				
	b	than inventory Less cost or other basis and sales expenses	6,385,325	76,518				
	c	Gain or (loss)	811,973	60,232				
	d	Net gain or (los	ss)		872,205			872,20
	8a	events (not inc \$	s reported on line 1c)					
	ь	less directev	penses b					
	c		(loss) from fundraising	events 🛌	o			
	9a		rom gaming activities					
	ь	Lace direction	penses b	 				
			(loss) from gaming acti	vities	o			
		Gross sales of returns and allo	inventory, less owances .					
:			a	 				
:	h	less cost of a	000E E010 =	i l	0			
		Less cost of g	oods sold b (loss) from sales of inv	entory 🛌	٧ı			
:			(loss) from sales of ınv	entory p - Business Code				
_		Net income or	(loss) from sales of inv s Revenue	· · · · · · · · · · · · · · · · · · ·	526	526		
_	с	Net income or o	(loss) from sales of inv s Revenue	Business Code		526		
_	11a	Net income or o	(loss) from sales of inv s Revenue	Business Code		526		
_	11a b	Miscellaneous MISCELLANEO	(loss) from sales of inv s Revenue	Business Code		526		
_	c 11a b c	MISCELLANEO All other reven	(loss) from sales of inv s Revenue DUS	Business Code		526		

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	plete all columns All other organizations must complete column (A)
---	--

J = C (1)	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				<u></u> г
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	243,612			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,609,566			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	590,396			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	289,198			
9	Other employee benefits	99,188			
10	Payroll taxes	173,343			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	204,000			
c	Accounting	59,750			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	87,453			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,948			
12	Advertising and promotion	71,779			
13	Office expenses	77,132			
14	Information technology	3,267			
15	Royalties	0			
16	Occupancy	143,366			
17	Travel	96,166			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	34,080			
20	Interest	0			
21	Payments to affiliates	1,223,633			
22	Depreciation, depletion, and amortization	213,596			
23	Insurance	102,825			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ADMINISTRATIVE COLLECTION EXP	66,520			
b	ALLOCATED ADMINISTRATIVE EXP	34,188			
c	GIFTS	18,823			
d	CHRISTMAS GIFTS	15,647			
e	All other expenses	17,913			
25	Total functional expenses. Add lines 1 through 24e	7,491,389	0	0	0
26	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)				-

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response or note to any line in the	nıs Par	t X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			946,526		1,064,263
	2	Savings and temporary cash investments			1,008,797	2	1,213,533
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L	rt II of			5	0
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section 501(c)(9) v beneficiary organizations (see instructions) Complete Part II of	3), and oluntai	contributing y employees'		6	0
8	,	Notes and loans receivable, net				7	0
4	7 8	·				8	0
	-	Inventories for sale or use				9	0
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete		 I		9	
	10a	Part VI of Schedule D	10a	990,779	4		
	Ь	Less accumulated depreciation	10b	505,435	<u> </u>		485,344
	11	Investments—publicly traded securities			18,048,982	11	18,928,733
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11	1,406	15	1,406		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	20,453,554	16	21,693,279		
	17	Accounts payable and accrued expenses		•	3,106	17	5,753
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
SO.	21	Escrow or custodial account liability Complete Part IV of Sche		21			
Liabilitie	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi					
аę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	Schedule				
		D			25	186,740	
	26	Total liabilities. Add lines 17 through 25			3,106	26	192,493
S & S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ↓ lines 27 through 29, and lines 33 and 34.	₹ and o	complete			
Ē B	27	Unrestricted net assets		20,450,448	27	21,500,786	
<u>8</u>	28	Temporarily restricted net assets		28			
귤	29	Permanently restricted net assets		29			
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► [and			
0	30	Capital stock or trust principal, or current funds				30	
Α̈́	31	Paid-in or capital surplus, or land, building or equipment fund				31	
d SS	32	Retained earnings, endowment, accumulated income, or other fu		-		32	
Net /	33	Total net assets or fund balances			20,450,448		21,500,786
ź	34	Total liabilities and net assets/fund balances			20,453,554	_	21,693,279
	J-T	rotar naplifices and net assets/fully palatices	•	•	20,433,334	J4	Z1,093,279

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,9	995,703		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4	491,389		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				504,314 450,448		
5	5 Net unrealized gains (losses) on investments						
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					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		21,	500,786		
Par	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. Г		
				Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate					
	▼ Separate basis						
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2с		No		
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

DLN: 93493125007085

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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. ► 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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** LABORERS INTLUNION OF 472 HCL 22-1010627 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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))					

Grassroots lobbying expenditures

	rt II-B Complete if the organiz filed Form 5768 (election	on under section 501(h)).				
For e	ach "Yes" response to lines 1a through 1i be	ow, provide in Part IV a detailed description of the lobbying	(a	a)	(b))
actıv	ity.		Yes	No	Amo	unt
1 a		n attempt to influence foreign, national, state or local ence public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compo Media advertisements?	ensation in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the	public?				
е	Publications, or published or broadcast s	tatements?				
f	Grants to other organizations for lobbyin	g purposes?				
g	Direct contact with legislators, their staf	fs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conv Other activities?	entions, speeches, lectures, or any similar means?				
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the orga	anization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax inc	urred under section 4912				
C	If "Yes," enter the amount of any tax inc	urred by organization managers under section 4912				
d		on 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organiz 501(c)(6).	ation is exempt under section 501(c)(4), section	501(c))(5), o	r secti	ion
					Yes	s No
1	Were substantially all (90% or more) du	es received nondeductible by members?			1 Yes	s
2	Did the organization make only in-house	lobbying expenditures of \$2,000 or less?			2 Yes	s
3	Did the organization agree to carry over	obbying and political expenditures from the prior year?			3	No
Par		ation is exempt under section 501(c)(4), section ! (a) BOTH Part III-A, lines 1 and 2, are answered " 5."				
1	Dues, assessments and similar amounts		1			
2	Section 162(e) nondeductible lobbying a expenses for which the section 527(f) to	nd political expenditures (do not include amounts of political ax was paid).				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3		033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		ne 2c exceeds the amount on line 3, what portion of the excess to the reasonable estimate of nondeductible lobbying and	4			
5	Taxable amount of lobbying and political	expenditures (see instructions)	5			
P	art IV Supplemental Informat					
Pro	ovide the descriptions required for Part I-A	, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou o, complete this part for any additional information	up lıst),	Part II-	A , lines	1 and
	Return Reference	Explanation				
_						

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493125007085

OMB No 1545-0047

SCHEDULE D

(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.

Open to Public **Inspection**

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** LABORERS INTL UNION OF 472 HCL 22-1010627 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part IV Ine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIII and complete the following table Amount Additions during the year Additions during the year In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	Part	Organizations Maintaining Colle	<u>ections of Art,</u>	<u>, His</u>	tori	<u>cal Tı</u>	reasu	<u>res, or O</u>	the	<u>r Simila</u>	r Asse	ets (co	ntınued)
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table Id Amount c Beginning balance Id Amount c Beginning balance Id Id Id d Additions during the year Id Id e Distributions during the year Id If b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII If Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance Id Id Id Id Id b Contributions Id Id Id Id Id Id c Net investment earnings, gains, and losses Id Id Id Id Id Id d Administrative expenses Id Id Id Id Id Id d Permanent endowment Id Id Id Id Id Id Id T Permanent endowment Id Id Id Id Id Id Id I	3		n, and other record	ds, cl	neck	any of	the follo	owing that a	are a	sıgnıfıcar	nt use of	fits	
c	а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Puring the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is If the organization an agent, tristee, custodian or other intermediary for contributions or other essets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII the deck here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. In Beginning of year balance (a) Part Y in Part XIII the Explanation has been provided in Part XIII. Deck the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes in Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. In Beginning of year balance (a) Part Y in Part XIII (b) Part Y in Part XIII (b) Part Y in Part XIII (c) Part Y	b	Scholarly research		e	Γ	Othe	r						
Part XIII 5 Dung the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 11c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII I I I I I I I I I I I I I I I I I	С	Preservation for future generations											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	4		ections and explai	ın hov	w the	y furth	er the o	rganızatıon	ı's ex	empt purp	ose in		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its nerganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Amount Additions during the year Distributions during the year In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Finding balance If Ending	5									ıılar	_		_
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Doo									as" to Fo			│ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1a	Par							i answere	u r	es to ro	ירווו 990	J,	
Additions during the year Additions during the year 1d 1d 1d	1a	Is the organization an agent, trustee, custodial						or other ass	etsı	not	Г	Yes	┌ No
d Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement in Part XIII a	and complete the	follov	wing t	able							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes □ b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII □ Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four years 1a Beginning of year balance											Amo	unt	
e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	С	Beginning balance							1c				
Ending balance	d	Additions during the year						<u> </u>	1d				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XVIII	_	Distributions during the year											
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a)Current year (b)Pnor year b (c)Two years back (d)Three years back (e)Four years b Contributions (a)Current year (b)Pnor year b (c)Two years back (d)Three years back (e)Four years c Net investment earnings, gains, and losses (d)Three years back (e)Four years c Net investment earnings, gains, and losses (d)Three years back (e)Four years c Net investment earnings, gains, and losses (e)Four years c Other expenditures for facilities (e)Four years c Other expenditures f	f							L					
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Ca)Current year Ca)Phor year Ca)Current year	2a	Did the organization include an amount on Forn	m 990, Part X, line	e 21,	for e	scrow	orcusto	odial accou	nt lıa	bility?	Г	Yes	┌ No
(a)Current year (b)Pnor year b (c)Two years back (d)Three years back (e)Four years	ь	If "Yes," explain the arrangement in Part XIII	Check here if the	expl	anatı	on has	been p	rovided in F	art :	XIII			<u> </u>
Beginning of year balance	Pa	t V Endowment Funds. Complete if t							_				
b Contributions	1-	Regulating of year halance	(a)Current year	(b)Prior	year	b (c) v	wo years back	((d)	Three years	back (e	e)Four y	ears back
d Grants or scholarships	_								+				
d Grants or scholarships	_	 							+				
e Other expenditures for facilities and programs									_				
and programs		· · · · · · · · · · · · · · · · · · ·							+				
f Administrative expenses	е	•											
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f								T				
Board designated or quasi-endowment ► b Permanent endowment ► C Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	_											
b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the currer	nt year end balanc	e (lır	ne 1g	, colum	nn (a)) h	neld as					
b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment											
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	ь	- · · · · · · · · · · · · · · · · · · ·											
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	С												
organization by (i) unrelated organizations			d equal 100%										
(i) unrelated organizations	За	Are there endowment funds not in the possessi	ion of the organiza	ation	that	are hel	d and a	dministere	d for	the			
(ii) related organizations		-									- (I)	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?									•				
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line	b	• •							•	• • •		<u> </u>	<u> </u>
			•						•			<u> </u>	<u> </u>
11a See Form 990 Part X line 10	Par			he o	rgar	ıızatıo	n answ	vered 'Yes	' to	Form 99	0, Part	IV, lıı	<u>пе</u>
		11a. See Form 990, Part X, line 10).		1 ,) C - t -		I (I-) Contain	. 41	(-) 4		L (4) B	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		Description of property										(a) B	ook value
1a Land		and			+								
b Buildings					\vdash								
 		•		•	\vdash			50	0,970		11.812		39,158
					\vdash			+			•	1	445,093
		• •			\vdash				•				1,093
					ımn (B), line	10(c).)						485,344

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>* </u>	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. Complete if the organizatio (a) Description		(b) Book value
(4) 50301	iption .	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO BROKER FOR SECURITIES PURCHASED	186,740	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	186,740	
2. Liability for uncertain tax positions. In Part XIII. provid		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	8,908,250
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,908,250
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 87,453		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4 c	87,453
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,995,703
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
1	If the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	7,857,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7,037,512
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	453,976
3	Subtract line 2e from line 1	3	7,403,936
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 87,453		
ь	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4 c	87,453
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,491,389
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b v. V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to rmation		de any addıtıonal
	Return Reference Explanation		
	VII, Line 2d Other expenses UNREALIZED LOSSES ON INVESTMENTS \$453976 osses per audited F/S		

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

2014

Open to Public

DLN: 93493125007085OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LABORERS INTL UNION OF 472 HCL

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Inspection
Employer identification number

22-1010627

Part I	General Information on Grants and Assistance	

Γvoc Γ

✓ Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CYOYOUTH & YOUNG ADULT MIN 499 BELGROVE DRIVE KEARNY,NJ 07032	22-1487308	501(C)(3)	5,800	0			GENERAL SUPPORT
(2) H&GCL LOCAL UNION 472 PAC 700 RAYMOND BLVD NEWARK,NJ 07105	20-0087328	527(F)(3)	153,018	0			GENERAL SUPPORT
(3) LABORERS EASTERN REGION CONV 104 INTERCHANGE PLAZA 301 MONROE TOWNSHIP, NJ 08831	22-3759815	501(C)(5)	15,000	0			GENERAL SUPPORT OF CONVENTION
(4) LABORERS EASTERN REGION PEF 104 INTERCHANGE PLAZA 301 MONROE TOWNSHIP, NJ 08831	32-0034334	501(C)(5)	29,644	0			GENERAL SUPPORT

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	3

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Grantmaker's Description of How	THE ORGANIZATION RELIES ON THEIR PARENT ORGANIZATION LIUNA TO MONITOR THE USE OF CONTRIBUTIONS PAID TO THE
Grants are Used	LABORERS EASTERN REGION POLITICAL EDUCATION FUND AND LABORERS EASTERN REGION CONVENTION ACCOUNT TO ENSURE THAT
	SUCH GRANTS AND OTHER ASSISTANCE ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THE INTENDED USE

Schedule I (Form 990) 2014

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DLN: 93493125007085

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization LABORERS INTL UNION OF 472 HCL **Employer identification number**

22-1010627

Pa	rt I Questions Regarding Compensation	•			
				Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr		1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive		2		No
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	: VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ment?	4a		No
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of				
а	The organization?		5a		
	Any related organization?		5b		
_	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		7		
8	Were any amounts reported in Form 990, Part VII, paid	or accured pursuant to a contract that was			
	subject to the initial contract exception described in Re				
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	buttable presumption procedure described in Regulations	9		

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

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

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

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

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a Relevant information	A DISCRETIONARY SPENDING ACCOUNT OR NON-ACCOUNTABLE EXPENSE PLAN IS PROVIDED TO ALL (12) OFFICERS AND BUSINESS
ın regards to selections on 1a	REPRESENTATIVES THEY ARE AUTHORIZED WEEKLY BUSINESS EXPENSES OF \$170 PER WEEK TREATED AS TAXABLE COMPENSATION AND
	INCLUDED IN PART VII SECTION A, LINE 1A COLUMN D REPORTABLE COMPENSATION AND SCHEDULE J PART II COLUMN (B) (III) OTHER
	REPORTABLE COMPENSATION FOR EACH OFFICER LISTED THE COMPENSATION IS APPROVED BY THE MEMBERSHIP PER THE LOCAL UNION
	CONSTITUTION

Schedule J (Form 990) 2014

Additional Data

(A) Name and Title

Software ID: 14000265

Software Version: 2014v5.0

(B) Breakdown of W-2 and/or 1099-MISC compensation

EIN: 22-1010627

Name: LABORERS INTL UNION OF 472 HCL

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(F) Compensation in

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
1 ANTONIO S OLIVEIRA, BUSINESS MGR	(I) 228,311 (II)		11,717	131,396	29,077	400,501	
1 CHARLES A MOSIER, President	(I) 193,621 (II)		11,774	117,181	29,077	351,653	
2 DEBRA PISCITELLI, SECRETARY	(I) 159,879 (II)		258	88,537	19,321	267,995	
3 DONALD E HIBBS, SEC - TREASURER	(I) 197,822 (II)		13,867	119,218	29,077	359,984	
4 GERARD J ISABELLA, AUDITOR	(I) 166,889 (II)		15,049	103,593	26,569	312,100	
5 LUIS C RECIO, AUDITOR	(I) 162,688 (II)		13,049	101,571	26,569	303,877	
6 MANUEL H AMADOR JR, SERGEANT-AT-ARM	(I) 162,688 (II)		11,855	101,392	26,569	302,504	
7 MICHAEL GIUNTA, AUDITOR	(I) 133,663 (II)		11,852	83,283	21,839	250,637	
8 MICHAEL TESTA, Vice President	(I) 168,117 (II)		12,230	103,673	26,569	310,589	
9 PASQUALE MANCINI, EXEC BOARD MBR	(I) 162,688 (II)		11,153	101,286	26,383	301,510	
10 ROGER ELLIS, REC SECRETARY	(I) 172,317 (II)		11,641	105,307	26,569	315,834	
11 WILLIE HAGGAN, EXEC BOARD MBR	(I) 166,888		10,704	102,941	26,530	307,063	

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As Filed Data -

DLN: 93493125007085

2014

Open to Public

OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization
LABORERS INTL UNION OF 472 HCL

22-1010627

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	
Form 990, Part VI, Line 7a How Members or Shareholders ⊟ect Governing Body	ALL CATEGORIES OF MEMBERSHIP IN GOOD-STANDING HAVE THE VOTING RIGHTS TO ELECT MEMBERS OF T HE EXECUTIVE BOARD GOVERNING BODY FOR A TERM OF (3) YEARS PER ARTICLE VI OF THE LOCAL UNIO N CONSTITUTION HOWEVER THE EXECUTIVE BOARD SHALL FILL ANY VACANCIES BY APPOINTMENT IN A P ROVISIONAL CAPACITY OF A MEMBER HAVING ALL THE REQUIREMENTS FOR OFFICE
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	ALL CATEGORIES OF MEMBERSHIP HAVE THE RIGHT TO APPROVE DECISIONS OF THE GOVERNING BODY SUC H AS APPROVE AND ACCEPT THE EXECUTIVE BOARD MEETING MINUTES AND APPROVE EXPENDITURES ITEM! ZED IN THE EB MINUTES THE MEMBERSHIP ALSO HAS THE RIGHT TO APPROVE THE COMPENSATION MOT ION (PRESENTED PER ARTICLE VI OF THE LOCAL UNION CONSTITUTION) FOR ALL FULL TIME SALARIED ELECTED OFFICERS AND BUSINESS REPRESENTATIVES AT A SPECIAL NOMINATION MEETING HELD PRIOR T O THE ELECTION OF OFFICERS FOR A TERM OF (3) YEARS THE SALARY AND COMPENSATION OF ELECTED OFFICERS SHALL BE FIXED PRIOR TO THE NOMINATIONS PROVIDED THAT ADJUSTMENTS TO SALARY DURI NG THE TERM OF OFFICE MAY BE EFFECTED IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE IX AND SUBJECT TO MEMBERSHIP APPROVAL
Form 990, Part VI, Line 8 Explanation of No Contemporaneously Documentation of Meetings	THE EXECUTIVE BOARD GOVERNING BODY DID NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BE HALF OF THE GOVERNING BODY AND THEREFORE NO DOCUMENTATION OF COMMITTEE MEETINGS WAS REQUIR ED
Form 990, Part VI, Line 11b Form 990 Review Process	THE PREPARED FORM 990 WAS REVIEWED BY THE BUSINESS MANAGER, PRESIDENT, AND SECRETARY-TREAS URER OF THE EXECUTIVE BOARD BEFORE IT WAS FILED WITH THE IRS AT THE MAY 4, 2015 E.B. MEETI NG HELD AT THE UNION OFFICE. THE REVIEW WAS CONDUCTED BY THE PREPARER'S FIRM AND A SUMMARY OF THE FORM AND REQUIRED SCHEDULES WAS GIVEN A BRIEF DISCUSSION FOLLOWED AND ANY QUESTIO NS BY THE EXECUTIVE BOARD WERE ADDRESSED
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF BEST PRACTICES 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 CO NSTITUTION) GENERAL PRESIDENT WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE CODE OF BEST PRACTICES, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOP TED BY THE LIUNA GENERAL EXECUTIVE BOARD THE CODE OF BEST PRACTICES EXPLAINS THE DISCIPLI NARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE E NTRUSTED TO ENFORCE THE CODE THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEE S TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST T
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE CONSTITUTION (GOVERNING DOCUMENT) AND CODE OF BEST PRACTICES (CONFLICT OF INTEREST POLICY) IS AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS, ONLINE PUBLIC DISCL OSURE ROOM THE INFORMATION IS FILED UNDER LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, WHICH FILES THE INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS IN ADDITION, OUR O RGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN ALSO B E OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

DLN: 93493125007085

2014

Open to Public Inspection

Name of the organization LABORERS INTL UNION OF 472 HCL Employer identification number

22-1010627

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)

Name, address, and EIN (if applicable) of disregarded entity

(b)

Primary activity

(c)

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co enti	512(b) ntrolled
						Yes	No
(-)	BENEFIT ELIGIBLE EMPLOYEES	ľ	501(C)(9)		N/A		No
(-)	POLITICAL ACTION COMMITTEE	NJ	527(F)(3)		N/A		No

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

circuare	K((3)) 333,232					ı aç	,
Part \	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.			
No	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?	'			
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a		No
b Gi	t, grant, or capital contribution to related organization(s)			[1	b	Yes	
c Gıf	t, grant, or capital contribution from related organization(s)			[1	.с		No
d Lo	ans or loan guarantees to or for related organization(s)			[1	.d		No
e Lo	ans or loan guarantees by related organization(s)			Ī	e		No
f Div	idends from related organization(s)			ı	f		No
g Sa	e of assets to related organization(s)			1	g		No
h Pu	rchase of assets from related organization(s)			1	h		No
i Exc	hange of assets with related organization(s)			[:	Li		No
j Lea	se of facilities, equipment, or other assets to related organization(s)			Ī	.j		No
k Le	use of facilities, equipment, or other assets from related organization(s)			1	.k		No
I Per	formance of services or membership or fundraising solicitations for related organization(s)			[:	LI		No
m Per	formance of services or membership or fundraising solicitations by related organization(s)			1	.m		No
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)			[:	Ln	Yes	
o Sh	aring of paid employees with related organization(s)			Ī	0	Yes	
p Re	mbursement paid to related organization(s) for expenses			1	p		No
q Re	mbursement paid by related organization(s) for expenses			Ī	q ·	Yes	
r Ot	er transfer of cash or property to related organization(s)			1	.r	Yes	
s Ot	ner transfer of cash or property from related organization(s)			Ī	.s		No
2 If t	ne answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	nt inv	olved	
		I	l				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

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DLN: 93493125007085

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at<u>www.irs.gov/form4562.</u>

 $A\,tta\,c\,h\,ment$

											Sequence No 1/9
	e(s) shown on return ORERS INTL UNION	O E 472 HCI		Business of Form 990/	r activity to which	this f	orm rel	ates		Id	entifying number
LAD	JACKS INTE ONION	01 472 1101		1 01111 3307	330 11					2.2	2-1010627
Pa		To Expense (
		ou have any li			<u>te Part V befo</u>			<u>omple</u>	te Part I.		
1	(-	•								1	
2	Total cost of section									2	
3	Threshold cost of se					truc	tions)	• •		3	
4	Reduction in limitation				•	•				4	
5	Dollar limitation for t								ing	_	
	separately, see instr	uctions • •					•			5	
	(-)				(b) Cost (bu	ısıne	ess us	e ,	(a) [] a a b a d		
6	(a)	Description of pr	operty		onl	у)		'	(c) Elected	cost	
					1						4
							Т	_			
7	Listed property Ente					•				لــِـا	1
8	Total elected cost of					6 an	ia /			8	
9	Tentative deduction					•				9	
10	Carryover of disallow					•				10	
11	Business income lim	itation Enter the	e smaller of bus	iness inco	me (not less th	an z	ero) o	riine 5	(see		
12	instructions) •					•				11	
	Section 179 expense Carryover of disallowed					an n		1		12	
	e: Do not use Part					co L	13				
									lude listed i	proper	ty) (See instructions)
	Special depreciation										
	the tax year (see ins	tructions) -								14	
15	Property subject to s	ection 168(f)(1) election							15	
16	O ther depreciation (i	ncluding ACRS)								16	
Par	t IIII MACRS De	preciation (I	Do not includ			e in	struc	tions.)		
					ction A						
	MACRS deductions f	•		•	-					17	14,232
18	If you are electing to										
	section B—Asse	ck nere			4 Tay Year			· · ·	► C		ation System
	Section B-Assi		(c) Basis		4 lax leal	<u> </u>	ng u	ie de	ilei ai De	лесі	ation System
(:	a) Classification of	(b) Month and			(d) Recovery						(g)Depreciation
(,	property	year placed in	(business/inv	estment	period	(e)	Conv	ention	(f) Meth	od	deduction
		service	use only—see inst	ructions)							
19a :	3-year property		,								
b!	5-year property			9,488	5 0		ΗY		200 DE	3	1,897
	7-year property										
	10-year property										
	15-year property										
	20-year property 25-year property	1			25 yrs				S/L		
	Residential rental				27 5 yrs		ММ		S/L		
	property				27 5 yrs		MM		S/L		
iΝ	Ionresidential real				39 yrs		ММ		S/L		
I	property						ММ		S/L		
		n C—Assets Plac	ced in Service D	uring 2014	Tax Year Using	the	Alte	native		on Sys	tem
	Class life					-			S/L		
	12-year				12 yrs	-	N/ N/		S/L		
	40-year t IV Summa r	l y (see instruc	tions \		40 yrs	<u> </u>	ММ		S/L		<u> </u>
	isted property Enter									21	197,467
	Total. Add amounts fro			lines 19 a	nd 20 in colum	ın (a), and	line 21	Enter	_ 	257,107
	here and on the appr									22	213,596
23 F	or assets shown abov			-	•	1					
	ortion of the basis att	•	-				23				

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>iforma</u>	tion (C	<u>aution</u>	: See 1	the in	<u>struc</u>	<u>tions fo</u>	<u>r limits</u>	for pa	asseng	<u>ier au</u>	<u>tomot</u>	<u> iles.</u>
24a Do you have evider	nce to support	the business/inv	estment u	ise claimed	ゖァ Ves	Гио		2	4b If "Yes	s," is the e	v idence	written?	, IZ Ye	sГN	D
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost or ba		(busines	(e) deprecia s/investr e only)	nent I ^K	(f) ecover period	(g) y Metho Conve	od/	Deprec	1) ciation/ iction		(i) Electe section : cost	179
25Special depreciation allo	wance for qual	ıfıed lısted propeı	ty placed	ın service d	during the	tax year	and us	ed moi	e than						
50% in a qualified busi	ness use (see ı	nstructions)								25					
26 Property used more	e than 50%		ousiness	use	1										
See Additional Data Table		%							+				+		
		%											+		
27 Property used 50%	orless in a	qualified bus	ıness us	е											
		%							S/L - S/L -				4		
		%							S/L - S/L -				\dashv		
28 Add amounts in co	olumn (h), lır	ies 25 through	n 27 En	ter here a	and on lir	ne 21, j	oage 1		28	<u> </u>	197	7,467			
29 Add amounts in co												29			
	() ,			Infor		on U	se of	F Vel	icles			<u>'</u>			
omplete this section															
f you provided vehicles to	your employee	es, first answer th	ne questioi					excep							<u></u>
30 Total business/inv year (do not inclu			ing the •	V ehi	a) cle 1	V e h	-	V	(c) ehicle 3		(d) icle 4		e) icle 5		f) icle 6
31 Total commuting i	mıles drıven	during the yea	ar .												
32 Total other persor	nal(noncomm	nuting) miles (driven												
33 Total miles driven through 32	during the y	ear Add lines	30												
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
during off-duty ho			_												
35 Was the vehicle upowner or related p	sed primarily	by a more th	an 5%												
36 Is another vehicle		r personal use	e? .												
Answer these questio 5% owners or related	ns to determ persons (se	e instructions	t an exc	eption to	complet	ting Se	ction E	3 for v	ehicles	used by	employ	ees wh		not mo	re tha
37 Do you maintain a employees?	written polic	y statement i	that prof	nibits all i	personal	use of	vehicl	es, in	cluding (commuti	ng, by	your	<u>Y</u>	es	No
employees.							• •								No
38 Do you maintain a employees? See t	•	•	•	•					•						No
39 Do you treat all us	se of vehicles	s by employee	s as per	sonal us	e?										No
40 Do you provide movehicles, and reta				oyees, ol	otaın ınfo	rmatio	n from	your	employe	es abou	t the us	se of		es/	
41 Do you meet the r	eguirements	concerning q	ualified a	automobi	le demor	nstratio	n use	(See	ınstruct	ions)					No
Note: If your answ	-							•		-					140
	rtization		, , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 0, 0,,,								
Allio	- CIZUCIOII	(b)			_					(e)					
(a) Description of c	osts	Date amortization begins	1	A mort a mo	ızable		C	d) ode :tion	pe	rtizatior riod or centage			(f) ortization this yea		
42 A mortization of co	sts that beg	ıns durıng yol	ır 2014	tax year	(see inst	truction	ns)								
43 Amortization of co	sts that beg	an before you	r 2014 t	ax year						. 43					
	_	(f) Soo thour					_	•	-	44					

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 22-1010627

Name: LABORERS INTL UNION OF 472 HCL

Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
2011 JEEP GR CHEROKE	2010-12-07	100 000 %	38,711	38,711	5	200 DB-HY	2,230	
2011 CHEV TAHOE (W H	2011-05-25	100 000 %	56,992	56,992	5	200 DB-HY	3,283	
2012 GMC YUKON (M T	2012-04-23	100 000 %	52,729	52,729	5	200 DB-HY	5,062	
2013 GMC YUKON (D H	2012-07-02	100 000 %	57,340	57,340	5	200 DB-HY	5,505	
2013 JEEP GR CHEROK	2012-09-12	100 000 %	42,966	42,966	5	200 DB-HY	4,125	
2013 CADILLAC ESCALA	2013-06-13	100 000 %	72,967	72,967	5	200 DB-HY	23,349	
2013 CHEV TAHOE (J I	2013-09-11	100 000 %	57,321	57,321	5	200 DB-HY	18,343	
2013 GMC YUKON (C M	2013-09-12	100 000 %	57,785	57,785	5	200 DB-HY	18,491	
2013 CHEV TAHOE (L R	2013-10-28	100 000 %	53,978	53,978	5	200 DB-HY	17,273	
2013 CHEV TAHOE (M A	2013-10-31	100 000 %	53,978	53,978	5	200 DB-HY	17,273	
2013 GMC YUKON (P M	2013-04-02	100 000 %	59,100	59,100	5	200 DB-HY	18,912	
2014 CHEV TAHOE (M G	2014-03-14	100 000 %	61,376	61,376	5	200 DB-HY	12,275	
2015 GMC YUKON (M T	2014-07-24	100 000 %	63,028	63,028	5	200 DB-HY	12,606	
2015 CHEV TAHOE (W H	2014-08-14	100 000 %	66,316	66,316	5	200 DB-HY	13,263	
2015 GMC YUKON (D H	2014-08-27	100 000 %	62,929	62,929	5	200 DB-HY	12,586	
2015 CHEV TAHOE (R E	2014-12-14	100 000 %	64,456	64,456	5	200 DB-HY	12,891	