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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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

ρ	\ <u> </u>	or the	2016 calendar year, or tax year beginning and ending	<u>. </u>							
В	C	heck if pplicable	C Name of organization	1	D Employer	identifi	cation num	ber			
[Address change	LIUNA LABORERS LOCAL 68	İ							
[_	Name change	Doing business as		47-2131196						
[_	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite I	T						
[Final return/	660 EAST NORTH AVE	1	630-953-9644						
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 5,213,614						
	_	Amende return	LOMBARD, IL 60148		H(a) Is this a	group re					
[_	Applica-	F Name and address of principal officer.	1	for subc	ordinates	s? 🔲	Yes 🗓 No			
_		pending	SAME AS C ABOVE		H(b) Are all sub	ordinates ii	ncluded?	Yes 🔲 No			
_1			npt status: 501(c)(3) _X _501(c)(_5 _) ◀ (insert no.) 4947(a)(1) or	527			list. (see ins				
			► N/A		H(c) Group e						
			ganization: Corporation Trust X Association Other Ly	Year of	formation: 1	911 N	M State of lega	al domicile: IL			
Ľ	a			MIE.	AND MA	TATELA	TNI MUD				
	Activities & Governance		riefly describe the organization's mission or most significant activities: <u>TO_PROMC</u>	716	אוו מווא	TIVIA	TM TUE				
		_	neck this box if the organization discontinued its operations or disposed of r	more t	han 25% of	ts net as	ssets				
	S		umber of voting members of the governing body (Part VI, line 1a)			3		7			
	5		umber of independent voting members of the governing body (Part VI, line 1b)	_	•	4		0			
707	SS	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)			5		7			
7	2	6 T	otal number of volunteers (estimate if necessary)			. 6		0			
8 6	5		atal unrelated business revenue from Part VIII, column (C), line 12			7a		0.			
_	-	<u> </u>	et unrelated business taxable income from Form 990-T, line 34			7b		0.			
9 —	1			-	Prior Year			nt Year			
•	2		ontributions and grants (Part VIII, line 1h)	-		667.		00,000.			
	5		ogram service revenue (Part VIII, line 2g)	-	3,352,			66,908.			
	2		vestment income (Part VIII, column (A), lines 3, 4, and 7d) her revenue (Part VIII, colum <u>n (A), l</u> ines 5, 6d, 8c, 9c, 10c, and 11e)	}	<696,	851.	<u> </u>	61,837.			
;			tal revenue - add lines 8 through 11[[]npst/equal Part VIII, column (A), line 12)	 	2,749,		3 0	28,765.			
; —	+		ants and similar amounts paid (Rart X, column (A), intest 3)	 		466.		36,200.			
)			enefits paid to or for members (Part IX, column (A), line 4)	 		0.		0.			
Q	2	15 S	laries, other compensation, employee benefits (Party)X, column (A), lines 5-10)		1,654,		1,7	91,390.			
950		16a Pi	ofessional fundraising fees (Part IX, column (A), line 11e)			0.		0.			
Fynancae	3		tal fundraising expenses (Part IX) column (D) line 25) 0.								
ú	ì		her expenses (Part IX, column (A), lines 11a 11d 11f24e)		984,	721.	1,0	91,120.			
		18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	2,665,			<u> 18,710.</u>			
		19 R	venue less expenses Subtract line 18 from line 12	<u> </u>	<u>83,</u>	415.	9	10,055.			
Net Assets or	ĕ			Begi	nning of Curre			of Year			
SSet	188		tal assets (Part X, line 16)	<u> </u>	7,094,			44,923.			
etA			tal liabilities (Part X, line 26)	<u></u>	<u>456,</u>			<u>43,876.</u>			
			t assets or fund balances Subtract line 21 from line 20 Signature Block	<u> </u>	6,638,	100-	7,7	01,047.			
			s of perjury, I declare that I have examined this return, including accompanying schedules and sta	ataman	te and to the	nect of m	v knowladaa s	and halief it is			
			nd complete. Declaration of prepager (other than officer) is based on all information of which prep				y kitowieuge a	and Dener, It is			
	<u>, , , , , , , , , , , , , , , , , , , </u>	301100.,	Mass G. Kley	Jai Ci Ti	13 driy Knowice	190.					
Si	gn		Signature of officer		Date		,				
	ere	1.	Mark A. Kiley Secretary-Treasurer Type or print name and title			7/10	<u>//7</u>				
_	_		······································	Dat	e.	Check	PTIN				
Pa	id		Print/Type preparer's name COREY BILKEY Preparer's amnature COREY BILKEY			ıf 🗀)	99751			
			OREY BILKEY m's name CALIBRE CPA GROUP FLLC	/	Firm's	self-employe	47-09				
			m's address 566 WEST LAKE ST SUITE 300		1 1111 3		<u> </u>	0000			
	-		CHICAGO, IL 60661		Phone	e no.31	2-655-	0037			
Ma	ay 1	the IRS	discuss this return with the preparer shown above? (see instructions)				X Ye				
632	200	1 11-11-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.					m 990 (2016)			

Form 990 (2016)

	1 990 (2016) LIUNA LABORERS LOCAL 68	<u>47-2131196</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission		
	TO PROMOTE AND MAINTAIN THE INTERESTS OF ITS MEMBERS		
_			
	Did the organization undertake any significant program services during the year which were not listed on the		C==
	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
_	revenue, if any, for each program service reported		
3	(Code) (Expenses \$) (Revenue		
	PROMOTE AND MAINTAIN THE INTERESTS OF ITS MEMBERS BY BAR		
	COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WAGES	3, WORKING	
	CONDITIONS, AND RELATED BENEFITS.		
	(Code) (Expenses \$	ue \$	
			·
			
			
_	10.1		
	(Code) (Expenses \$) (Revenue	e \$	
			
			
			
_			
	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶		
d e	(Expenses \$ including grants of \$) (Revenue \$) Form ⁹	990

Form 990 (2016) LIUNA LABORERS LOCAL 68

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?)	}
	`If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	}		ĺ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ļ		}
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	}		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
_	-column (A), lines 6 and 11 e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19	990 (X
		-orm	29 MI /	ンロコドト

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	'If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			}
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	, , , , , , , , , , , , , , , , , , , ,			1
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		_
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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	i i		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		Ì	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?] [••
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	v
22	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22	ł	v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> X</u>
	Part V, line 1	34	İ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- COL		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\neg \uparrow$	
	If "Yes," complete Schedule R, Part V, line 2	36	į	
	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	}	X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>x</u>	
		Form	990 f	2016)

632004 11-11-16

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Schedule O contains a response or note to any line in this Part V				لبيل
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a 14			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			1
	(gambling) winnings to prize winners?	.	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[ĺ
	filed for the calendar year ending with or within the year covered by this return	2a 7		.	i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		- 1	i
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		<u> </u>
4a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		1	ĺ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		1	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	<u>5</u> b		<u> X</u>
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit		}	ĺ
	any contributions that were not tax deductible as charitable contributions?		6a	<u> </u>	
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			Í
	were not tax deductible?		6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		_	İ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		į	L.
	to file Form 8282?	•	7c	-	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.	ļ	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fr			-	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Followship of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
	sponsoring organizations maintaining donor advised tunes. Did a donor advised tune maintained sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.	* 1	-		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		- 02	-+	
	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	10b		1	
11	Section 501(c)(12) organizations. Enter.			}	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	j	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]	
-a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			Ţ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		į	İ	
	organization is licensed to issue qualified health plans	13b]	
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form	990	(2016)

Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12¢ X in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website 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 20 MARK RILEY - 630-953-9644 660 E NORTH AVE, LOMBARD, 60148 Form 990 (2016) 632006 11-11-16

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

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

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

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

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

(A) Name and Title	(B)			((Pos	C) ition	1	Ì	(D) Reportable	(E) Reportable	(F)
name and title	Average hours per	box,	not di unles	neck more than one as person is both an d a director/trustee)			han	compensation	compensation	Estimated amount of
	week (list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOSEPH RILEY	40.00					}				
BUSINESS MANAGER				X		<u></u>		195,441.	0.	110,347
(2) MARK RILEY	40.00						ĺ	'		
SECRETARY/TREASURER			_	X		<u> </u>		195,570.	0.	110,380
(3) CASMIER BOBAK	40.00		ļ			l		ĺ		 -
PRESIDENT		$\sqcup \downarrow$	_	X		<u> </u>		169,506.	0.	102,337
(4) MICHAEL VAN WAGNER	40.00		İ						-	
VICE PRESIDENT				X		ļ		158,398.	0.	98,933
(5) SERGIO AYALA	40.00		1			j				
RECORDING SECRETARY			\dashv	X				173,586.	0.	103,661
(6) JUAN MUNOZ	5.00							5 450		•
EXECUTIVE BOARD	F 00	-		X				5,450.	0.	0
(7) MIREK LIGENZA	5.00]	x				10 226	0	0
EXECUTIVE BOARD	40.00	-+	-+	Λ		<u> </u>		10,236.	0.	0
(8) BRYAN HACKER	40.00			x				104 417	0.	02 202
AUDITOR/BUS REP (9) JUSTIN RADFORD	5.00	-	\dashv	-				104,417.		82,392
AUDITOR	3.00	1	}	x				4,200.	0.	0
(10) DANIEL TERDIC	5.00	_	7			 	T (=,200.		
SERGEANT AT ARMS	3.00		Í	x		ļ		4,200.	0.	0
(11) JIM MCCONACHIE	5.00	\vdash	T			 				
AUDITOR	3,00		ļ	X		ĺ		7,590.	0.	0
								.,,3360		<u>_</u>
		+	7	_		-				
		\dashv	7							
		_	_		_					
			-+				\dashv			
	ļ									

Form 990 (2016)

Section I	8.	Indeper	iden	t Co	ontrac	tors

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
 · · · · · · · · · · · · · · · · · · ·			
	······································		
		+	
 Total number of independent contractors (including but			

Form 990 (2016)

0

\$100,000 of compensation from the organization

Form 990 (2016) LIUNA LABORERS LOCAL 68

Part VIII Statement of Revenue

		. Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII		<u> </u>	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ira	ь	Membership dues	1b					
ě,š	c	Fundraising events	1c					
ar it	d	Related organizations	1d					
S,E	e	Government grants (contribut						
200	f	All other contributions, gifts, gran						ļ,
돌	•	similar amounts not included abo	1 1	100,000				{
풀		Noncash contributions included in lines		100,000.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			100,000.			
_				Business Code	100,000.		·	
Program Service Revenue	2 a	MEMBERSHIP DUES & ASSE	SSMENTS	230000	3,566,908.	3,566,908.		ļ
	b			233333	3,300,300.	3,300,200.		
Sel	c							
e a	d							
Per	e							
Pro		All other program service reve	enue		· · · · · · · · · · · · · · · · · · ·			
	a			D	3 566 908			
	3	Investment income (including	dividends, intere		3,300,300,			
ĺ		other similar amounts)			120,310.			120,310.
	4	Income from investment of ta	x-exempt bond p	roceeds	120,020.			120,020.
	5	Royalties				-		
		•	(i) Real	(iı) Personal				
	6 a	Gross rents						
	ь	Less. rental expenses						
ĺ	С	5						ı
į	d	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(II) Other				'
- 1		assets other than inventory	1,426,376.					
]	b	Less: cost or other basis						
1		and sales expenses	1.384.849.	}				
Ì	С	Gain or (loss)	41,527.					ľ
}	d	Net gain or (loss)		•	41,527.	ľ		41,527.
ne	8 a	Gross income from fundraising	g events (not					,
ne		including \$	of					
ě		contributions reported on line				(
Other Reven		Part IV, line 18	а			ļ		
Ĕ	b	Less direct expenses	. b					
١	С	Net income or (loss) from fund	fraising events	. •				
	9 a	Gross income from gaming ac	tivities. See					
ĺ		Part IV, line 19	а					
ľ	b	Less direct expenses	b			Ì		
1	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
-		and allowances	. a					\
	b	Less cost of goods sold	———— ь					
1	С	Net income or (loss) from sale	s of inventory					<u></u>
L		Miscellaneous Revenu	e	Business Code				
)	11 a	MISCELLANEOUS		900099		20.		
	b							
	С							
}	đ	All other revenue		L				-
	е	Total. Add lines 11a-11d			20,			
	12	Total revenue. See instructions.			3,828,765.	3 566 928.	0	161 837.

Form 990 (2016)

LIUNA LABORERS LOCAL 68

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other

0001	Charles (2) And 30 (C)(4) Organizations must com			ompiete column (2).	
	Check if Schedule O contains a respon	(A)		(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	(D) Fundraising
	~ `~~~~		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	22 700			
_	and domestic governments. See Part IV, line 21	32,700.			
2	Grants and other assistance to domestic	2 500			
	individuals. See Part IV, line 22	3,500.			
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 606 614		}	
	trustees, and key employees	1,636,644.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and]	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,105.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,854.			
9	Other employee benefits	32,019.	·		
10	Payroll taxes	64,768.			
11	Fees for services (non-employees).	}			
а	Management				
b	Legal	5,150.		<u> </u>	
C	Accounting	11,250.		<u> </u>	
ď	Lobbying		. <u> </u>		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	44,502.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	202,528.			
13	Office expenses	62,834.	 		
14	Information technology	11,681.		<u></u>	
15	Royalties				
16	Occupancy	60,792.			
17	Travel _	33,939.		ļ	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,420.			
20	Interest	20,471.			
21	Payments to affiliates	475,646.			
22	Depreciation, depletion, and amortization	87,089.		 	
23	Insurance	3,286.			
	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 0.)				
	PICKET AND STRIKE EXPEN	10,208.			
b_	CHRISTMAS PARTY	6,324.			
С					
d				ļ	
	All other expenses	0.010.710			
	Total functional expenses. Add lines 1 through 24e	2,918,710.			
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)				Form 990 (2016)

Form Par		2016) LIUNA LABORERS LOCAL 68 Balance Sheet		<u>47-</u> 2	2131196 Page 1 1
rai					
		Check if Schedule O contains a response or note to any line in this Part X	(A)	ГТ	(B)
•			Beginning of year	}	End of year
	1	Cash - non-interest-bearing	288,735.	1	297,835
[2	Savings and temporary cash investments	556,845.	2	490,444
}	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
- }	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
}	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
-		employers and sponsoring organizations of section 501(c)(9) voluntary			
9		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
}	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
-	10a	Land, buildings, and equipment, cost or other			·
		basis. Complete Part VI of Schedule D 10a 1,750,511.			
	b	Less. accumulated depreciation 10b 241,420.	1,490,380.	10c	1,509,091
1	11	Investments - publicly traded secunties	4,758,312.	11	5,847,553
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
]	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,094,272.	16	8,144,923.
	17	Accounts payable and accrued expenses		17	
- }	18	Grants payable		18	
1	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
labilities		Complete Part II of Schedule L		22	
1 !	23	Secured mortgages and notes payable to unrelated third parties	453,508.	23	440,407.
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
Ì		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D	2,664.	25	3,469.
	26	Total liabilities. Add lines 17 through 25	<u>456,172.</u>	26	443,876.
- (Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	6,638,100.	27	7,701,047.
	28	Temporarily restricted net assets		28	
2 2	29	Permanently restricted net assets	 	29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ŏ		and complete lines 30 through 34.			
12 3	30	Capital stock or trust principal, or current funds		30	
<		Paid in or capital surplus, or land, building, or equipment fund		31	
j 3	32	Retained earnings, endowment, accumulated income, or other funds	6 600 105	32	
1	33	Total net assets or fund balances	6,638,100.	33	7,701,047.
3	<u>34</u>	Total liabilities and net assets/fund balances	<u>7,094,272.</u>	34	<u>8,144,923.</u>

Form 990 (2016)

	n 990 (2016) LIUNA LABORERS LOCAL 68	47-21	31196	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,828	3,7	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,918		
3	Revenue less expenses Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,638		
5	Net unrealized gains (losses) on investments	5			92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		_	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,701	L.0	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	1	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir]	
	Act and OMB Circular A-133?	•	3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

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.

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

, (
	501(c)(4), (5), or (6) organiz	ations: Complete Part III.			
Name of org			_	Em	ployer identification number
	LIUNA	LABORERS LOCAL 6	3		<u>47-2131196</u>
Part I-A	Complete if the oi	rganization is exempt un	der section 501(c	or is a section 527	organization.
1 Provide	e a description of the organ	ization's direct and indirect politi	cal campaign activities	in Part IV	
2 Politica	ıl campaıgn actıvıty expend	litures ,	·	,	\$
3 Volunte	er hours for political camp	aign activities			
Part I-B	Complete if the or	ganization is exempt un	der section 501(c)(3)	
1 Enter th	ne amount of any excise ta	x incurred by the organization ur	ider section 4955		\$
2 Enter th	ne amount of any excise ta	x incurred by organization mana	gers under section 495	55 . >	\$
3 If the o	rganization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
	" describe in Part IV				
Part I-C	Complete if the or	ganization is exempt un	der section 501(c), except section 501	(c)(3).
1 Enter th	ne amount directly expende	ed by the filing organization for s	ection 527 exempt fun	ction activities	\$
2 Enter th	ne amount of the filing orga	nization's funds contributed to d	ther organizations for	section 527	
exempt	function activities		_	▶	\$
3 Total ex	cempt function expenditure	es Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
line 17b)			•	\$
4 Did the	filing organization file Forn	n 1120-POL for this year?	·		Yes No
		employer identification number (E	IN) of all section 527 p	olitical organizations to wh	ich the filing organization
		ation listed, enter the amount pa	·	=	
	•	romptly and directly delivered to			
		f additional space is needed, pro		_	• -
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) raino	(5)	(0) 2	filing organization's	contributions received and
				funds If none, enter 0	
					delivered to a separate political organization.
				İ	If none, enter -0-
		 			
		 	 	 	
		 	 -	 	
					
				Ì	}
		 			
		 			
		}			
			1		

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

LHA

(The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e	a) Filing anization's totals	e, address, EIN, (b) Affiliated group totals
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e	anization's	
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e		
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e		
d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e		
e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e		
Not over \$500,000 20% of the amount on line 1e		
	l l	
	l	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.	j	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	ŀ	
Over \$17,000,000 \$1,000,000	Ì	
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five	ve columns be	Yes No
See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period		
Lobbying Expenditures burning 4- real Averaging Period		
Calendar year (a) 2013 (b) 2014 (c) 2015 (c)	d) 2016	(e) Total
2a Lobbying nontaxable amount		
b Lobbying ceiling amount (150% of line 2a, column(e))		
c Total lobbying expenditures		
d Grassroots nontaxable amount		
e Grassroots ceiling amount (150% of line 2d, column (e))		
f Grassroots lobbying expenditures		

Schedule C (Form 990 or 990-EZ) 2016 LIUNA LABORERS LOCAL 68 47-2131196 Page 3

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

(election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		1)	(b)		
of the	lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of]			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
-	Media advertisements?	<u> </u>			
	Mailings to members, legislators, or the public?			· · · · · · · · · · · · · · · · · · ·	
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?				
-	Total. Add lines 1c through 1i	 			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-			
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912		F		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4),	ion 501(c)	(5) or sec	ction	
	501(c)(6).		(0), 0. 00.		
				Yes N	
1 1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	the onor year			
	III-B Complete if the organization is exempt under section 501(c)(4),				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				
	answered "Yes."				
1 [Dues, assessments and similar amounts from members		1		
2 :	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical			
•	expenses for which the section 527(f) tax was paid).		1 1		
a (Current year		2a		
b (Carryover from last year		2b		
c T	Total		2c		
3 /	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
(does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
6	expenditure next year?		. 4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
'art	IV Supplemental Information				
Part		o list). Part II		nd 2 (see	
	e the descriptions required for Part FA, line 1; Part FB, line 4; Part FC, line 5; Part IFA (amiliated grou titions), and Part II-B, line 1. Also, complete this part for any additional information	p listy, Part II	~, iiies i ai	iu 2 (588	
				· — — — — —	
					
					
		Sahadu	le C (Form	990 or 990. E71	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	ODT 69	Employer identification number
LIUNA LABORERS LO Part I Organizations Maintaining Donor Advi		47-2131196
		is of Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV,		(h) Friede and other accounts
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	<u> </u>	
Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (dunng year)	<u> </u>	
4 Aggregate value at end of year		<u></u>
5 Did the organization inform all donors and donor advisors	•	
are the organization's property, subject to the organization	•	L Yes L No
6 Did the organization inform all grantees, donors, and dono		-
for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	· — —
impermissible private benefit?		Yes No
Part II Conservation Easements. Complete if the		Part IV, line 7.
1 Purpose(s) of conservation easements held by the organiz	· ——; · · · · ·	
Preservation of land for public use (e.g., recreation of		torically important land area
Protection of natural habitat	Preservation of a cer	rtified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form	
day of the tax year.		Held at the End of the Tax Year
a Total number of conservation easements		_2a
b Total acreage restricted by conservation easements		. <u>2b</u>
c Number of conservation easements on a certified historic	structure included in (a)	. 2c
d Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic struc	ture
listed in the National Register		2d
3 Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	ne organization during the tax
year ►		
4 Number of states where property subject to conservation		
5 Does the organization have a written policy regarding the p		
violations, and enforcement of the conservation easement		L Yes L No
6 Staff and volunteer hours devoted to monitoring, inspecting	ig, handling of violations, and enforcing cor	servation easements during the year
▶		
7 Amount of expenses incurred in monitoring, inspecting, ha	indling of violations, and enforcing conserv	ation easements during the year
> \$		
8 Does each conservation easement reported on line 2(d) ab	pove satisfy the requirements of section 17	
and section 170(h)(4)(B)(ii)?		└── Yes
9 In Part XIII, describe how the organization reports conserv		
include, if applicable, the text of the footnote to the organi	zation's financial statements that describes	s the organization's accounting for
Part III Organizations Maintaining Collections	of Art Historical Traccures or (Other Similar Assets
Complete if the organization answered "Yes" on Fo		Julei Similai Assets.
		most and bolonce about works of art
1a If the organization elected, as permitted under SFAS 116 (
historical treasures, or other similar assets held for public the text of the features to its figure and statements that does		ance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that des		at and heleges sheet wedge of out historical
b If the organization elected, as permitted under SFAS 116 (
treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pt	ublic service, provide the following amounts
relating to these items		~ ¢
(i) Revenue included on Form 990, Part VIII, line 1	•	*
(ii) Assets included in Form 990, Part X	Landau and Landau and	* ***********************************
2 If the organization received or held works of art, historical to		ai gain, provide
the following amounts required to be reported under SFAS	o 110 (ASC 938) relating to these items:	~ ¢
a Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
b Assets included in Form 990, Part X HA For Paperwork Reduction Act Notice, see the Instruction	one for Form 900	Schedule D (Form 990) 2016

632051 08-29-16

	edule D (Form 990) 2016 LIUNA L	ABORERS LO			easures o	r Other				Page 2
3	Using the organization's acquisition, access									
•	(check all that apply):	, 4.74 54.167 10007	, 000		ionowing that	are a eig		300 0. 110		
à	Public exhibition	c		Loan or exc	hange prograr	ms				
ь	Scholarly research	·		Other	g. p g					
С	Preservation for future generations	_								
4										
5	 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa							, ,		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other ass	ets not inc	cluded			
	on Form 990, Part X?		,						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	Ilowina	table.		•				
									Amount	
c	Beginning balance						1c			
ď	Additions during the year					-	1d			
e	Distributions during the year		••		-		1e			
f	Ending balance						1f			
-		orm 990 Part X line	21 for	escrow or c	Listodial accou	int liability			Yes	No
	2a 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. Check here if the explanation has been provided on Part XIII.									
$\overline{}$	t V Endowment Funds. Complete									
L		(a) Current year		Prior year	(c) Two years		Three v	ears back	(a) Four	years back
10	Beginning of year balance	(a) Current year	(0)	nor year	(C) Two years	Dack (U)	rince y	cai s uack	(e) i oui	years back
1a		-			 					
b	Contributions				 					
С	Net investment earnings, gains, and losses	 -								
d	Grants or scholarships				ļ					
е	Other expenditures for facilities				j	- 1				
	and programs				 					
f	Administrative expenses				ļ					
g	End of year balance				<u> </u>	L_				
2										
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd admınıstere	ed for the	organız	ation	_	
	by:									Yes No
	(i) unrelated organizations				_				3a(i)	
	(ii) related organizations				•				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	Schedule R?					3b	
4					•		•		L	
Par	4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.									
	Complete if the organization answere). Part i\	V. line 11a S	See Form 990.	Part X. line	e 10			
	Description of property	(a) Cost or o			or other	(c) Accu		d	(d) Book	value
	a soon, place of property	basis (investr		, · · ·	(other)		ciation	_	(4)	74.44
12	Land				2,500.				222	2,500.
	Buildings				4,172.	1 2	9,70	13		,469.
	Leasehold improvements			- 4,41	= 1 + 1 4 •		<i></i>	 	<u> </u>	<u> </u>
	Equipment			-2.1	3,839.	1 0	1,7	7	212	2,122.
	Other						+,1.		414	1,144.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colur	nn (R) line 1	10c)				1 500	0,091.
· v.a.	, rice integral and anough to tookink to the time of the state of the	quari onn 330, Fail	~, ~~	(U), III (C)	· · · · · · · · · · · · · · · · · · ·			_		,,,,,,

1	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL TAXES AND WITHHOLDINGS	3,469.
(3)_		
(4)_		
(5)		
(6)_		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col (B) line 25)	3,469.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

2 Employer identification number 47-2131196 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance DONATION TO START-UP X Yes RETIREE COUNCIL Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, EMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 10 000 (c) IRC section (if applicable) 9 LIUNA LABORERS LOCAL NORTHSIDE LABORERS RETIREE COUNCIL | 35-2568381 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II Part

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

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 47-2131196 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 25 (b) Number of recipients LIUNA LABORERS LOCAL 68 (a) Type of grant or assistance 632102 11-01-16 Part IV Part III

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

LABORERS LOCAL 68

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number 47-2131196

OMB No 1545-0047

Inspection

<u> </u>	art i Questions Regarding Compensation		$\neg \tau$	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	o.	\neg		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	-'		[i
	First-class or charter travel Housing allowance or residence for personal	use	- (Į	ļ
	Travel for companions Payments for business use of personal reside	l l	- ([Į
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		- [l
	Discretionary spending account Personal services (such as, maid, chauffeur,	cheft	- 1	1	!
	resolved to the second s	, ,]	ĺ
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	}	1	Ì	İ
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain).	1b	1	İ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u> </u>		-+	
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	j	2	}	1
	industries, and officers, moldaling the OLO/Excedute billotter, regarding the items checked on line 12:		-+		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	r'e	- 1	j	ļ
•	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization		i	(ı
	establish compensation of the CEO/Executive Director, but explain in Part III.	.0	- {	ļ	,
	Compensation committee Written employment contract	ļ		ŀ	
			- {	- 1	
		muttaa	- 1	İ	
	Form 990 of other organizations Approval by the board or compensation compensation.	nittee	-	Ì	
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing]	- }	1	
4		1	}	}	
_	organization or a related organization:	}	.	1	v
a	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	· -	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			Í	
	Only postion 504(a)(0), 504(a)(4), and 504(a)(00) paraminetions asset as a late lines 5.0	!	ļ	- 1	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	į	ĺ	ļ	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	į	1	į	
	contingent on the revenues of.	١.	_	-	
	The organization?	· —	5a		
þ	Any related organization?	<u>ئے</u> ، ، ا	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1		
	contingent on the net earnings of		1	}	
	The organization?	• —	6a		
b	Any related organization?	. <u>L</u> e	6b	\longrightarrow	
	If "Yes" on line 6a or 6b, describe in Part III.	1		ļ	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			Į	ı
	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in)	}	ĺ	
	Regulations section 53 4958-6(c)?		9		
_HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (F	Form	990)	2016

Schedule J (Form 990) 2016

27

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 47-2131196

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(a)(a)	in column (B) reported as deferred on prior Form 990
(1) JOSEPH RILEY	ε	194,347.	0.	1,094.	81,013.	29,334.	305,788.	0
BUSINESS MANAGER	⊜	0.	0	0.	0.	0	0	0
(2) MARK RILEY	Ξ	194,453.	0	1,117.	81,046.	29,334.	305,950.	0
SECRETARY/TREASURER	3	0	0	0	0.	0.		0
(3) CASMIER BOBAK	Ξ	168,050.	0	1,456.	73,003.	29,334.	271,84	0
PRESIDENT	3	0	0	0	0	0.	0	0
(4) MICHAEL VAN WAGNER	Ξ	156,863.	0	1,535.	.665,69	29,334.	257,33	0
VICE PRESIDENT	<u>(ii)</u>		0	0.	0.	0.		0
(5) SERGIO AYALA	Ξ	172,383.	0	1,203.	74,327.	29,334.	277,24	0
RECORDING SECRETARY	Ξ	0	0	0.	0	0		0
(6) BRYAN HACKER	Ξ	103,260.	0	1,157.	53,058.	29,334.	186,809	0
AUDITOR/BUS REP	▣	0	0	0.	0	0		0.
	Ξ							
	(ii)							
	Ξ							
	(1)							
	Ξ							
	(ii)							
	Θ							
	(ii)							
	Ξ							
	(III							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	<u> </u>							
	Ξ							
	⊞							

Schedule J (Form 990) 2016 LIUNA LABORERS LOCAL 68	47-2131196 Page 3
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.	and 8, and for Part II Also complete this part for any additional information.
	Schedule J (Form 990) 2016
632113 09-09-16	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016 Open to Public Inspection

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.

Name of the organization LIUNA LABORERS LOCAL 68	Employer identification number 47-2131196
FORM 990, PART VI, SECTION A, LINE 2:	
FAMILY RELATIONSHIP - MARK RILEY (SECRETARY-TREASURER) AI	ND JOSEPH RILEY
(BUSINESS MANAGER) ARE BROTHERS.	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS PAY QUARTERLY DUES TO THE LABOR ORGANIZATION FOR	REPRESENTATION.
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS VOTE TO ELECT OFFICERS EVERY THREE YEARS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBERS VOTE TO APPROVE ACTIONS OF THE GOVERNING BODY AT	MEMBERSHIP
MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEWED AND DISCUSSED BY GOVERNING BODY PRIOR TO FILING	FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE	HE CODE OF BEST
PRACTICES, THAT IS PART OF THE CONSTITUTION BY WHICH THE	ORGANIZATION IS
GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN	CONTACT LIUNA (AN
AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION	N) GENERAL
PRESIDENT WITH ANY COMPLAINT ARISING UNDER THE CONSTITUT	ION, THE CODE OF
BEST PRACTICES OR ANY OTHER DISCIPLINARY PROCEDURE THAT I	MUST BE FOLLOWED
WHERE NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTI	RUSTED TO ENFORCE
THE CODE.	

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Schedule O (Form 990 or 990-EZ) (2016)

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