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Form **990**

DLN: 93493117012208

OMB No 1545-0047

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

1. The property of the instructions is at www IRS gov/form99

| | | or the Treasu enue Service | I INIOI MAUON AUG | out Form 990 and its instructions is at \underline{w} | ww IRS go | ov/form990 | | Inspection |
|--------------------------------|------------------|-------------------------------|--|--|---------------|---|------------------|----------------|
| A Fo | or th | e 2017 c | alendar year, or tax year begi | nning 01-01-2017 , and ending 12 | -31-2017 | 1 | | |
| B Che | ck ıf a dress | applicable change | C Name of organization Laborers International Union of North America LU 238 | | | | | ation number |
| □ Na □ Ini □ Fina | tıal re | - | Doing business as | | | | | |
| | | d return on pending | 1220 N Calispol St | mail is not delivered to street address) Room, | /suite | E Telephone n (509) 328- | | |
| | | | City or town, state or province, cou Spokane, WA 99201 | untry, and ZIP or foreign postal code | | G Gross receip | ts \$ 1,3 | 26,903 |
| | | | F Name and address of princip | al officer | | Is this a group return subordinates? Are all subordinates | n for | □Yes ☑No |
| [Tax | x-exer | mpt status | ☐ 501(c)(3) ☑ 501(c)(5) ◀ | ((insert no) | | included? If "No," attach a list | • | nstructions) |
| J W | ebsit | te:► N/A | 1 | | H(c) | Group exemption nu | mber Þ | |
| K Forn | n of o | rganization | ✓ Corporation ☐ Trust ☐ Ass | sociation Other | L Year | of formation 1906 M | | legal domicile |
| Pa | rt I | Sum | mary | | • | | | |
| Activities & Governance | 1 | Laborers' . | scribe the organization's mission International Union of North Ame the improvement of conditions f | rica, Local 238 provides collective barga | aining and | Job placement servic | es to it: | s members, and |
| <u> </u> | | | | scontinued its operations or disposed oing body (Part VI, line 1a) | | | ts 3 | 12 |
| ಶ ∽ | l | | = | of the governing body (Part VI, line 1b) | | | 4 | 9 |
| Щe | l | | | alendar year 2017 (Part V, line 2a) | | | 5 | 4 |
| Ę | 6 | Total nun | nber of volunteers (estimate if ne | ecessary) | | | 6 | 9 |
| ∢ | 7a | Total unr | elated business revenue from Pai | rt VIII, column (C), line 12 | | | 7a | 0 |
| | b | Net unrel | lated business taxable income fro | m Form 990-T, line 34 | | | 7b | |
| | | | | | | Prior Year | <u> </u> | Current Year |
| <u>a</u> i | 8 | Contribut | tions and grants (Part VIII, line 1 | h) | | | | (|
| Ravenue | l | - | · | g) | | 855,410 | | 1,026,710 |
| č | l | | , | , lines 3, 4, and 7d) | | 20,425 | | 11,240 |
| | l | | venue (Part VIII, column (A), line | | . | 2,893 | | 4,030 |
| | _ | | | ust equal Part VIII, column (A), line 12) |) | 878,728 | | 1,041,980 |
| | l | | nd similar amounts paid (Part IX, | • • • • | | | | |
| | l | | paid to or for members (Part IX, | column (A), line 4) enefits (Part IX, column (A), lines 5–10 | , - | 426,042 | | 470,817 |
| Expenses | | • | | umn (A), line 11e) | " ├─ | 420,042 | | 470,817 |
| <u>8</u> | | | raising expenses (Part IX, column (D), | , ,, | | | | |
| ă | l | | penses (Part IX, column (A), line: | · — | | 363,815 | | 414,313 |
| | l | · | enses Add lines 13–17 (must eq | • | | 789,857 | | 885,130 |
| | l | · | less expenses Subtract line 18 f | | | | | 156,850 |
| ક <u>જ</u> | | | | | Beg | inning of Current Year | | End of Year |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | | 1,624,416 | | 1,679,508 |
| d B | l | | ets (Part X, line 16) | | | 65,299 | | 69,389 |
| ž Š | l | | ts or fund balances Subtract line | | | 1,559,117 | | 1,610,119 |
| Par | t II | | ature Block | | | | | |
| Jnder knowl | pen edge | alties of p | erjury, I declare that I have exar | nined this return, including accompanyi e Declaration of preparer (other than o | | | | |
| any k | HOWIE | \ | * | | | 2018-04-27 | | |
| Sign | | Signati | ure of officer | | | Date | | |
| Here | | Scott F | Holstrom Business Manag | | | | | |
| | | | r print name and title | | | | | |
| | | | rınt/Type preparer's name Paul J Anastası CPA | Preparer's signature Paul J Anastasi CPA | Date | Check I if POO | I 395796 | |
| Paid | | - | | | | self-employed | | |
| Pre | | <u>-</u> اا | irm's name ► ANASTASI MOORE & irm's address ► 9 South Washington S | | | Firm's EIN ► 20-814 | | |
| Use | On | ıly ˈ | _ | | | Phone no (509) 323 | -02/2 | |
| May t | he IR | S discuss | Spokane, WA 99201: | | | | √ v _o | |

| Form | 990 (2017) | | | | Page 2 |
|---------------|---|---|--|----------------------------------|------------------------|
| Par | t IIII Stateme | nt of Program Service Acc | omplishments | | |
| | Check if Sc | hedule O contains a response or | note to any line in this Part III . | | 🗆 |
| 1 | | e organization's mission | | | |
| Labo the i | rers' International L mprovement of cond | Inion of North America, Local 23 ditions for workers | 3 provides collective bargaining and | job placement services to its me | mbers, and strives for |
| 2 | Did the organization | on undertake any significant pro | gram services during the year which | were not listed on | |
| | the prior Form 990 | or 990-EZ? | | | 🗌 Yes 🗹 No |
| | If "Yes," describe | these new services on Schedule | 0 | | |
| 3 | Did the organization | on cease conducting, or make sig | nificant changes in how it conducts, | any program | |
| | | these changes on Schedule O | | | ☐ Yes 🗹 No |
| 4 | Section $501(c)(3)$ | | plishments for each of its three larg required to report the amount of gra ervice reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | , |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4d | Other program se (Expenses \$ | rvices (Describe in Schedule O) including (| grants of \$ | (Revenue \$ |) |
| 4e | <u> </u> | ervice expenses > | · | · · | |

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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17

18

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Yes

Yes

Yes

Yes

23

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Page 4

Nο

Nο

Nο

Nο

Νo

Nο

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

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| Part IV Checklist of Required Schedules (continued) | | | |
|---|-----|-----|----|
| | | Yes | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| b If "Yes" to line 20a, did the organization attach a copy of its audited f | complete Schedule H | 20a | No |
|---|--------------------------------------|-----|----|
| If the to line 20a, and the organization attach a copy of its addited i | financial statements to this return? | 20b | |
| Did the organization report more than \$5,000 of grants or other assis government on Part IX, column (A), line 1? If "Yes," complete Schedu | | 21 | No |

| | | 204 | 110 |
|----|---|-----|-----|
| b | 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 | No |
| 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 |

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|--|----------|---------------|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a | 0 | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 1 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 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 | | No |
| | 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? | | | |
| _ | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| · | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," 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 contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 0- | Did the sponsoring organization make any taxable distributions under section 4966? | 8 9a | | No No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | No |
| | Section 501(c)(7) organizations. Enter | | | .10 |
| | 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 | ┦ | | |
| 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? | 12a | | No |
| | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | No |
| | 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 | | | |
| | Enter the amount of reserves on hand | _ | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | orm 99 | 0 (2017) |

| | 990 (2017) | | | Page t | | | | |
|--|--|----------|-----------|----------|--|--|--|--|
| Par | TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | nes | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ | | | | |
| Se | ection A. Governing Body and Management | <u> </u> | • • | | | | | |
| | and the second s | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 12 | | | | | | | |
| | 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 1b | | | | | | | |
| 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? | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | |
| а | The governing body? | 8a | Yes | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | | | | | |
| | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | | |
| | 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 | | No | | | | |
| Ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | | | | | | | |
| | conflicts? | 12b | | No | | | | |
| | Schedule O how this was done | 12c | | No | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No | | | | |
| b | Other officers or key employees of the organization | 15b | | No | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | |
| 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 | | No | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | | | |
| Se | ection 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 ☑ Upon request ☐ Other (explain in Schedule O) | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | | | | | | | |
| | policy, and financial statements available to the public during the tax year | | | | | | | |

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 Compens | ated 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 Lacheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related | | ne bo | ox, in of tor/t | t ch unle ficei rust | ss pers r and a ee) | son | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|--------------------------------------|--|-----------------------------------|-----------------------|--------------------|-------------------------------|------------------------------|--------|---|--|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations |
| (1) Jack Tortorici President | 1 00 | х | | x | | | | 0 | 0 | 0 |
| (2) Adam Castle | 1 00 | х | | х | | | | 0 | 0 | 0 |
| Secretary | 0 00 | | | | | | | | | |
| (3) Scott Holstrom Business Manag | 40 00 | х | | x | | | | 70,642 | 0 | 0 |
| (4) Steve Harris | 1 00 | Х | | X | | | | 0 | 0 | 0 |
| Vice President | 0 00 | Χ | | _^ | | | | 0 | 0 | |
| (5) Jeff Kerr | 1 00 | | | | | | | 0 | 0 | 0 |
| Exec Board | 0 00 | Х | | | | | | 0 | U | 0 |
| (6) David Hawkins | 40 00 | Х | | | | | | 87,088 | 0 | 0 |
| Exec Board | 0 00 5 00 | | | | | | | | | |
| (7) Thomas Murray Exec Board | 0 00 | Х | | | | | | 0 | 0 | 0 |
| (8) Matthew Hobbs Board Auditor | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (9) Jackie Lautenschlager | 0 00 | X | | | | | | 0 | 0 | 0 |
| Board Auditor | 0 00 | | | | | | | | | _ |
| (10) Zachary Harris Board Auditor | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (11) Ronald Lynch | 1 00 | | | | | | | 0 | 0 | |
| Sergeant @ Arms | 0 00 | Х | | | | | | 0 | 0 | 0 |
| (12) Mark Roders Delegate | 40 00 | Х | | | | | | 70,642 | 0 | 0 |
| | 0.00 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | • | _ | | | Form 990 (2017) |

Part VII

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

Page 8

| | hours per week (list any hours any hours director/trustee) hours per than one box, unless person compensation week (list any hours director/trustee) organization (Woorganizations (Woorganizat | | | | | | | | Reportable compensation from related ganizations (| W- | (F) Estima amount o compens from t | ted f other sation the | | | |
|--|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|----------------------|--|---------------------------------|------|----------------------------------|--------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/109 | 9-MISC) | | 2/1099-MISC | .) | organizati relate organiza | ∍d |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Sub-Total | | n A . | | | | * | | | | | | | | |
| <u>d</u> 1 2 | Total (add lines 1b and 1c) Total number of individuals (including | but not limited | to thos | | | bove | ▶ e) who | rece | | 228,372 re than s | \$100,0 | 000 | | | |
| 3 | Did the organization list any former line 1a? If "Yes," complete Schedule 3 | officer, director | or trust | | | | | | - | mpensato | ed em | ployee on | | Yes | No |
| Inne 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | No | | | | | | |
| 5 | Did any person listed on line 1a receiv services rendered to the organization | | | | | | | | - | | | | 5 | | No |
| Se | ection B. Independent Contract Complete this table for your five high | | d inden | ender | nt co | ntra | actors | that | received | more th | an \$1 | 00.000 of co | mpen | sation | |
| | from the organization Report comper | nsation for the c | alendar | | | | | | | rganızat | ion's t | ax year (B) | Преп | (C | |
| | Name a | and business addre | ess | | | | | | | De | scripti | on of services | | Compen | sation |
| | | | | | | | | | | | | | | | |

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 \blacktriangleright 0

| Part \ | | I Statement of | Revenue | | | | | | | | rage 3 |
|---|---|--|-------------------|---------|--------------------|--------------|---------------------|----------------------------|----------------------|---|--|
| | | | | a respo | onse or note to an | y line in th | nıs Part VII | Ι | | | \square |
| | | | | | | (4 | A) evenue | (E Relat exe fund | ed or mpt tion | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 12 | Federated campaig | ns | 1a | | | | reve | nue | | 512-514 |
| ats nts | | b Membership dues | | | | • | | | | | |
| rar | | · | | 1b | | | | | | | |
| s G | | Fundraising events | | 1c | | | | | | | |
| iffs ar / | | d Related organizatio | | 1d | | | | | | | |
| # œ | • | e Government grants (co | ontributions) | 1e | | | | | | | |
| Sil | 1 | All other contributions, and similar amounts n | | | | | | | | | |
| tributions, Gifts, Grants Other Similar Amounts | | above | | 1f | | • | | | | | |
| ┋물 | 9 | Noncash contribution in lines 1a-1f \$ | ons included | | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | h | Total.Add lines 1a-1 | | | • | | | | | | |
| | ـــــــــــــــــــــــــــــــــــــــ | | | | 1 | ss Code | 0 | | | | |
| 됩 | 2- | | | | Busines | 900099 | | 73,089 | 73 | ,089 | |
| ر د ۲ | _ | Fees and Assessments Membership Dues & Ass | YAECTM | | | 900099 | | 53,621 | 953 | | |
| Service Revenue | Ď | - | | | | | <u> </u> | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| r vic | | | | | | | | | | | |
| 32 | d | | | | | | | | | | |
| ran | e f | All other program se | | | | | | | | | |
| Program | | · - | | | _ 1 | ,026,710 | | | | | |
| | | Total.Add lines 2a-21 | | | | _ | | 1 | | | |
| | | Investment income (ii iimilar amounts) . | | | interest, and othe | r • | 16,25 | 5 | | | 16,255 |
| | 4 | Income from investme | ent of tax-exe | empt be | ond proceeds | ▶ | | 0 | | | |
| | 5 i | Royalties | | | | ▶ | | 0 | | | |
| | | | (ı) Rea | I | (II) Personal | | | | | | |
| | 6a | Gross rents | | | | | | | | | |
| | ь | Less rental expenses | | | | - | | | | | |
| | | | | | | | | | | | |
| | C | Rental income or (loss) | | | | | | | | | |
| | d | Net rental income o | r (loss) | | | - | | О | | | |
| | | | (ı) Securi | ties | (II) Other | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 2 | 279,908 | | | | | | | |
| | b | Less cost or other basis and sales expenses | 2 | 284,923 | | | | | | | |
| | c | Gain or (loss) | | -5,015 | | | | | | | |
| | d | Net gain or (loss) . | | • | • | | -5,01 | 5 | -5,015 | | |
| Other Revenue | 8a | Gross income from from from from from the including \$ contributions reported See Part IV, line 18 | ed on line 1c) | of | | | | | | | |
| Re | b | Less direct expense | s | b | | | | | | | |
| ē | c | Net income or (loss) | from fundrais | sing ev | ents | | | 0 | | | |
| Ħ | 9a | Gross income from g | | ies | | | | | | | |
| | | See Part IV, line 19 | | a | 1 | | | | | | |
| | b | Less direct expense | s | ь | | \dashv | | | | | |
| | | Net income or (loss) | | actıvıt | les | | | О | | | |
| | 10a | Gross sales of invent returns and allowand | tory, less ces | а | | | | | | | |
| | b | Less cost of goods s | sold | b | | | | | | | |
| | c | Net income or (loss) | from sales of | invent | ory > | | | О | | | |
| | | Miscellaneous | | | Business Code | | | | | | |
| | 11 | a Mısc Income | | | 9000 | 99 | 4,03 | 0 | 4,030 | | |
| | b | | | | | | | | | | |
| | c | | | | | | | | | | |
| | لہ | All other revenue . | | | | | | | | | |
| | | Total. Add lines 11a | | | <u> </u> | | | | | | |
| | | | | • | . | | 4,03 | 0 | | | |
| | | Total revenue. See | THE UCTIONS | • • | | | 1,041,98 | 0 | 1,025,725 | | 16,255 Form 990 (2017) |
| | | | | | | | | | | | Form 990 (2017) |

| Part IX | Statement of | Functional | Expenses |
|---------|--------------|-------------------|----------|
|---------|--------------|-------------------|----------|

| orm | 990 (2017) | | | | Page 10 |
|-------------|---|-----------------------|------------------------------|---|-------------------------------------|
| | Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | nizations must comp | olete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗆 |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 d | Grants and other assistance to domestic organizations and omestic governments See Part IV, line 21 | 0 | | | |
| | Grants and other assistance to domestic individuals. See Part V, line 22 | 0 | | | |
| g | overnments, and foreign individuals See Part IV, line 15 nd 16 | 0 | | | |
| 4 B | enefits paid to or for members | 0 | | | |
| | compensation of current officers, directors, trustees, and ey employees | 228,372 | | | |
| d | compensation not included above, to disqualified persons (as efined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B) | 0 | | | |
| 7 (| Other salaries and wages | 60,988 | | | |
| | ension plan accruals and contributions (include section 401 k) and 403(b) employer contributions) | 0 | | | |
| 9 (| Other employee benefits | 162,076 | | | |
| 10 P | ayroll taxes | 19,381 | | | |
| 11 F | ees for services (non-employees) | | | | |
| аN | lanagement | 0 | | | |
| | egal | 0 | | | |
| c A | ccounting | 8,556 | | | |
| | obbying | 0 | | | |
| | rofessional fundraising services See Part IV, line 17 | 0 | | | |
| | nvestment management fees | 3,289 | | | |
| g C | Other (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O) | 1,524 | | | |
| 12 A | dvertising and promotion | 14,825 | | | |
| | Office expenses | 15,688 | | | |
| | nformation technology | 0 | | | |
| | Loyalties | 0 | | | |
| | Occupancy | 4,457 | | | |
| | ravel | , 0 | | | |
| 18 P | ayments of travel or entertainment expenses for any ederal, state, or local public officials | 0 | | | |
| | Conferences, conventions, and meetings | 13,440 | | | |
| | nterest | 0 | | | |
| | ayments to affiliates | 0 | | | |
| | Depreciation, depletion, and amortization | 33,778 | | | |
| | nsurance | 6,946 | | | |
| 24 C | Other expenses Itemize expenses not covered above (List inscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 0,510 | | | |
| а | Per Capita expenses | 204,588 | | | |
| b | Contributions and donations | 42,436 | | | |
| c | Officer allowances & agent exp | 17,499 | | | |
| d | Automobile expenses | 15,556 | | | |
| e | All other expenses | 31,731 | | | |
| 25 T | otal functional expenses. Add lines 1 through 24e | 885,130 | 0 | 0 | 0 |
| r e | oint costs. Complete this line only if the organization eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation theck here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

0

323,868

769.789

1.679,508

69,389

69,389

1.610.119

1,610,119

1.679.508

Form **990** (2017)

0

0

0 0

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

b Less accumulated depreciation

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

| | | Beginning of year | | End of year |
|---|--|-------------------|---|-------------|
| 1 | Cash-non-interest-bearing | 325,748 | 1 | 391,448 |
| 2 | Savings and temporary cash investments | 43,801 | 2 | 139,539 |
| _ | Dia la constante de la constan | | | |

| 3 | Pledges and grants receivable, net | | 3 | |
|---|--|--------|---|--|
| 4 | Accounts receivable, net | 33,895 | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part | | - | |

| , , , , , , , , , , , , , , , , , , , | | | |
|---|--------|---|--------|
| 4 Accounts receivable, net | 33,895 | 4 | 49,403 |
| 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 | 0 |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) | | _ | |

| | 5 | trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
|-----|---|--|----|---|---|
| s | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | -1 | 6 | 0 |
| ete | 7 | Notes and loans receivable, net | | 7 | 0 |
| 8 | 8 | Inventories for sale or use | | 8 | 0 |

| | l | If or schedule L | | | | |
|-----|-----|---|------------------|-------|---|-------|
| | 6 | Loans and other receivables from other disqualified persons (as a section 4958(f)(1)), persons described in section 4958(c)(3)(B), contributing employers and sponsoring organizations of section 5 voluntary employees' beneficiary organizations (see instructions) Part II of Schedule L | and (01(c)(9) | | 6 | 0 |
| ets | 7 | Notes and loans receivable, net | | | 7 | 0 |
| SS | 8 | Inventories for sale or use | | | 8 | 0 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 4,874 | 9 | 5,461 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 534,650 | | | |

10b

210.782

352,353

863.745

1,624,416

65,299

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

65,299

1.559,117

1,559,117

1,624,416

☐ Both consolidated and separate basis

2c

3a

3b

Νo

No

Form **990** (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 17005038 Software Version: 2017v2.2

EIN: 91-0268235

Name: Laborers International Union of North America LU 238

Form 990 (2017)

Form 990, Part III, Line 4a: Labor Organization-to provide collective bargaining and 10b placement services to its members and to strive for improvement of conditions for workers. Total membership

during 2017 was 762 members, including retirees

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

OMB No 1545-0047

DLN: 93493117012208

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

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.

►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" 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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Laborers International Union of North America LU 238 91-0268235 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV

| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | > | \$ |
|---|---|-------------|----|
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | > | \$ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | > | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|--|---|------------|---|--|
| (1) Laborers Intl Union- Segregted acc | 1330 n calispel Street Spokane, WA 99201 | 91-0268235 | | 6,303 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

5

Part IV

Return Reference

Part I-A, Line 1 - Direct and Indirect

Political Campaign Activities

Taxable amount of lobbying and political expenditures (see instructions)

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

Supplemental Information

(b)

<u>(a)</u>

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | <u>(a</u> |) | _ | (Ь) | |
|--------|--|-----------|---------|-----|----------------|------|
| activi | | Yes | No | | Amou | ınt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6). | (5), o | r secti | ion | | |
| | | | _ | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | L | 1 | Yes | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | No |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | No |
| | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." | ÌIÍ-A, | | | 5 01 (c |)(6) |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| С | Total | 2c | | | | |
| 3 | Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| l _ | | - | | | | |

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Transfer to Separate Segregated fund which contributes to various politcal campaigns

Explanation

5

As Filed Data efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

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.

DLN: 93493117012208 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

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

| | orers International Union of th America LU 238 | | | | 91-0268235 | 5 |
|-----|--|------------------------|--------|------------------------|------------------|-------------------------------|
| Pa | rt I Organizations Maintaining Donor Advi | | | | | |
| | Complete if the organization answered "Ye | | | | (1)5 | |
| 1 | Total number at end of year | (a) Donor | advi | sea runas | (b)Fur | nds and other accounts |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| | , | va in writing that the | | te bold in donor od | lucad funda as | ro the |
| 5 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | | ets neid in donor ad | ivised runds ar | Yes No |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | | | | | |
| Pa | rt III Conservation Easements. Complete if th | ne organization ar | iswe | red "Yes" on Forn | n 990, Part 1 | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organ | nızatıon (check all th | nat ap | oply) | | |
| | Preservation of land for public use (e g , recreation | n or education) | | Preservation of an | historically im | nportant land area |
| | ☐ Protection of natural habitat | | | Preservation of a c | certified histor | ıc structure |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a | gualified concervation | on co | ntribution in the for | rm of a conser | ryation |
| _ | easement on the last day of the tax year | qualified colliservati | 011 00 | TICIDACION III CHE IOI | | l at the End of the Year |
| а | Total number of conservation easements | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | 2b | |
| c | Number of conservation easements on a certified histori | c structure included | ın (a |) | 2c | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | red after 8/17/06, a | and n | ot on a historic | 2d | |
| 3 | Number of conservation easements modified, transferred tax year ▶ | d, released, extingu | ııshed | l, or terminated by | the organizati | on during the |
| 4 | Number of states where property subject to conservation | n easement is locat | ed ▶ | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | ne periodic monitorii | - | spection, handling o | of violations, | |
| | | | | | | ∐ Yes ∐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | ting, handling of vic | olatio | ns, and enforcing co | onservation ea | sements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, ▶ \$ | handling of violation | ns, ar | nd enforcing conserv | vation easeme | ents during the year |
| 8 | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$ | above satisfy the re | equire | ements of section 1 | 70(h)(4)(B)(ı) | ☐ Yes ☐ No |
| 9 | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | footnote to the orga | | | | |
| Par | Complete if the organization answered "Ye | | | | er Similar A | Assets. |
| 1a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | public exhibition, ed | lucat | on, or research in f | | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items | | | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ | |
| (| i)Assets included in Form 990, Part X | | | | ▶ \$ | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under SFAS: | | | | · - | ovide the |
| а | Revenue included on Form 990, Part VIII, line 1 | , , , , , | | | ▶ \$ | |
| ь | Assets included in Form 990, Part X | | | | ▶ \$ | |
| | Paperwork Reduction Act Notice, see the Instruction | ns for Form 990. | | Cat No | | chedule D (Form 990) 2017 |

| Par | t III | Organizations Maintaining Col | lections of Art, H | listor | ical T | reas | ures, or | Other | Similar A | ssets (| (continued) | |
|------------|--------------|--|-------------------------|----------|-----------------|---------|-------------|-------------|---------------|------------|--------------|--|
| 3 | | g the organization's acquisition, accessions (check all that apply) | n, and other records, | check | any of | the fo | ollowing t | hat are a | significant i | use of it | s collection | |
| а | | Public exhibition | | d | | Loar | or excha | nge prog | ırams | | | |
| b | | Scholarly research | | e | | Othe | er | | | | | |
| С | | Preservation for future generations | | | | | | | | | | |
| 4 | Prov Part | ide a description of the organization's col XIII | lections and explain l | now the | ey furt | her th | e organız | atıon's ex | kempt purpo | se in | | |
| 5 | | ng the year, did the organization solicit o ts to be sold to raise funds rather than to | | | | | | | nlar | □ Y | es 🗆 I | No |
| Pa | rt IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | m 990 |), Part | : IV, | ıne 9, or | reporte | ed an amou | ınt on | Form 990 | , Part |
| 1a | | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | ary for | - contri | bution | ns or othe | er assets (| not | □ Y | es 🗆 | No |
| ь | If "Y | es," explain the arrangement in Part XIII | and complete the fo | llowing | table | | [| | A | mount | | |
| С | Begii | nning balance | | _ | | | Ī | 1c | | | | |
| d | Addı | tions during the year | | | | | | 1d | | | | |
| е | Dıstr | abutions during the year | | | | | | 1e | | | | |
| f | Endi | ng balance | | | | | | 1f | | | | |
| 2 a | Did t | he organization include an amount on Fo | rm 990, Part X, line | 21, for | escrov | v or cı | ustodial a | ccount lia | ability? | □ Y | es 🗆 | No. |
| b | TE "∨ | es," explain the arrangement in Part XIII | Charle hara if the a | (nlanat | uon ha | - 6000 | n novedoc | d in Dort 1 | VIII | | | |
| _ | art V | Endowment Funds. Complete if | | | | | | | | | · | |
| | | Endownient Fanas. Complete ii | (a)Current year | | rior yea | | | | (d)Three ye | | (e)Four ye | ars back |
| 1a | Begini | ning of year balance | | | | | | | , , , | | , , , | |
| b | Contri | butions | | | | | | | | | | |
| С | Net in | vestment earnings, gains, and losses | | | | | | | | | | |
| d | Grants | s or scholarships | | | | | | | | | | |
| e | | expenditures for facilities | | | | | | | | | | |
| f | Admir | nistrative expenses | | | | | | | | | | |
| g | End of | f year balance | | | | | | | | | | |
| 2 | Prov | ide the estimated percentage of the curre | ent year end balance | (line 1 | a, colu | mn (a | a)) held a: | S | | | | |
| а | | d designated or quasi-endowment > | • | ` | | • | • | | | | | |
| ь | Perm | nanent endowment 🕨 | | | | | | | | | | |
| С | Tem | porarily restricted endowment > | | | | | | | | | | |
| _ | The | percentages on lines 2a, 2b, and 2c shou | ld equal 100% | | | | | | | | | |
| 3a | | there endowment funds not in the posses nization by | sion of the organizat | on tha | t are h | eld ar | nd admini | stered fo | r the | | Yes | No |
| | _ | inrelated organizations | | | | | | | | 3 | la(i) | |
| | (ii) | related organizations | | | | | | | | 3 | a(ii) | |
| b | If "Y | es" on 3a(11), are the related organization | ns listed as required o | n Sche | edule R | . ? | | | | | 3b | |
| 4 | Desc | ribe in Part XIII the intended uses of the | | vment | funds | | | | | | | |
| Pa | rt VI | , | | 000 |) Dat | T) (| 11_ | C F | 000 D- | | 10 | |
| | Descr | Complete if the organization answ ription of property (a) Cost or oth (investme | ner basis (b) Cost | | | | | | lepreciation | | (d) Book val | ue |
| 1- | Land | | | | | 20,000 | + | | | | | 20,000 |
| | Land | | | | | 78,265 | | | 108,161 | | | 270,104 |
| | Buildir | • | | | | , 0,203 | + | | 100,101 | | | 2/0,104 |
| | | hold improvements | | | - | 00.024 | 1 | | 60 500 | | | 20.425 |
| | | ment | | | | 00,034 | | | 69,599 | | | 30,435 |
| | Other Add | Ilines 1a through 1e (Column (d) must e | gual Form 900 Part | Y colu | | 36,351 | | | 33,022 | | | 3,329 |
| 100 | ar Aaa | innes ta uniough te (c <i>olumn (a) must e</i> | yuai ruiii 330, Part / | s, colul | mii (<i>D)</i> | , iiiie | 10(C// | • | - | | | 323,868 |

| | See Form 990, Part X, line 12. | anızat | | | | | |
|--|---|----------|----------------------|-----------------|---------------|---------------------------------------|-------|
| | (a) Description of security or category (including name of security) | | (b) Book value | C | | od of valuation -year market value | |
| | al derivatives | | | | | | |
| 2) Closely- 3)Other | held equity interests | <u>·</u> | | | | | |
| 4) | | | | | | | |
| 3) | | | | | | | |
| E) | | | | | | | |
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| 5) | | | | | | | |
| ٦) | | | | | | | |
| otal. (Colum | in (b) must equal Form 990, Part X, col (B) line 12) | • | | | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 90, P | art IV, lı | ne 11c. See | Form 990, | Part X, line 13. | |
| | | | ok value | | (c) Metho | od of valuation -year market value | |
| L) | | | | | USE OF ENU-OF | real market value | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| | | | | | | | |
| otal. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | | | | | |
| otal. (Colum Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX | | on Forr | n 990, Pa | rt IV, line 11d | i See Form 9 | 990, Part X, line 15 (b) Book | value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX 1) | Other Assets. Complete if the organization answered 'Yes' of | on Forn | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) | Other Assets. Complete if the organization answered 'Yes' of | on For | n 990, Pa | rt IV, line 11d | 1 See Form 9 | | value |
| 2) 3) (1) | Other Assets. Complete if the organization answered 'Yes' of | on Forn | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) (3) (4) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Other Assets. Complete if the organization answered 'Yes' (a) Description | | n 990, Pa | | See Form 9 | | value |
| Part IX 2) 3) 4) 5) 7) otal. (Colu | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description | | | | | (b) Book | value |
| Part IX 22) 33) 4) 55) 77) otal. (Colu | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description | | es' on Fo | | | (b) Book | value |
| Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 2) 3) 4) 5) b) part X Part X .) Federal (| Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2) | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2) | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
| Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7) | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Page 4

936,132

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

1

2

d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e -105,848 e 3 3 1,041,980 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b b Add lines **4a** and **4b** 4c c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,041,980 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b b

1 885,130 2 2c c

Other (Describe in Part XIII) 2d d Add lines 2a through 2d . . 2e 3 885,130 3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

4b b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 885.130

5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

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

Return Reference Explanation

See Additional Data Table

| Page 5 | | Schedule D (Form 990) 2017 | | | | |
|---------------|----------------------|-----------------------------|--|--|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | | | |
| | Explanation | Return Reference | | | | |
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Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 91-0268235

Name: Laborers International Union of North America LU 238

Supplemental Information

| Sabbi | Cilicital zillorillation | |
|--------|--------------------------|--|
| | Return Reference | Explanation |
| Part X | FIN48 Footnote | Income taxes The Local is exempt from federal income taxes under Section 501(c)(5) of the Internal Revenue Code Accordingly, no provision for income taxes is recorded in the accompanying financial statements. The Local has adopted FASB ASC 740-10 related to accounting for uncertain tax provisions. ASC 740-10 prescribes a recognition threshold and measuremen tiprocess for accounting for uncertain tax positions and also provides guidance on various related matters such as derecognition, interest, and penalties. |

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN | N: 93493117012208 |
|--|--|---|-------------------|
| SCHEDUL (Form 990 or EZ) | 990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) ar www.irs.gov/form990. | OMB No 1545-0047 2017 Open to Public Inspection | |
| Name of the org. Laborers Internatio North America LU 2 | nal Union of | Employer iden 91-0268235 | tification number |
| Return Reference | Explanation | | |
| Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder | The organization is a labor organization, formed for the benefit of it's members are those who work in the trade and pay their dues for representation | ship Membe | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body | The membership elects the officers and board members every three years at regularly held elections |

Return

Shareholders

| Reference | =/p.a.a.s. |
|----------------------------|---|
| Form 990, Part VI, Line | The board of directors brings actions to the membership for approval at the regular meetin g Minutes document the actions taken at meetings |
| 7b Describe | |
| Decisions of | |
| Governing | |
| Body | |
| Approval by | |
| Members or | |

Explanation

Return Explanation
Reference

Form 990,
Part VI, Line
11b Form
990 Review
Process

The Form 990 is provided to management and the key officers for review and approval before it is filed

Form 990 is provided to management and the key officers for review and approval before it is filed

Form 990 is provided to management and the key officers for review and approval before it is filed

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Upon request, governing documents and annual informational returns (Form 990) are available e for review by the public. The 990 is also available to the public via www guidestar org |

Return Explanation
Reference

Form 990,
Part XII, Line
2 Change of
Oversight or
Selection
Process

| efile GRAPHIC print - DC | NOT PROCESS As Filed Data - | | | | | | | | | | DLN: 93493 | 117012 | 208 | | | |
|---|---|---------|-------------------------|-----------|---|------------|------------|--|---------------------------|---------|--|-------------------------------------|---------------------------|--|--|--|
| SCHEDULE R (Form 990) | reduced Organizations and Omerated Farthersonips | | | | | | | | | | | OMB No 1545-0047 2017 | | | | |
| Department of the Treasury Internal Revenue Service | ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . | | | | | | | | | | | | | | | |
| Name of the organization Laborers International Union of North America LU 238 | | | | | | | | ' | oloyer identif 1268235 | icatior | n number | | | | | |
| Part I Identification | of Disregarded Entities Complete if th | e organ | ızatıon answ | ered "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | | | | | |
| (a) Name, address, and EIN (ıf applıcable) of disregarded entity | | | (b) Primary a | | (c) (c) (c) Legal domicile (state or foreign country) | | | (d) Total income End-of-year a | | | | (f) controlling entity | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Part II Identification of related tax-exem | of Related Tax-Exempt Organizations npt organizations during the tax year. | Comple | ete if the org | anızatıon | answered | "Yes" on F | orm 990, | Part I\ | V, line 34 be | cause | ıt had one or | more | | | | |
| Name, address, and | (a) Name, address, and EIN of related organization | | ary activity Legal do | | (c) (d) Legal domicile (state or foreign country) | | | (e) Public charity status (if section 501(c)(3)) | | | (f) rect controlling entity | Section (13) cor enti | 512(b) itrolled ty? | | | |
| | | | | | | | | | | | | Yes | No | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| For Danerwork Peduction Ac | t Notice, see the Instructions for Form 99 | | | | t No 5013 | 257 | | | | Sch | edule R (Form | 990) 20 | 17 | | | |

| (a) Name, address, and EIN o related organization | (a) Name, address, and EIN of related organization | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predomir Income(re unrelate excluded tax und sections ! | nant lated, to ed, from der 512- | (f) Share of otal income | | Disprop alloca | tions? | (1) Code V amount 20 (Schedul (Form 1 | /-UBI in box of le K-1 | (j Gener mana partr | ral or iging ner? | (k Percei owne |
|--|--|-----------------------------|--|--|--|---|--------------------------------|---------------------------------|-------------------|----------------------------------|---|---------------------------------|------------------------------|-------------------------|--|
| | | + | | | - | | | | Yes | No | | | Yes | No | |
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| because it had one or more relate | nizations Taxable as a C ed organizations treated as | orporation a corporation | or Trus on or tru | t Complete st during th | of the org | ganızat ar. | tion ans | wered "Yes | " on F | orm 9 | 90, Par | t IV, | line | 34 | |
| because it had one or more relate (a) Name, address, and EIN of related organization | ed organizations treated as (b) Primary activity | a corporation | on or tru (c) egal micile or foreign | st during th | of the organe tax year (d) controlling entity | Type o | (e) | (f) Share of total income | Share | (g) of end- year assets | $\overline{}$ | t IV, (h) Percent | l tage | Se | ection 13) con |
| because it had one or more relate (a) Name, address, and EIN of related organization | ed organizations treated as (b) Primary activity | a corporation | on or tru (c) egal micile or foreign untry) | ot during th | ne tax yea (d) controlling entity | Type o (C corp or to | e) of entity o, S corp, | (f) Share of total Income | Share | (g) of end- year assets | -of- | (h) Percent owners | l tage ship | Se (1 | ection ! 13) con entit Yes |
| because it had one or more relate (a) Name, address, and EIN of | ed organizations treated as (b) | a corporation | on or tru (c) egal micile or foreign | st during th | (d) controlling entity ers ational | Type o | e) of entity o, S corp, | (f) Share of total | Share | (g) of end- year | -of- | (h) Percent | l tage ship | Se (1 | ection ! 13) con entit |
| because it had one or more relate (a) Name, address, and EIN of related organization rers Intl Union-Segregated Account Calispel St , WA 99201 | ed organizations treated as (b) Primary activity | a corporation | on or tru (c) egal micile or foreign untry) | Direct Labore Internal | (d) controlling entity ers ational | Type o (C corp or to | e) of entity o, S corp, | (f) Share of total Income | Share | (g) of end- year assets | -of- | (h) Percent owners | l tage ship | Se (1 | ection ! 13) con entit Yes |
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| because it had one or more relate (a) Name, address, and EIN of related organization rers Intl Union-Segregated Account Calispel St , WA 99201 | ed organizations treated as (b) Primary activity | a corporation | on or tru (c) egal micile or foreign untry) | Direct Labore Internal | (d) controlling entity ers ational | Type o (C corp or to | e) of entity o, S corp, | (f) Share of total Income | Share | (g) of end- year assets | -of- | (h) Percent owners | l tage ship | Se (1 | ection : 13) con entit Yes |
| because it had one or more relate (a) Name, address, and EIN of related organization rers Intl Union-Segregated Account Calispel St , WA 99201 | ed organizations treated as (b) Primary activity | a corporation | on or tru (c) egal micile or foreign untry) | Direct Labore Internal | (d) controlling entity ers ational | Type o (C corp or to | e) of entity o, S corp, | (f) Share of total Income | Share | (g) of end- year assets | -of- | (h) Percent owners | l tage ship | Se (1 | ection ! 13) con entit Yes |

| Schedule R (Form 990) 2017 | | Pa | ge 3 |
|---|------------|-----|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| r Other transfer of cash or property to related organization(s) | 1r | Yes | |
| s Other transfer of cash or property from related organization(s) | 1s | | No |

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

| was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|---|--|---|----|--|--|-----|----|---|-----------|---|---------|--|--|--|--|--|--|--|--|------------------------------------|--|---|--|---|---|--|--------------------------------|--|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | | | | | (e) Are all partners section 501(c)(3) organizations? | | (e) Are all partners section 501(c)(3) organizations? | | | | | | | | | | (f) Share of total Income | (g) Share of end-of-year assets |) (h) e of Disproprtionat year allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or x managing partner? | | (k) Percentage ownership | |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | | | | | | | | | | | | | | | | | | |
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Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017