DLN: 93493319167799 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable BALTIMOREWASHINGTON LABORERS ☐ Address change DISTRICT COUNCIL ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 11951 FREEDOM DRIVE SUITE 310 ☐ Amended return ☐ Application pending (703) 390-9916 City or town, state or province, country, and ZIP or foreign postal code RESTON, VA  $\,$  20190  $\,$ G Gross receipts \$ 8,988,965 Name and address of principal officer H(a) Is this a group return for DAVID ALLISON ☐Yes **☑**No subordinates? 11951 FREEDOM DRIVE SUITE 310 H(b) Are all subordinates RESTON, VA 20190 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c)(5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW FACEBOOK COM/BWLDC L Year of formation 1937 M State of legal domicile VA Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE COLLECTIVE BARGAINING AND GOODWILL FOR MEMBERSHIP Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . Ravenua 6,382,969 6,345,908 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 318,002 380,548 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 458,044 488,839 7,159,015 7,215,295 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 130,267 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,160,450 3,387,844 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,713,279 2,692,779 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,915,229 6,210,890 Revenue less expenses Subtract line 18 from line 12 . 1,243,786 1,004,405 Net Assets or Fund Balances Beginning of Current Year End of Year 8,537,155 20 Total assets (Part X, line 16) . 8,116,289 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 8,537,155 8,116,289 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here DAVID ALLISON BUS MANAGER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-15 P00780668 Paid self-employed Firm's name TOAL MURRAY DAY & LALOR LLC Firm's EIN ► 82-2029500 Preparer Use Only Firm's address ▶ 130 ADMIRAL COCHRANE DR SUITE 200 Phone no (410) 224-0343 ANNAPOLIS, MD 214017368 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page <b>2</b>							
Pa	nt III Statemen	t of Program Service Acc	omplishments		_							
	Check if Sch	edule O contains a response or	note to any line in this Part III		🗆							
1	Briefly describe the	organization's mission										
<u>TO P</u>	ROVIDE COLLECTIVE	BARGAINING AND GOODWILL	FOR MEMBERSHIP									
2	Did the organization	n undertake any significant prog	ram services during the year which	were not listed on								
	the prior Form 990	or 990-EZ?			☐ Yes ☑ No							
	•	iese new services on Schedule (										
3	-	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?				🗌 Yes 🗹 No							
	If "Yes," describe th	ese changes on Schedule O										
4	Section $501(c)(3)$ a		olishments for each of its three largi 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 serv	rices (Describe in Schedule O )										
	(Expenses \$	including g	rants of \$	(Revenue \$	)							
4e	Total program sei	rvice expenses >	·									
		•			Form <b>990</b> (2018)							

Par	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🥞	3	Yes	
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII **	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Yes

22

	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	38	Yes	

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

Yes

11

0

1a

1b

Section 501(c)(7) organizations. Enter b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Initiation fees and capital contributions included on Part VIII, line 12 . . 11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

11b 12b

10a

10b

11a

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			I
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11		
	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		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisoof officers, directors or trustees, or key employees to a management company or other person?	ion 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	re <b>7a</b>	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 the following	'y		
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	าue Code		
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
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)			
	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 exemp status with respect to such arrangements?			
Se	ection C. Disclosure			<u> </u>
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-A 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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID ALLISON 11951 FREEDOM DRIVE RESTON, VA 20190 (703) 390-9916			

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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any related or	ganızat	lon c	omp	ens:	ated a	ny c	current officer, director, or trustee				
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/t	unles fficer trust		son a	compensation from the organization	(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	(W- 2/1099- MISC)	MISC)	related organizations		
(1) DAVID ALLISON BUS MANAGER	40 00 1 00	x		х				190,033	0	71,268		
(2) DENNIS DESMOND PRESIDENT	40 00	x		х				161,107	0	63,024		
(3) LARRY DOGGETTE VICE PRESIDE	40 00	х		х				100,406	0	33,177		
(4) DAVID STOKES SECRETARY-TR	40 00 1 00	x		×				95,962	0	34,454		
(5) MIGUEL DIAZ EXEC BOARD	40 00 1 00	Х						77,888	0	29,923		
(6) ANDRES MONTERROSA SGT AT ARMS	40 00 1 00	х						76,727	0	37,354		
(7) MIGUEL CARBALLO AUDITOR	40 00	x						75,938	0	36,309		
(8) KENNETH DOGGETTE AUDITOR	40 00	x						72,614	600	27,453		
(9) SONIA LOZANO EXEC BOARD	40 00	Х						72,614	0	22,376		
(10) LORENA CRUZ AUDTIOR	40 00	Х						72,614	0	30,949		
(11) HUGO CARBALLO EXEC BOARD M	1 00	х						0	0	0		
(12) JULIO PALOMO BUSINESS AGE	1 00					х		102,981	0	40,876		
				-						<u> </u>		
										Form <b>990</b> (2018)		

Form 990 (2018)										Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	2/1099-MISC)	organization and related organizations
				l						

1b Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶□				
d Total (add lines 1b and 1c)						<b>&gt;</b>		1,098,884	600	42
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	) who	rece	eived more than	\$100,000	

d '	Total (add lines 1b and 1c)	600		427,163
3			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee of line 1a? If "Yes," complete Schedule J for such individual	л З		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Yes	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

S	Section B. Independent Contractors						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
	line 1a? If "Yes," complete Schedule J for such individual	3		No			

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	mnensa	ition	

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.				
Se	ection B. Independent Contractors				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	
	ındıvıdual	4	Yes	I	

	ection b. Independent contractors				
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year				
	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation		

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

Form **990** (2018)

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 ▶

Part	VIII Statement of	f Revenue					rage <b>3</b>
	Check if Schedu	le O contains a res	ponse or note to any l	ine in this Part VIII			<u> </u>
				(A) Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaig	ıns 1a			revenue		512 - 514
nts ints	<b>b</b> Membership dues	<u> </u>	<u> </u>				
ìra 10u	c Fundraising events		1				
s, ( An	d Related organization		<u> </u>				
Gifts, Grants illar Amounts	e Government grants (c		<u> </u>				
i.s.	f All other contributions		1				
tior sr S	and similar amounts n						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a - 1f \$	ons included					
Cont	h Total. Add lines 1a		•				
<u>+</u>			Business				
HI H	2a DUES INCOME			813930	<u> </u>	2,755	
Program Service Revenue	<b>b</b> PER CAPITA TAX			813930 7	783,153	3,153	
īce	c						
Şe.	d ————						
Ē	e						
ogra	<b>f</b> All other program se	ervice revenue					
Ĕ	<b>9 Total.</b> Add lines 2a-2	2f	▶ 6,3	45,908			
	3 Investment income (i	ncluding dividends	, interest, and other	200.000	=		200 886
	· ·		<b>.</b>	300,886			300,886
	<b>4</b> Income from investm <b>5</b> Royalties						
	<b>5</b> Royalties	(ı) Real	(II) Personal				
	<b>6a</b> Gross rents	(1) 11001	(ii) reissilai				
	<b>b</b> Less rental expenses						
	c Rental income or						
	(loss)						
	<b>d</b> Net rental income o	or (loss)		)			
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	1,853,33	32				
	assets other than inventory						
	<b>b</b> Less cost or						
	other basis and sales expenses	1,773,67	0				
	C Gain or (loss)	79,66	12				
	<b>d</b> Net gain or (loss) .		<b>&gt;</b>	79,662	2		79,662
	8a Gross income from f	_					
ıπe	(not including \$ contributions reporte	of ed on line 1c)					
₽	See Part IV, line 18		a [				
æ	<b>b</b> Less direct expense		b				
Other Revenue	c Net income or (loss)		events •	<u> </u>			
ŏ	<b>9a</b> Gross income from g See Part IV, line 19						
		;	a [				
	<b>b</b> Less direct expense		b				
	c Net income or (loss)		ities	1			
	10aGross sales of inventor returns and allowand	ces					
			a				
	<b>b</b> Less cost of goods s	sold	ь				
	C Net income or (loss)						
	Miscellaneous		Business Code 900099	487,839	9 487,839		
	11aREIMBURSEMENT II	NCOME	300099	407,033	407,039		
	<b>L</b>		900099	1,000	1,000		
	b MISCELLANEOUS IN	ICOME	900099	1,000	1,000		
			-				
	C						
	1 All 22		ļ				
	d All other revenue .						
	e Total. Add lines 11a			488,839	9		
	12 Total revenue. See	Instructions .	· · · · •	7,215,29	6,834,747		380,548
							Form <b>990</b> (2018)

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)
Section 301(c)(3) and 301(c)(1)	organizations mast complete an columns	All other organizations must complete column (71)

ection 501(c)(3) and 501(c)(4) organizations must complete all col	_		piete column (A)	
Check if Schedule O contains a response or note to any		(B)	(C)	<u>L</u>
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpense
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	120,267			
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,382,185			
<b>6</b> 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	1,238,186			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	432,565			
9 Other employee benefits	154,193			
L <b>0</b> Payroll taxes	180,715			
L1 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	150,853			
c Accounting	16,663			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	75,440			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,927			
.2 Advertising and promotion	143,697			
3 Office expenses	113,375			
4 Information technology	,			
5 Royalties				
·	208,361			
6 Occupancy				
.7 Travel	138,302			
federal, state, or local public officials .	102 247			
9 Conferences, conventions, and meetings	192,347			
20 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	48,320			
23 Insurance	88,465			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PER CAPITA TAX	1,335,331			
b DUES	57,354			
c COMMUNITY OUTREACH	36,325			
d MISCELLANEOUS EXPENSE	3,019			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,210,890	0	0	
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)				

Page **11** 

313,431

7,494,206

8.537.155

8.537.155

8,537,155

8,537,155

Form **990** (2018)

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

27 28

29

30

31 32

33

34

350,019

7,137,271

8.116.289

8.116.289

8,116,289

8,116,289

		Beginning of year		End of year
1	Cash-non-interest-bearing	378,984	1	478,999
2	Savings and temporary cash investments	250,015	2	250,519
3	Pledges and grants receivable, net		3	
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			

747,449

434,018

contributing employers and sponsoring organizations of section 501(c)(9)

Part II of Schedule L . . . Notes and loans receivable, net Inventories for sale or use .

b Less accumulated depreciation

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Deferred revenue . . .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

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

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

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 .

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

11

12

13

14

15

16

17

18

19

20

21

23

Liabilities 22

Form 990 (2018)

24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

**Fund Balances** 27 28 29

Assets or 30

Net

31

32

33

34

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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		7	,215,295
2	Total expenses (must equal Part IX, column (A), line 25)	2			210,890
3	Revenue less expenses Subtract line 2 from line 1	3			.004,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			116,289
5	Net unrealized gains (losses) on investments	5			583,539
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	537,155
	TXII Financial Statements and Reporting	10		0,	,557,155
Ια					
	Check if Schedule O contains a response or note to any line in this Part XII	•	· · ·	Yes	No No
				163	110
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	22		No

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits:

3b

Form **990** (2018)

#### Additional Data

**Software Version:** 

**EIN:** 52-0294027

Software ID:

DISTRICT COUNCIL

Form 990 (2018)

Form 990, Part III, Line 4a:

TO PROVIDE COLLECTIVE BARGAINING AND GOODWILL FOR MEMBERSHIP

Name: BALTIMOREWASHINGTON LABORERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

#### Political Campaign and Lobbying Activities

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

2018

DLN: 93493319167799

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• : If the	Section 527 organizations Comple e organization answered "Yes" o Section 501(c)(3) organizations tha	on Form 990, Part IV, Line 4, or Foi at have filed Form 5768 (election und	rm <b>990-EZ, Part VI, I</b> in der section 501(h)) Co	e <b>47 (Lobbying Activit</b> ie mplete Part II-A Do not c	es), then complete Part I	
If the (Pro						
Naı BAL	me of the organization TIMOREWASHINGTON LABORERS TRICT COUNCIL	izations complete rait in		<b>Employer ide</b> 52-0294027	ntification nu	ımber
		anization is exempt under se	ction 501(c) or is		ization.	
1		nization's direct and indirect politica		<del>_</del>		of
2	Political campaign activity expen	ditures (see instructions)		<b>&gt;</b>	\$	20,000
3		paign activities (see instructions)				
Par	t I-B Complete if the orga	anization is exempt under se	ction 501(c)(3).			
1	Enter the amount of any excise t	tax incurred by the organization unde	er section 4955	<b>&gt;</b>	\$	
2	,	tax incurred by organization manage		<b>•</b>	\$	
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this year?		☐ Yes	□ No
4a	Was a correction made?				☐ Yes	□ No
b Par	If "Yes," describe in Part IV	anization is exempt under se	ction 501(c), exce	pt section 501(c)(3	).	
1		ded by the filing organization for sec			<u>*</u> \$	
2	· ·	ganization's funds contributed to oth	·		\$	20,000
3	Total exempt function expenditu	res Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,	line 17b ▶	¢	20,000
4	Did the filing organization file <b>Fo</b>	orm 1120-POL for this year?	,		⊸ ✓ Yes	
5	organization made payments Fo of political contributions received	employer identification number (EIN or each organization listed, enter the d that were promptly and directly del tee (PAC) If additional space is need	amount paid from the ivered to a separate po	filing organization's funds olitical organization, such	uch the filing s Also enter th	ne amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contribution and prore directly de separate	t of political ns received mptly and livered to a political on If none, r -0-
(1) MD I COM	DEMOCRATIC SENATORIAL CAUCUS	PO BOX 1886 ANNAPOLIS, MD 21404	46-4178664	20,000		
2						
3						
4						
5						
6						
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-	<b>EZ.</b> Cat	No 50084S Schedule C	(Form 990 or 9	90-EZ) 2018

Grassroots ceiling amount

Media advertisements?

Other activities?

Total Add lines 1c through 1i

f

h

2a

Form 5768 (election under section 501(h)). (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying Yes No

(b)

Amount

activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Volunteers?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

b	If "Yes," enter the amount of any tax incurred under section 4912		1 1		
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	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		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
Par	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."			•	(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).				

Par	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."		
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	

b	Carryover from last year	2b	
c	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information** 

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

Return Reference Explanation SCHEDULE C, PART I-A, LINE 1 CONTRIBUTIONS TO INFLUENCE OR ATTEMPT TO INFLUENCE THE SELECTION, NOMINATION, ELECTION, OR APPOINTMENT OF ANY INDIVIDUAL TO ANY STATE OR LOCAL PUBLIC OFFICE OR OFFICE IN A POLITICAL

**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.

OMB No 1545-0047

Open to Public

DLN: 93493319167799

Department of the Treasury Internal Revenue Service

**b** Assets included in Form 990, Part X

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

(Form 990)

	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest information.	Inspection	
Na	me of the organ TIMOREWASHINGTO	ization		Employer identification number	
	TRICT COUNCIL	IN LABORERS		52-0294027	
Ρā	art I Organi:	zations Maintaining Donor Advis	sed Funds or Other Similar Funds o	or Accounts.	
	Complet	te if the organization answered "Ye			
	<b>-</b>		(a) Donor advised funds	(b)Funds and other accounts	
	Total number at	·			
		of contributions to (during year)			
i		of grants from (during year)			
•	Aggregate value	•			
	organization's p	roperty, subject to the organization's ex	•	☐ Yes ☐ N	lo
ì			onor advisors in writing that grant funds can or donor advisor, or for any other purpose o		lo
Ра	rt III Conser	vation Easements. Complete if th	ne organization answered "Yes" on Forr	n 990, Part IV, line 7.	
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)		
	Preservation	on of land for public use (e g , recreation	n or education)	historically important land area	
	☐ Protection	of natural habitat	Preservation of a c	certified historic structure	
	Preservation	on of open space			
	Complete lines 2		qualified conservation contribution in the for	rm of a conservation  Held at the End of the Year	_
а		conservation easements		2a	_
b		stricted by conservation easements		2b	_
c	_	ervation easements on a certified historic	c structure included in (a)	2c	_
ď			red after 7/25/06, and not on a historic	2d	
_		n the National Register			
ı	Number of consetax year ▶	ervation easements modified, transferre	d, released, extinguished, or terminated by	the organization during the	
	Number of state	es where property subject to conservatio	on easement is located 🕨		
		zation have a written policy regarding thit of the conservation easements it holds	ne periodic monitoring, inspection, handling of section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the	of violations,  Yes No	
	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co		
,	<b>-</b>			•	
1	Amount of expe  ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year	
,	Does each conse and section 170		above satisfy the requirements of section 1	70(h)(4)(B)(ı)	
l	balance sheet, a		ervation easements in its revenue and expe footnote to the organization's financial state ts		
ग		<u>-</u>	of Art, Historical Treasures, or Oth	er Similar Assets.	
	Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 8.		
a	art, historical tre	easures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fi icial statements that describes these items		
b	historical treasu		6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth		
(	_	led on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
(	ii)Assets ıncluded	ın Form 990, Part X		<b>&gt;</b> \$	
!		on received or held works of art, historions required to be reported under SFAS :	cal treasures, or other sımılar assets for fina 116 (ASC 958) relatıng to these items	ncial gain, provide the	
а	Revenue include	ed on Form 990, Part VIII, line 1		<b>▶</b> \$	

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintainin	g Collections of	f Art, Hi	istori	cal T	reası	ares, or	Other	Similar A	ssets (	<i>contir</i>	nued)	
3		the organization's acquisition, ac s (check all that apply)	cession, and other	records, o	check a	any of	the fo	llowing t	hat are a	significant	use of it	s colle	ection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams				
b		Scholarly research			e		Othe	er						
С		Preservation for future generation	ns											
4	Provi Part	de a description of the organizatio XIII	n's collections and	explain h	ow the	y furtl	ner th	e organız	ation's e	xempt purp	ose in			
5		ng the year, did the organization so is to be sold to raise funds rather t								nılar	□ Y	es	□ N	0
Pa	rt IV	Escrow and Custodial Arr Complete if the organization X, line 21.	angements. answered "Yes"	on Forn	n 990	, Part	IV, I	ine 9, or	reporte	ed an amo	unt on	Form	990,	Part
1a		e organization an agent, trustee, c ded on Form 990, Part X?	ustodıan or other ॥	ntermedia	ary for	contri	butior	s or othe	er assets	not	□ <b>Y</b>	es	□ N	o
b	If "Ye	es," explain the arrangement in Pa	rt XIII and complet	te the foll	owing	table		[		-	mount			_
С		nning balance	·		_			l	1c					_
d	Addıt	ions during the year						l	1d					_
е		butions during the year						İ	1e					_
f		ng balance							1f					_
<b>2</b> a		he organization include an amount	on Form 990, Part	t X, line 2	1, for	escrow	or cu	ı ıstodıal a	ccount lia	ability?	□ Y	es	□ N	— о
b	If "Y∈	es," explain the arrangement in Pa	rt XIII Check here	If the exp	planati	on has	been	provided	d in Part :	XIII				
Pa	irt V	<b>Endowment Funds.</b> Comp	lete if the organi	zation ar	nswer	ed "Y	es" o	n Form	990, Pai	t IV, line	10.			
			(a)Current	t year	<b>(b)</b> Pr	ior yea	r	<b>(c)</b> Two ye	ears back	(d)Three ye	ars back	(e)Fo	our year	rs back
1a	Beginr	ning of year balance												
b	Contril	outions												
C	Net in	vestment earnings, gains, and loss	es											
d	Grants	or scholarships												
е		expenditures for facilities												
		ograms		-			-							
		istrative expenses					-							
_		year balance	•											
2		de the estimated percentage of th	· ·	balance (	line 1g	g, colu	mn (a	)) held a	s					
а		d designated or quasi-endowment	<b>&gt;</b>											
b		anent endowment 🕨												
C		porarily restricted endowment >												
_	'	percentages on lines 2a, 2b, and 2												
3a		here endowment funds not in the paration by	possession of the o	organizatio	on that	are n	eid ar	ia aamini	sterea ro	r tne		ſ	Yes	No
	_	nrelated organizations									3	a(i)		
	• •	elated organizations									—	a(ii)		
b		es" on 3a(II), are the related organ	ızatıons listed as re	equired or	n Sche	dule R	?.				.	3b		
4	Desc	ribe in Part XIII the intended uses	of the organization	n's endow	ment f	unds								
Pa	rt VI	Land, Buildings, and Equi												
		Complete if the organization												
	Descr		st or other basis evestment)	(b) Cost o	r other	basis (	otner)	(c) Acc	umulated o	depreciation		(а) во	ok valu	e
1a	Land													
b	Buildin	gs				2:	14,698			100,806				113,892
c	Leasel	nold improvements												
d	Equipr	nent				53	32,751			333,212				199,539
е	Other													
Tota	al. Add	lines 1a through 1e (Column (d) r	nust equal Form 99	90, Part X	, colun	nn (B)	, line	10(c)).		<u> </u>				313,431
_					_							- /F		0) 2010

Part VII	Investments—Other Securities. Complete if the org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )				•	115
Part X	<b>Other Liabilities.</b> Complete if the organization answer See Form 990, Part X, line 25.	rea 'Y			IV, line 11e or	11f. 
(1) Federal :	(a) Description of liability ncome taxes		(b) B	ook value		
<u>· · · · · · · · · · · · · · · · · · · </u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		+				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck h	nere If the	text of the foot	note has been pro	ovided in Part XIII

Schedule D (Form 990) 2018

Page 4

		venue per Audited Financial Stateme zation answered 'Yes' on Form 990, Part			Return	
1 T		upport per audited financial statements			1	
<b>2</b> A	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
a N	Net unrealized gains (losses) on ii	nvestments	2a			
<b>b</b> D	Donated services and use of facili	ties	2b			
c R	Recoveries of prior year grants .		2c			
d C	Other (Describe in Part XIII )		2d			
e A	Add lines <b>2a</b> through <b>2d</b> .		•			
<b>3</b> S	Subtract line <b>2e</b> from line <b>1</b> .				3	
<b>4</b> A	Amounts included on Form 990, P	art VIII, line 12, but not on line <b>1</b>				
a I	nvestment expenses not included	d on Form 990, Part VIII, line 7b	4a			
<b>b</b> 0	Other (Describe in Part XIII ) .		4b			
с А	Add lines <b>4a</b> and <b>4b</b>		٠		4c	
5 T	otal revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)			5	
Part 2		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Return	l.
1 T		dited financial statements			1	
	Amounts included on line 1 but no					
		ties	2a			
	Prior year adjustments		2b			
	Other losses		2c			
d C	Other (Describe in Part XIII ) .		2d			
	,		·		_   2e	
					3	
		Part IX, line 25, but not on line 1:				
	· ·	d on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII ) .	, , , , , , , , , , , , , , , , , , ,	4b			
			<del>ـــــ</del>		-  <sub>4c</sub>	
		c. (This must equal Form 990, Part I, line 18			5	
Part						
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference			planation		
See Add	ditional Data Table					

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### Additional Data

Software ID: Software Version:

EIN: 52-0294027

Name: BALTIMOREWASHINGTON LABORERS

DISTRICT COUNCIL

Supplemental Information

Return Reference

Explanation

SCHEDULE D, PAGE 3, PART X

THE DISTRICT COUNCIL IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(5) OF THE INT
ERNAL REVENUE CODE, THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMP
ANYING FINANCIAL STATEMENTS THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DE
CEMBER 31, 2018 AND 2017 THE ORGANIZATIONS INFORMATIONAL RETURN FILINGS ARE SUBJECT TO AU

DIT BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER FILING

DLN: 93493319167799 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number BALTIMOREWASHINGTON LABORERS 52-0294027 DISTRICT COUNCIL Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page <b>2</b>
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete if the orga	nızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONATIONS	9	10,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informa	ation. Provide the info	ormation required in F	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference Explana	ation				

MONTHLY MEETINGS

#### **Additional Data**

INAUGURAL INC 1307 SADDLEBACK ROAD PIKESVILLE, MD 21208

### Software ID: **Software Version:** Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) FIN (c) IRC section (a) Name and address of

# **EIN:** 52-0294027

Name: BALTIMOREWASHINGTON LABORERS DISTRICT COUNCIL

(d) Amount of cash

(e) Amount of non- (f) Method of valuation

(a) Description of

(h) Purpose of grant

organization or government	(5) 2.11	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
ASSOCIATED GENERAL CONTRACTORS-DC 2300 WILSON BLVD STE 400 ARLINGTON, VA 22201	53-0029260	C6	7,000				GENERAL SUPPORT
BALTIMORE COUNTY	27-3920746	C4	10,000				GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 83-1189952 N/A 31.267 EVERY VOTE COUNTS LLC LEGAL DEFENSE FUND 100 WEST ROAD SUITE 300 TOWSON, MD 21204

100 WEST ROAD SUITE 300
TOWSON, MD 21204

GREATER WASH COMMUNITY 23-7343119 C3 10,000

GENERAL SUPPORT
FOUNDATION
1325 G STREET NW SUITE 480

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-4178664 527 20.000 MD DEMOCRATIC SENATORIAL POLITICAL CONTRIB CAUCUS COMMITTEE

COMMITTEE
PO BOX 1886
ANNAPOLIS, MD 21404

WASH DC COMM YOUTH 82-5300471 C3 15,000

GENERAL SUPPORT
FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2237 33RD STREET NE WASHINGTON, DC 20018

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9331	9167	799	
Sch	edule J	Co	mpensat	ion Information	40	IB No	1545-0	0047	
(Forr	n 990)	► Complete if the orga	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.						
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>/Form990</u> for	instructions and the latest inforr	mation.		to Pul ectio		
	ne of the organiz	Iation			Employer identificat				
	TIMOREWASHINGTO TRICT COUNCIL	ON LABORERS			52-0294027				
Pa	rt I Questi	ons Regarding Compensat	ion		32 023 1027				
	<u> </u>						Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
		s or charter travel		Housing allowance or residence for	personal use				
		companions	닏	Payments for business use of perso					
		nification and gross-up payments	님	Health or social club dues or initiation					
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	feur, chef)				
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes		
2				or allowing expenses incurred by all	. 1-2	2	Yes		
	directors, truste	ees, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked in line	e la?				
3	organization's C	EO/Executive Director Check all	that apply Do i	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	Compens	ation committee		Written employment contract					
		ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee				
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-contr	rol payment?			4a		No	
b		r receive payment from, a supple		lified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No	
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did	the organization pay or accrue any					
а	The organization	n <sup>2</sup>				5a			
b	Any related org					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any					
а	The organization	n?				<b>6</b> a			
b	Any related org					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6 <sup>7</sup> If "Yes,		the organization provide any nonfixe art III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2018	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title			of W-2 and/or 1099-MIS		Part VII, Section A, line 1 (C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID ALLISON BUS MANAGER	(i)	180,351	6,933	2,749	64,008	7,260	261,301	
2 DENNIS DESMOND	(ii)	154,587						
PRESIDENT	(i)	154,587	5,942	578	55,764 	7,260	224,131	
	(ii)							

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DL	N: 93493319167799
SCHEDUL (Form 990 or EZ)	· 990-	Complete to pro Form 990 o	on to Form 990 or 9 responses to specific quest ide any additional information 1990 or 990-EZ. 90 for the latest information	ions on on.	OMB No 1545-0047  2018  Open to Public Inspection	
Name! & the of Baltimorewash District counci 990 Schedul	INGTON LABO	RERS lemental Informatio	on		<b>Employer ide</b> 52-0294027	ntification number
Return Reference				Explanation		
FORM 990, PAGE 6, PART VI, LINE 2				ENT AUDITOR FAMILY MEMBI	ER	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	MEMBERS INCLUDE ANY INDIVIDUAL WHO A) EXECUTED A WRITTEN MEMBERSHIP APPLICATION, B) TENDE
PAGE 6,	RED THE INITIATION FEE AND ONE MONTH'S DUES BY CASH OR WRITTEN AUTHORIZATION FOR CHECK OFF
PART VI,	, C)WAS ACCEPTED BY THE LOCAL UNION THOUGH ACCEPTANCE OF THE APPLICATION AND DUES, D)HAS T
LINE 6	AKEN THE OATH OF OBLIGATION AS A MEMBER AT A REGULAR MEETING, UNLESS DISPENSED WITH BY THE
	LOCAL UNION

Return Explanation
Reference

LINE 7A

FORM 990, ALL ACTIVE MEMBERS ARE ENTITLED TO ONE VOTE WHEN ELECTIONS FOR THE GOVERNING BOARD ARE HELD PAGE 6, PART VI.

Return Explanation
Reference

FORM 990, PAGE 6, ION, AND ALLOWED TO NOMINATE CANDIDATES AND VOTE IN ELECTIONS AND REFERENDUMS OF THE UN ION, AND ALLOWED TO ATTEND MEMBERSHIP MEETINGS AND TO PARTICIPATE IN THE DELIBERATIONS AND VOTING UPON THE BUSINESS OF SUCH MEETINGS

Return Explanation
Reference

FORM 990, THE BUSINESS MANAGER REVIEWS THE FORM 990 AND THEN PRESENTS IT TO THE BOARD PRIOR TO SUBMISSION WITH THE INTERNAL REVENUE SERVICE

PART VI,
LINE 11B

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF BEST PRACTICES THAT IS A PART OF THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED ANY MEMBER OR EMPLOYEE O F THE ORGANIZATION CAN CONTACT THE LIUNA (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) GENERAL PRESIDENT WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE COD E OF BEST PRACTICE OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE OR PROCEDURE ADOPT ED BY THE LIUNA GENERAL EXECUTIVE BOARD THE CODE OF PRACTICE EXPLAINS THE DISCIPLINARY PR OCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTRUSTE D TO ENFORCE THE CODE THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO R EPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICT OF INTEREST THIS INF ORMATION IS OPEN TO THE PUBLIC

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	IN ACCORDANCE WITH THE UNIFORM DISTRICT COUNCIL CONSTITUTION THE SALARY AND COMPENSATION T
PAGE 6,	O BE PAID TO ELECTED OFFICIALS AND OFFICIALS SHALL ORDINARILY BE FIXED PRIOR TO NOMINATION
PART VI,	S PROVIDED THAT ADJUSTMENTS TO SALARY DURING THE FORM OF THE OFFICE MAYBE BE AFFECTED IN
LINE 15A	ACCORDANCE WITH THE PROVISIONS OF ARTICLE IX

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE CONSTITUTION (GOVERNING DOCUMENT) AND CODE OF BEST PRACTICES (CONFLICT OF INTEREST POL
PAGE 6,	ICY) IS AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS, ONLINE DISCLOSURE P
PART VI,	UBLIC DISCLOSURE ROOM THE INFORMATION IS FILED UNDER LABORER'S INTERNATIONAL UNION OF NOR
LINE 19	TH AMERICA, WHICH FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN
	BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

BALTIMOREWASHINGTON LABORERS

Internal Revenue Service Name of the organization

DISTRICT COUNCIL

## **Related Organizations and Unrelated Partnerships**

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

As Filed Data -

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

**Employer identification number** 

52-0294027

DLN: 93493319167799

Open to Public Inspection

Part 1 Identification of Disregarded Entities Complete	te if the organi	ization answ	ered "Yes	" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (If applicable) of disregarded entity		( <b>b)</b> Primary a		Legal dom or foreigr		(d Total ır		(e) End-of-year a	assets	<b>(1</b> Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax ye		te ıf the org	anızatıon	answered	"Yes" on F	orm 990	, Part I	V, line 34 be	ecause	it had one or	more	
(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity		c) nicile (state n country)	(d) Exempt Coo	) le section	Public of	(e) charity status on 501(c)(3))	Di	<b>(f)</b> rect controlling entity	Section (13) co	<b>g)</b> n 512(tontrolle
											Yes	+
(1)BALTIMORE WASHINGTON CONSTRUCTION AND PUBLIC EMPLOYEES LABORERS PAC1920 L STREET NW STE 301	PAC	PAC		/A	527				N/A			No
WASHINGTON, DC 20036 46-3464558												
(2)572-LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL UNION 5725627 ALLENTOWN ROAD STE 206	UNION		,	/A C5					BW LAE DISTRI	BORER CT COUNCIL	Yes	
CAMP SPRINGS, MD 20746 54-0965469												
(3)11-CONSTRUCTION & MASTER LABORERS LOCAL 115201 FIRST PLACE NE	UNION		\	<b>V</b> A	C5				BW LAE DISTRI	BORER CT COUNCIL	Yes	
WASHINGTON, DC 20011 52-2360167												
(4)710-CONSTRUCTION LABORERS' LOCAL UNION 7103200 WILKINS AVENUE	UNION	UNION		4D	C5				N/A			No
BALTIMORE, MD 21229 26-3283596									N/A			
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Ca	t No 5013	<u>I</u> 5Y				Sch	edule R (Form	990) 2	018

		(state or foreign country)	controlling entity	income(rela unrelated excluded fr tax unde sections 51 514)	d, rom r	ne end-of-year assets	alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ner?	Percent owners
							Yes	No		Yes	No	
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus on or tru	<b>it</b> Complete st during th	l if the organe tax year	anızatıon an	 swered "Yes	on Fo	l orm 99	l 90, Part IV,	line	34	
<b>(b)</b> Primary activity	Lo dor (state)	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ction ! 3) con entit
												res
											_	$\downarrow$
											$\perp$	
				+							+	$\dashv$
	rganizations treated as	(b) Primary activity    Compared to the composition of the composition	rganizations treated as a corporation or tru	(b) Primary activity  (c) Legal domicile (state or foreign	(b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity  (d) Direct controlling entity	(b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	(b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)  (e) Type of entity (C corp, S corp, or trust)  (f) Share of total income	(b)   (c)   (d)   (e)   (f)   (g)   (Primary activity   Legal domicile (state or foreign   (state or for	(b)   (c)   (d)   Type of entity   C corp, S corp, or trust)   (state or foreign   (state or foreign   (c)   (dd)   (e)   (f)   (f	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign (state or foreign (state or foreign)) (d) (e) (f) (f) (g) (h) Share of end-of-gentity (f) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (h) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h

Sched	ule R (Form 990) 2018		Pa	age <b>3</b>
Pa	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
<b>1</b> D	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	<b>1</b> b		No
С	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)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		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
1	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
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	

	1 1	l l
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l 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	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	Yes
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	Yes
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

(b) Transaction type (a-s) (d) (a) Name of related organization (c) Amount involved Method of determining amount involved (1)LOCAL 11 CONSTRUCTION & MASTER LABORERS LOCAL 11 Q 118,057 FMV (2)LOCAL 572 LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL UNION 572 310,417 FMV Q

(3)LOCAL 572 LABORERS INTERNATIONAL S 783,153 FMV UNION OF NORTH AMERICA LOCAL UNION 572

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General ( managin partner	or g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	ı									Schedul	e R (Form	199	0) 2018

