Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED JJL 2 3 2019

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	FUI (the 2016 Calendar year, or tax year beginning and	a enaing		
В	Check applica	C Name of organization CONSTRUCTION AND LOCAL LABORERS		D Employer identi	fication number
Γ	Add	tress UNION #984	-		
Ē	Nar Cha	ne		55-	0244859
	lnitr retu		Room/suit		
	Fina	2027 HAMTIT AVENUE	}	[30	4] 622-7841
	tern ateo	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,839,503.
	tretu			H(a) Is this a group	return
	App	F Name and address of principal officer BYRON MCGRADY		for subordinate	es? Yes X No
			301	H(b) Are all subordinates	
		xempt status 501(c)(3) _X 501(c)(5) ◀ (insert no.) 4947(a)(1)	or	If "No," attach	a list (see instructions)
		site: N/A		H(c) Group exempti	
	Form art I	of organization Corporation Trust Association X Other LOC Summary	'AL L Yea	r of formation: 1940	M State of legal domicile: WV
Ð	1	Briefly describe the organization's mission or most significant activities LOCA	L LAB	OR UNION FOR	R THE
Governance		ENHANCEMENT OF EMPLOYMENT TO ITS MEMBERS			
ž.	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net a	1
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	837
প্র	4	Number of independent voting members of the governing body (Part VI, line 1b)	4		
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
AC	1	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	
	<u> </u>	Net unrelated business taxable income from Form 990-T; line 38, 7-7		[7b	
			-	Prior Year	Current Year 0 .
ue	8	1121	 -	552,930.	
Revenue	10	Program service revenue (Part VIII, line 2g) PR 1 3 7 7 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,347.	26,424.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c;79c;10c; and 11e)	0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)		563,277.	2,839,503.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		132,608.	218,671.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		227,603.	235,822.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,543.	59,422.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		415,754.	513,915.
	19	Revenue less expenses Subtract line 18 from line 12		147,523.	2,325,588.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
Sset		Total assets (Part X, line 16)	ļ	3,391,774.	5,717,362.
\$50 \$50		Total liabilities (Part X, line 26)		0.	0.
흲		Net assets or fund balances Subtract line 21 from line 20		3,391,774.	5,717,362.
	rt II	Signature Block			under and ballet it is
		ilties of perjury, I declare that I have examined this return, including accompanying scheduler			y knowledge and bellet, it is
<u>true,</u>	correc	et, and complete Declaration of preparer (other than officer) is based on all information of wh	iich preparei	I has any knowledge	19
Sign		Signature of officer		Date Date	<u>' </u>
Here		BYRON MCGRADY, PRESIDENT		•	
11616	7	Type or print name and title			
		Print/Type preparer's name Preparer's lignature		Date Check	PTIN
Paid		SECRET & SHIELDS, A.C.		03/28/19 self-employ	P00626980
Prepa		Firm's name SECRET & SHIELDS, A.C.	7	Firm's EIN	31-1554057
Use (Firm's address PO BOX 1150			
		CLARKSBURG, WV 26301		Phone no.	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No

	m 990 (2018) UNION # 98 4 55-	0244859	Page 2
P	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
٠	LOCAL LABOR UNION FOR THE ENHANCEMENT OF EMPLOYMENT TO ITS	MEMBERS	
	BOOM BUILD ON TOK THE BRIMERCHMERT OF BRIDGIABRY TO THE	HEMDERS	
		· · · · · · · · · · · · · · · · · · ·	-
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LX No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, a	and
4-	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$,
	DOCAL DADOR ONTON		

4b	(Code) (Expenses \$)
		,	
·C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
	· · · · · · · · · · · · · · · · · · ·		
d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u> </u>	Total program service expenses ► 507,553.		
		Form 99 6	U (2018)



<u>55-024485</u>9

Form 990 (2018) UNION #984

Part IV Checklist of Required Schedules

			Yes	No.
1	5 (-)(-)(-) (-) (-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
_	If "Yes," complete Schedule A	1	-	X
2		2	┼	X
3	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7,
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	7,7,7	1		
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	+	+
5		_		J.,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	+-	X
6	, , , , , , , , , , , , , , , , , , ,			-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
7		_		- VF
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	į .		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	ļ		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yos," complete Schedule D,			
	Part VI	11a	X	├
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ľ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		<u>X</u>
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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	i		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- [
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_X</u>
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	ļ		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>

Form 990 (2018) UNION #984

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	, , , , , , , , , , , , , , , , , , , ,			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
04	Schedule J	23_	-	X
246	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			ĺ
	Schedule K If "No," go to line 25a	24a	}	х
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10	 	
	any tax-exempt bonds?	24c		
	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
25 a	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	İ		
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			3,7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
20	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		Χ_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_	- 1	v
20	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52	$\neg \neg$	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		- 1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an ontity that is not a rolated organization		- 1	7.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lincs 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V		[\neg
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0	- 1	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 <u>c</u>		
32004	12-31-18	Form 9	990 (2	018)

Form 990 (2018) UNION #984

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_ X
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)			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ <u>X</u> _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	63		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l i		
	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С			- 1	v
	to file Form 8282?	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e •	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	i	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	. 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	.	1	
	amounts due or received from them)		- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	- -	
	Note. See the instructions for additional information the organization must report on Schedule O	-104	$\overline{}$	
	Enter the amount of reserves the organization is required to maintain by the states in which the	- 1		
	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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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?	15		<u>X</u> _
	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?	16		<u>X_</u>
	If "Yes," complete Form 4720, Schedule O	$\perp \perp$	$\bot \bot$	
		Form S	990 (2	018)

_	_
Page	O

Form 990 (2018) UNION #984 55-0244859 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	Check if Schedule O contains a response or note to any line in this Part VI					X
	and management				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	837	7	1.03	140
	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.				ĺ	ĺ
b		1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		ļ
	officer, director, trustee, or key employee?		,	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		•	5		X
6	Did the organization have members or stockholders?			6		X
7a		point	one or			
	more members of the governing body?	•		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e followina			
а	The governing body?	.,		8a	Х	
_	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	it the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,		1	
	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	befor	e filing the form?	11a	_X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conf	licts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," de	scribe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		_X_
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u> _
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		í		1	
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u> _
b	Other officers or key employees of the organization			15b		<u>x</u> _
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ł		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a			
	taxable entity during the year?			16a		<u>X</u> _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its pa	irticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi;	zation	's			
	exempt status with respect to such arrangements?			16b		
ect	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ► NONE			-		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	990-1	(Section 501(c)(3)s	only)	avaılab	le
	for public in spection. Indicate how you made these available. Check all that apply					
	X Own website Another's website Don request Other (explain in	Sche	edule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of	interest policy, and	fınanc	al	
	statements available to the public during the tax year					
	State the name, address, and telephone number of the person who possesses the organization's book	s and	records -			
	DONALD CASTO - 304 622-7841					
	2027 HAMILL AVENUE CLARKSBURG, WV, CLARKSBURG, W	<u>V</u>	26301			

	<u>Form 990 (2</u>			1 #984				55-
Į	Part VII	Compensa	ition of Offic	ers, Directors	, Trustees,	, Key Employees	Highest	Compensate

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week	offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WAYNE GORBY	1.00									
SECRETARY/TREASURER		X		L		_		1,380.	0.	0
(2) TED MICK	1.00							1		
EX. BOARD		X				<u> </u>		480.	0.	0
3) ROADIE GRAY	1.00									
EX. BOARD		X						480.	0.	0
4) RICHARD MCGRADY	50.00									
BUSINESS MANAGER		<u> </u>		X				_96,986.	0.	0
5) TERRY WALLS	2.00								_	
EC SECT.				Х				1,380.	0.	0
6) BRIAN STEVENS	2.00								_	
ICE-PRESIDENT				Х				480.	0.	0
7) BYRON MCGRADY	1.00		ĺ					[_	
RESIDENT				X				1,380.	0.	0
							_			
									_	
						i				
			_	1						
			\dashv	-		+				
			\dashv	\dashv	1	+	-			
		+	\dashv	\dashv	\dashv	-	\dashv			

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	yees			ighe	st C						
(A)	(B)		-		C) sition	,		(D)	(E)]	(F)	
Name and title	Average			check	more	than		Reportable	Reportable		1	stıma	
	hours per week					ıs bat or/trus		compensation	compensation		a	moun	
	(list any	\vdash	T	T	Ť	1	<u> </u>	from the	from related			othe	
	hours for	director		1	1	_		organization	organization (W-2/1099-MIS		I	npens from t	
	related	5	ig ig	İ		satec		(W-2/1099-MISC)	(***2/1099-10110	30)	i	ganiza	-
	organizations	Individual trustee or	Institutional trustee	l	1 E	ag m		(** 27 1000 111100)				nd rela	
	below	la la	ğ	<u> </u>	old	S as	a		•	l	,	anıza	
	line)	lad y	E E	Officer	Кеу етріоуее	Highest compensated employee	Former						
		1			ĺ					-			
					_								
		1]			j					
	·	┢				Н			~	$\neg \neg$			
	···							***************************************	***********				
	<u> </u>												
	 	\vdash										_	
							ı			ł			
	+		\dashv			\dashv				\longrightarrow			
				İ			İ			- [
	 	-			\dashv					\dashv			
	-			_						\dashv			
			ľ	- 1	ľ		- 1			Ì			
					_		\dashv						
		ľ			ŀ					İ			
	<u> </u>			[<u>_</u> Ĺ							
1b Sub-total							▶	102,566.		0.			_ 0.
c Total from continuation sheets to Part V	II, Section A)	▶	0.		0.			_ 0.
d Total (add lines 1b and 1c)						<u> </u>	▶]	102,566.		0.			_ 0 .
2 Total number of individuals (including but r	ot limited to the	ose	liste	d ab	ove)) wh	o red	ceived more than \$100,	000 of reportable)			
compensation from the organization													
										_		Yes	No
3 Did the organization list any former officer,	director, or true	stee	, key	em/	ploy	/ee,	or h	ighest compensated en	nployee on		- 1		
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	ım of reportable	e coi	mpe	nsat	lion .	and	othe	er compensation from th	ne organization				
and related organizations greater than \$150	0,000? <i>If</i> "Yes,"	con	nple	te S	ched	dule	J fo	r such individual		L	4		X
5 Did any person listed on line 1a receive or a									lual for services	Γ			
rendered to the organization? If "Yes," com	plete Schedule	J fo	ı SU	ch p	ersc	m					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated indi	eper	nden	it co	ntra	ctor	s tha	at received more than \$	100,000 of comp	ensa	tion f	rom	
the organization Report compensation for													
(A)							Т	(B)			(C	:)	
Name and business	address	NO	NE					Description of se	rvices	Cc		, isatioi	n
							1						
			-				\top						
							╢						
	 -	-					+						
							+-						
									1				
													
2 Total number of independent contractors (in		t lim	ited	to th	_	uste	ed a	bove) who received mo	re than				
\$100,000 of compensation from the organiz	ation 🕨				0								
										F	orm 9	190) (2	018)

			Check if Schedule O cor	ntains a respons	e or note to any	line in this Part VIII			
	,		,	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	l a	Federated campaigns	1a					
S S			Membership dues	1b		_			
Ł,	İ		Fundraising events	1c					
قِّ قِ	ļ		Related organizations	1d		_			1
Sins,	ľ		Government grants (contribu			_	1		
er.	l	f	All other contributions, gifts, gra						
ま			similar amounts not included abo			_			
ğ		_	Noncash contributions included in line	s 1a-1f \$					
<u>0 10</u>		<u>n</u>	Total. Add lines 1a-1f		Business Cod				
as .	2	2	MEMBERSHIPS, DI	TES AND		2,813,0 <u>79</u> .	2 813 079		
Š	_	b	MERIDERONITIO, D.		301000	2,013,013.	2,013,073.		
Ser		c				1			
eve		d							
Program Service Revenue		e							
مة		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		>	2,813,079.			
_	3		Investment income (including	dıvıdends, intei	est, and				
			other similar amounts)		>	26,424.	26,424.		
Í	4		Income from investment of ta	x-exempt bond	proceeds >				
l	5		Royalties	r	>				
ŀ				(ı) Real	(ıı) Personal	1			
- 1	6	а	Gross rents			-			}
		b	Less rental expenses			_			
-			Rental income or (loss)			-			
- 1			Net rental income or (loss)		<u> </u>	<u> </u>			
	7	а	Gross amount from sales of	(i) Securities	(II) Other	-			
			assets other than inventory		 				
		b	Less cost or other basis						
- 1			and sales expenses		 	-			
			Gain or (loss)			-			
			Net gain or (loss) Gross income from fundraising	a avente (not					
<u>۽</u> ا	8		including \$	•					
Ş			contributions reported on line					ĺ	
Other Revenue			Part IV, line 18	а					
章			Less direct expenses	b					
°			Net income or (loss) from fund]			
			Gross income from gaming ac	-					
			Part IV, line 19	а					
	ı	b	Less direct expenses	b]			
	•	C :	Net income or (loss) from gam	ing activities					00
	10 a	а	Gross sales of inventory, less i	returns					
		i	and allowances	а					
	ŀ	o 1	Less cost of goods sold	b	L				
-		;	Net income or (loss) from sales						
-			Miscellaneous Revenue	<u> </u>	Business Code]			
	11 a	-							
	t	-			<u> </u>			-	
	C	-	All _Ak						
	•		All other revenue						
1.	€ 2		Total, Add lines 11a-11d Total revenue. See instructions			2,839,503.2	839 503	0.	0.
32009			· - · · · · · · · · · · · · · · · · · ·				.,,		Form 990 (2018)

Form 990 (2018)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 218,671. 218,671. Benefits paid to or for members Compensation of current officers, directors, 102,566 102,566 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 54,836. 54,836. 7 Other salaries and wages Pension plan accruals and contributions (include 65,098 65,098 section 401(k) and 403(b) employer contributions) Other employee benefits a 13,322.13,322 Payroll taxes Fees for services (non-employees) Management 200 200. Legal b 4,662. 4,662. Accounting Lobbyina Professional fundraising services. See Part IV, line 17 1,500 1,500 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 780 780 12 Advertising and promotion 20,126. 20,126. Office expenses 13 Information technology 14 Royalties 12,217 12,217 Occupancy 16 1,463 1,463 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 7,777. 7.777. Depreciation, depletion, and amortization 22 Insurance 23 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) 10,697. 10,697 MEMBER EXPENSES b e All other expenses 507,553. 6,362. 513,915. Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	363,476.		167,589
	2	Savings and temporary cash investments	2,951,070	2	5,444,747
	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			
	į	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	l	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 144,821.			
	b	Less accumulated depreciation 10b 39,795.	77,228.	10c	105,026
	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11		15	
[16	Total assets. Add lines 1 through 15 (must equal line 34)	3,391,774.	16	5,717,362.
	17	Accounts payable and accrued expenses		17	
ŀ	18	Grants payable		18	
	19	Deferred revenue	<u>-</u>	19	
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Common		Complete Part II of Schedule L		22	
'	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		[
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X of		}	
		Schedule D		25	
	<u> 26</u>	Total liabilities. Add lines 17 through 25	0.	26	0.
-		Organizations that follow SFAS 117 (ASC 958), check here ▶			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
		Temporarily restricted net assets		28	
1		Permanently restricted net assets		29	
.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶└Х┘			
		and complete lines 30 through 34.			^
		Capital stock or trust principal, or current funds	0.	30	
		Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
ı		Retained earnings, endowment, accumulated income, or other funds	3,391,774.	32	<u>5,717,362.</u>
ı		Total pet accets or fund belonges	3,391,774.	33	5,717,362.
- }		Total net assets or fund balances Total liabilities and net assets/fund balances	3,391,774.	34	5,717,362.

***** **** **** ***** ***** *****

For	m 990 (2018) UNION #984	<u> 55-0.</u>	<u> 244859 </u>	Page 12	
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,503.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,915.	
3	Revenue less expenses Subtract line 2 from line 1	3	2,325	<u>,588.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,391	.,774.	
5	Net unrealized gains (losses) on investments	5			
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		<u> </u>	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,717	<u>,362.</u>	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·		
				res No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a	<u> X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

832012 12-31-18

Form **990** (2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2018
Open to Public

Open to Public Inspection

CONSTRUCTION AND LOCAL LABORERS Name of the organization Employer identification number UNION #984 55-0244859 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and onforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	edule D (Form 990) 2018 UNION #								24485		age 2
Pa	art III Organizations Maintaining (
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							S			
	(check all that apply)										
а	Public exhibition	C	, [_] [oan or excha	ange program	าร					
b	Scholarly research	•	e LOt	ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how the	y further the	organization	r's exemp	t purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treasu	res, or other	sımılar a	ssets		_		_
	to be sold to raise funds rather than to be m	aintained as part of	the organiz	zation's colle	ection?				Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntributions	or other asse	ts not inc	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole.							
		·	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	crow or cust	odial accoun	t liability	7		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation l	has been pr	ovided on Pa	art XIII					
Pa	rt V Endowment Funds. Complete it	f the organization an	swered "Y	es" on Form	n 990, Part IV	, line 10					
		(a) Current year	(b) Prio	r year(c) Two years t	ack (d)	d) Three years back (e) Four years back				
1a	Beginning of year balance										
b	Contributions								Ĺ		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
a	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a)) h	neld as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ition that a	re held and	administered	for the	organiz	ation	_		
	by								`	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(11)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Sche	edule R?					3b	\perp	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f <u>un</u>	ds							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, Iır	ne 11a See	Form 990, P	art X, line	10				
	Description of property	(a) Cost or ot		(b) Cost or		(c) Accu		d	(d) Book	value	
	, , ,	basis (investm	ent)	basis (oth	ner)	depred	ation				
1a	Land _	58,240.					58,240.				
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			86,	581.	3	9,79)5.	46	,78	6.
	Add lines 12 through 1a (Column (d) must ea	und Form 000 Port \	/ column /		-				105	.02	6

Schedule D (Form 990) 2018

55-0244859 Page 3

Schedule D (Form 990) 2018

UNION #984

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A)(B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3)(4) (5) (6)(7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X | Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

832053 10-29-18

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 UNION #984		55-02	244859 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total revenue, gaine, and other support per audited financial statements		1	2,839,503
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,839,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0,
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,839,503.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total expenses and losses per audited financial statements	•	1	513,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2athrough 2d		2e	0.
3	Subtract line 2e from line 1		3	513,915.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5_	513,915.
<u>Par</u>	t XIII Supplemental Information.			

Schedule D (Form 990) 2018

SCHEDULE O

Ð

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

2018

Open to Public_

Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest information. CONSTRUCTION AND LOCAL LABORERS Name of the organization Employer identification number UNION #984 55-0244859 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: LOCAL LABORERS UNION FORM 990, PART VI, SECTION B, LINE 11B: SENT TO INTERNATIONAL FOR REVIEW FORM 990, PART VI, SECTION C, LINE 19: LM-2 AVAILABLE ON WEBSITE