932001 01-20-20

2949302303505

(Rev January 2020) Department of the Treasury

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

Form **990** (2019)

OMB No 1545-0047

<u>Int</u>	ernal Re	evenue Service	the latest	information.	Inspection
Α	For	the 2019 calendar year, or tax year beginning and en	nding		
В	Check	C Name of organization		D Employer identifi	ication number
	applic	CONSTRUCTION AND LOCAL LABORERS		,	
Г	TAd.	dress TDTT ON HOOA			
F		ma l		EE 02440	F.0
늗	Init	inge Doing business as		55-02448	
Ļ	retu	Number and street (or P.U. box if mail is not delivered to street address)	oom/suite	E Telephone numbe	
L	Fin	un/ 2027 HAMILL AVENUE		[304] 62	2-7841
	ate			G Gross receipts \$	2,792,044.
L	Am	CLARKSBURG, WV 26301		H(a) Is this a group re	eturn
	Jtion			for subordinates	o? ☐ Yes X No
	pen	ding 2027 HAMILL AVENUE, CLARKSBURG, WV 2630	212	H(b) Are all subordinates ii	ncluded? Yes No
_	Tax-e	exempt status 501(c)(3) X 501(c) (5) (insert no.) 4947(a)(1) or [• • • • • • • • • • • • • • • • • • • •	list (see instructions)
_		site: ► N/A		H(c) Group exemptio	
					State of legal domicile: WV
$\overline{}$	art I	of organization:	A L Teal O	n Iormanon. 1340 N	A State of legal doffficile WV
F	1	4 <u>.</u>	T 3 DO	. IDITOR DOD	
မှ	1	Briefly describe the organization's mission or most significant activities LOCAL	LABO	R UNION FOR	THE
Governance		ENHANCEMENT OF EMPLOYMENT TO ITS MEMBERS.			
er.	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>693</u>
ر مح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
ŧ	6	Total number of volunteers (estimate if necessary)		6	0
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď	1	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
	<u> </u>	- Tot divided beautions taxable moonie from one of the ob-		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	.	0.	0.
ņ	8		1 H	2,813,079.	2,676,438.
ver	9	Program service revenue (Part VIII, line 2g)	I		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d, PR 2 4 2020	!	26,424.	115,606.
	11	the state of the s	<u> </u>	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	2,839,503.	2,792,044.
	13	Grants and similar amounts paid (Part IX, column A), line GDEN, UT		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		218,671.	238,866.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	235,822.	292,000.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>. </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,422.	<u>98,485.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		513,915.	629,351.
	19	Revenue less expenses Subtract line 18 from line 12		2,325,588.	2,162,693.
Fund Balances			Begi	nning of Current Year	End of Year
딇	20	Total assets (Part X, line 16)		5,717,362.	7,880,055.
乫	21	Total liabilities (Part X, line 26)		0.	0.
걸히		Net assets or fund balances Subtract line 21 from line 20		5,717,362.	7,880,055.
Pa	rt II	Signature Block		-, ,	
		iltics of perjury, I declare that I have examined this return, including accompanying schedules and	d statemen	ts, and to the best of my	knowledge and belief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which p			, , , , , , , , , , , , , , , , , ,
,	00.100	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	properor no		32 <i>/</i> 2
		Signa are of officer		x 3/30/20	
Sign					
iere	,	BYRON MCGRADY, PRESIDENT Type or print name and title			
			Dat	P Check	7 PTIN
		Print/Type preparer's name Preparer's signature			J
aid		SECRET & SHIELDS, A.C.	<u> 10 3</u>	/ 26 / 20 sett-employed	
repa	- 1	Firm's name SECRET & SHIELDS, A.C.		Firm's EIN ▶ 3	1-1554057
se C	Only	Firm's address PO BOX 1150			
		CLARKSBURG, WV 26301		Phone no. 3 0 4	624-9149
lav	the IF	RS discuss this return with the preparer shown above? (see Instructions)	71	\mathcal{L}	Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (2019) UNION # 984	<u>55-0244859</u>	Page 2
P	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	LOCAL LABOR UNION FOR THE ENHANCEMENT OF EMPLOYMENT TO I	TS MEMBERS	
		·	
		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	[]	
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O		<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X 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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	· · · · · · · · · · · · · · · · · · ·	\$)
	LOCAL LABOR UNION		
			
			
		<u> </u>	
4b	(Code) (Expenses \$) (Revenue \$	\$)
		· · · · · · · · · · · · · · · · · · ·	
			
c	(Code) (Expenses \$) (Revenue \$)
d	Other program services (Describe on Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
	Total program service expenses ► 613,535.		
		Corm 900	1 (0010)

2110276 700172 10071004



55-0244859

Part IV	/ Ch	ecklist	of Re	auired	Sc	hedu	ıles

			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	<u> </u>	X
2		_2	-	X
3	(,,	ŀ		
	public office? If "Yes," complete Schedule C, Part I	3	╅	X
4		1	1	
_	during the tax year? If "Yes," complete Schedule C, Part II	_4_	-	┼
5		_		1
_	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		_]	
0	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	ļ	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in 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, VIII, VIII, IX, or X			
	as applicable			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ŀ	7.7
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	- 1	v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{X}{X}$
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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	1	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreig nindividuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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> _
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-	1	
	1c and 8a? II "Yes," complete Schedule G, Part II	18		<u>X</u> _
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		
	complete S⊂hedule G, Part III	19		<u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	<u>X</u> _
	If "Yes" to lime 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _

Form 990 (2019) UNION #984

Part IV Checklist of Required Schedules (continued)

٠			Yes	N
2	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	1.0
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١
	Schedule K If "No," go to line 25a	24a	 	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	├
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	 	╁
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	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		l
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, ,		
	instructions, for applicable filing thresholds, conditions, and exceptions)			
č	A current or lormer officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		v
ŀ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 3O 17701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{x}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Λ.
Ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 50 1(x)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36	İ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		j	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa			_	
	Checkif Schedule O contains a response or note to any line in this Part V		<u> </u>	
_	5-1	$\overline{}$	Yes I	No
	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 1a 0 1b 0		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.		- 1	
C	(gambling) winnings to prize winners?	1c		
2200/	01-20-20	Form 9	90 120	7191

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	art; Fig. Statements negariting other individuals and Tax Compliance (continued)			
	Fatarita analysis of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon		Yes	No No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	o	1	1
	, , , , , , , , , , , , , , , , , , , ,	7		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	+	+
2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		J.,
		3a	+	<u> </u>
		3b_	+	+
4	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)?	1		x
	If "Yes," enter the name of the foreign country ▶	4a	├	+-^-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		1
5		5.		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 	X
	: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		 	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	 	+
U	any contributions that were not tax deductible as charitable contributions?	60	1	x
ŀ	of "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		 ^
	were not tax deductible?	- Eh		Į
7	Organizations that may receive deductible contributions under section 170(c).	6b		
, a	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	70	ł	X
b			<u> </u>	 ^
C		7b		
C	to file Form 8282?	70	l	Х
d	1 1	7c	<u> </u>	 ^
e		70	İ	
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	_7e _7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-"-		<u> </u>
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		\rightarrow	<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter	90	$\overline{}$	
	Initiation fees and capital contributions included on Part VIII, line 12		ı	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	. 1		
11	Section 501(c)(12) organizations. Enter	.		
	Gross income from members or shareholders	.	ľ	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them)			
2a	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 12b	+	\neg	
	Section 50 1(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	-100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	- 1	
	organization is licensed to issue qualified health plans		l	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\top	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\dashv	 -
	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		X
	If "Yes," see instructions and file Form 4720, Schedule N		\neg	
	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	f "Yes," complete Form 4720, Schedule O			
		Form 9	90 (2	2019)

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Form 990 (2019) 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 on Schedule O See instructions

Section 61O4 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public in spection. Indicate how you made these available. Check all that apply X. Own website		Check if Schedule O contains a response or note to any line in this Part VI					_LX
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Form 990 (2019)			WV	26301			
					Form	990 (2	2019)

Form 990 (2019) 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

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 See instructions for the order in which to list the persons above

Check this box if neither the organization	on nor any related	org	anız			mpe	nsa			
(A)	(B)			_ (C)			(D)	(E)	(F)
Name and title	Average	(do			more	า a than	one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)						compensation from related	amount of other
	(list any	ē			Π			the	organizations	compensation
	hours for	die e				8		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			susate		(W-2/1099-MISC)	,	organization
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	below	Individual trustee or director	Institutional trustee	5	Кеу етріоуее	Highest compensated employee	Former			organizations
	line)	亨	isi	Officer	Xe,	£ £	ğ			
(1) WAYNE GORBY	1.00	1							_	_
SECRETARY/TREASURER		X				ļ		1,470.	0.	0.
(2) TED MICK	1.00	1							_	_
EX. BOARD		X						570.	0.	0.
(3) ROADIE GRAY	1.00	ļ							_	_
EX, BOARD		X						570.	0.	0.
(4) RICHARD MCGRADY	50.00							104 050		
BUSINESS MANAGER				X				101,360.	0.	0.
(5) TERRY WALLS	2.00							4 470		
REC. SECT.				Х				1,470.	0.	0.
(6) BRIAN STEVENS	2.00							550		•
VICE-PRESIDENT		\vdash	_	X				570.	0.	0.
(7) BYRON MCGRADY	1.00		Ì					26 072		0
PRESIDENT			-	Х		\dashv		36,272.	0.	0.
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Part VII Section A. Officers, Directors, (A)	(B)			(C)			(D)	(E)			(F)
 Name and title 	Average	(de	not c	Pos heck	More		one	Reportable	Reportabl	e	Es	tımated
	hours per week	box	i, unle	ess pe	erson	ıs bo	th an	1	compensati			ount of
	(list any		1	T	1	T	1	from the	from relate organization		1	other
	hours for	director				8		organization	(W-2/1099-MI			pensation om the
	related	trustee or	ustee			ansate	l	(W-2/1099-MISC)	(**	,		anization
	organizations	al trus	nal tr		loyee	8 a					and	l related
	below line)	Individual	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former		1		orga	nizations
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			-	\dashv	-	_				+	<u> </u>	
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1b Subtotal .							>	142,282.		0.		0
c Total from continuation sheets to Par	t VII, Section A						▶	0.	···	0.		0
d Total (add lines 1b and 1c)							<u> </u>	142,282.		0.		0
2 Total number of individuals (including bi		se l	stec	abo	ove)	who	o rec	ceived more than \$100,	000 of reportable	е		
compensation from the organization	<u> </u>											es No
B Did the organization list any former office	cer director truste	e ke	v en	nolo	vee	or l	niah	est compensated empl	ovee on	Г	. '	es No
line 1a? If "Yes," complete Schedule J for		o, ito	, y C.	iipio	ycc	, 0, ,	''g''	est compensated empr	Oyee on		3	_ X
For any individual listed on line 1a, is the		con	nper	nsati	ion a	and -	othe	er compensation from th	ne organization	-	-	
and related organizations greater than \$									J		4	X
Did any person listed on line 1a receive	or accrue compens	atio	n fro	m a	ıny ı	ınrel	ated	d organization or individ	lual for services			
rendered to the organization? If "Yes," c ection B. Independent Contractors	omplete Schedule	J foi	suc	h pe	erso	n					5	X
Complete this table for your five highest	compensated inde	pen	dent	t cor	ntra	ctors	s tha	at received more than \$	100,000 of comp	oensat	ion froi	m
the organization Report compensation f	or the calendar yea	ar en	ding	wit	h or	with	nın t	he organization's tax ye	ear			
(A) Name and busine	see addrees		773					(B) Description of se	nuces	Cor	(C) npensa	stion
Name and busine	33 address	101	ИE				╁	Description of se	IVICES		Tiperisa	
							$oldsymbol{\perp}$					
												
							-			 -		
												
Total number of independent contractors \$100,000 of compensation from the organ		lımıt	ed t	o th	ose 0	liste	d at	oove) who received mor	re than			
w 100,000 or anitipensation from the orga	INZAUUII				<u> </u>				1	r-	000	2 (2010)

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					N #984						55-0244	859 Page
Ц	aı	t \	/III Statement of R									
_			Check if Schedule C) co	ntains a resi	ons	e or note to any			(B)	(C)	(0)
								1	A) revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	ţ	1	a Federated campaigns		1a		-			; ,		
Contributions, Gifts, Grants	히		b Membership dues		1b			J	, ,	,	ľ	
s,	된		c Fundraising events		1c							
S T	ā		d Related organizations		1d				•	:		,
'n,	ĒΙ		e Government grants (con	trıbı	ıtıons) <u>1e</u>					<u> </u>		
Ē	٠		f All other contributions, gifts	, gra	nts, and							
ë	£		sımılar amounts not ınclude	d ab	<u> </u>			4	-			
ont	힏		Noncash contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions included in the second contributions in the second contributions in the second contribution contribution contribution contribution contributions in the second contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution c	n line	s 1a-1f 1g	\$		_				
<u>ပ</u>	a		h Total, Add lines 1a-1f				<u> </u>					
٠.		_	MEMBERGUIDG	Di	TT3/7 3.8T	-	Business Code		420	2 676 420		
Ìċe			MEMBERSHIPS,				201000	2,6/6	,438.	2,676,438.		
šer	9		·				 	-				
Program Service Revenue												
gra	2		<u> </u>					 				
Ę		f	All other program service	reve	enue	_						
					31100		•	2,676	.438.			·
	Ţ	3	Investment income (inclu	ding	dividends,	ınter		1	7			
			other similar amounts)	•	·			115	,606.	115,606.		
		4	Income from investment of	of ta	x-exempt be	ond (proceeds					
		5	Royalties	_								
				ł	(ı) Rea	<u> </u>	(ıı) Personal	1		,	1	
		6 a	Grossrents	6a				_	İ			
		b	Less: rental expenses	6b				1		•		
		С	Rentalincome or (loss)	6с	<u> </u>					-		*
			Net rental income or (loss)		(A) Consumit		(v) Other	-				
		7 a	Gross amount from sales of	_	(i) Securit	ies	(II) Other	-	l			
			assets other than inventory	7a			 	-				
<u>a</u>		D	Less cost or other basis and sales expenses	76]			}				
evenue	l	_	Gain or (loss)	7b 7c			 	1	[
Вe			Net gain or (loss)	10	L		<u> </u>			···		
	۽ ا		Gross income from fundraising	ıa ev	ents (not							
Other		-	including \$.	of	ĺ	Ì		ł			
			contributions reported on	line		l						-
	l		Part IV, line 18		•	8a				1		
		b	Less: direct expenses			8b						
		С	Net income or (loss) from f	und	raising ever	ts						
	9	а	Gross income from gaming	act	tivities. See	[]						
			Part IV, line 19			9a					ŀ	
			Less direct expenses			9b						
			Net income or (loss) from g		-		•					-
	10	а	Gross sales of inventory, le	ss r	eturns							
			and allowances			10a						
			Less: cost of goods sold			10b						
-		<u>c</u>	Net income or (loss) from s	aies	orinventor	<u>_</u>	Business Code					
	11	2				ł	Duamess Code					
Je P	11	a b				}		- .	- +			
Revenue		C				-						
æ			All other revenue		··	-						
			Total. Add lines 11a-11d				>					
	12		Total r evenue See instruction	S			> 2	2,792,	044.2	,792,044.	0.	0.

12 Total r evenue See instructions

Form 990 (2019) UNION #984 Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			, ,	
	individuals See Part IV, line 22			, "	· - · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			• , ,	ŕ
	individuals See Part IV, lines 15 and 16			•	•
4	Benefits paid to or for members	238,866.	238,866.	,	
5	Compensation of current officers, directors,				<u></u>
•	trustees, and key employees	142,282.	142,282.		
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,836.	56,836.		
8	Pension plan accruals and contributions (include	30,030.	30,0301		
J	section 401(k) and 403(b) employer contributions)	77,251.	77,251.		
_		11,231	11,231.		
9	Other employee benefits	15,631.	15,631.		
0	Payroll taxes	13,031.	13,031.		
1	Fees for services (nonemployees)				
	Management	3,412.	· · · · · · · · · · · · · · · · · · ·	3,412.	
b	Legal	4,665.		4,665.	
	Accounting	4,003.		4,005.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	7 720	·	7 720	
	Investment management fees	7,739.		7,739.	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	16 161	16 161		
	Office expenses	16,161.	16,161.		···
	Information technology				
	Royalties	12 500	12 500		
	Occupancy	13,609.	13,609.		
•	Travel	18,230.	18,230.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
: 1	Depreciation, depletion, and amortization	12,850.	12,850.		
- 1	Insurance				
a I	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	MEMBER EXPENSES	21,819.	21,819.		
b					
C					
 d	,				
_	All other expenses				
	Total functional expenses Add lines 1 through 24e	629,351.	613,535.	15,816.	С
	loint costs Complete this line only if the organization	,			
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
e	Check here it following SOP 98-2 (ASC 958-720)				

UNION #984

55-0244859 Page 11

Form 990 (2019)
Part X Balance Sheet

Pa	<u>rt X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part X		,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			167,589.		217,509
	2	Savings and temporary cash investments			5,444,747.	2	5,927,118
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o	r form	er officer, director,			
		trustee, key employee, creator or founder, subs	tantıal	contributor, or 35%			
		controlled entity or family member of any of the	se per	sons		5	
	6	Loans and other receivables from other disquali	fied p	ersons (as defined		ŀ	
Ì		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	<u> </u>
şţ	7	Notes and loans receivable, net				7_	<u> </u>
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges		1		9	<u> </u>
ļ	10 a	Land, buildings, and equipment cost or other				٠.	,
		basis Complete Part VI of Schedule D	10a	187,404.	, , , , , , , , , , , , , , , , , , , ,		, , , , , ,
- 1	b	Less accumulated depreciation	10b	52,645.	105,026.	10c	134,759
	11	Investments - publicly traded securities		11	1,600,669		
-	12	Investments · other securities See Part IV, line 1		12			
ļ	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
- 1	15	Other assets. See Part IV, line 11		201	5,717,362.	15	7 000 055
+	16	Total assets. Add lines 1 through 15 (must equa	ıııne .	33)	5,111,302.	16	7,880,055
	17	Accounts payable and accrued expenses			17 18		
	18 19	Grants payable Deferred revenue		19			
- 1	20	Tax-exempt bond liabilities				20	
- [21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to any current or form		Ī		21	
	~	trustee, key employee, creator or founder, substa		•			
		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate	-			23	
		Unsecured notes and loans payable to unrelated		· .		24	
		Other liabilities (including federal income tax, pay		·			
- [parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D				25	
	26	Total habilities, Add lines 17 through 25			0.	26	0.
Т		Organizations that follow FASB ASC 958, chec	k her	e ▶ □	•]		
- [and complete lines 27, 28, 32, and 33.				1	
2	27	Net assets without donor restrictions				27	
2		Net assets with donor restrictions				28	
2 3 3 3		Organizations that do not follow FASB ASC 95	8, che	ck here X		l	
		and complete lines 29 through 33.					_
2		Capital stock or trust principal, or current funds		<u> </u>	0.	29	0.
3		Paid-in or capital surplus, or land, building, or equ	-	r-	0.	30	0.
3		Retained earnings, endowment, accumulated inco	ome, c	or other funds	5,717,362.	31	7,880,055.
		Total net assets or fund balances		-	5,717,362.	32	7,880,055.
3	33	Total liabilities and net assets/fund balances			5,717,362.	33	7,880,055. Form 990 (2019)

Form **990** (2019)

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For	m 990 (2019) UNION #984	55-	0244859	Page 12
P	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	2,792	044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	629	,351.
3	Revenue less expenses Subtract line 2 from line 1	3	2,162	693.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,717	,362.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
,	column (B))	10	7,880	,055.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·	
			\ <u>\</u>	es 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	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			· - ,
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- *	, 7
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1	
	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 on Scho	edule O	1/-1	., ., .,
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t	
	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	ed audıt	:	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	_ [.

Form **990** (2019)

932012 01-20-20

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

2019 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CONSTRUCTION AND LOCAL LABORERS UNION #984

Employer identification number 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c 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 year > 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 enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historicaltreasures, 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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	hedule D (Form 990) 2019 UNION				•	- 011			<u> 24485</u>		age 2
Ь.	art III. Organizations Maintaining								•	nued)	
3	, ,	sion, and other reco	rds, che	ck any of the	e following tha	t make s	significan	it use of it:	S		
	collection items (check all that apply)			٦.							
	a Public exhibition		ط ا	7	change progra	am					
	b Scholarly research		е 🗀] Other							
	c Preservation for future generations							_			
4	Provide a description of the organization's of							ose in Pa	rt XIII		
5	During the year, did the organization solicit					er sımılar	assets	Γ	٦		ר
<u> </u>	to be sold to raise funds rather than to be m							<u> </u>	Yes		<u> No</u>
<u> </u>	reported an amount on Form 990, Pa		olete if th	ne organizatio	on answered " 	Yes" on	Form 99	0, Part IV,	line 9, or		
18	s Is the organization an agent, trustee, custoo	lian or other interme	ediary fo	r contributio	ns or other ass	sets not	ıncluded		_		_
	on Form 990, Part X?							L_	Yes	L	No
ŀ	o If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table							
									Amount		
C	Beginning balance						1c				
C	Additions during the year						1d				
E	Distributions during the year						1e				
f	Ending balance						1f	L			·
2 a	3						ty?	L_	_ Yes		No
	If "Yes," explain the arrangement in Part XIII									لِــــاــ	
Pa	rt V Endowment Funds. Complete	f the organization a	nswered	l "Yes" on Fo	orm 990, Part I	IV, line 1	0		,		
		(a) Current year	(b)	Prior year	(c) Two years	back (d) Three	<u>years back</u>	(e) Four	<u>years t</u>	<u>sack</u>
1a	Beginning of year balance		<u> </u>								
b	Contributions		 								
С	Net investment earnings, gains, and losses		ļ	·							
d			<u> </u>								
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses				ļ				<u></u>		
g	End of year balance		<u> </u>		l						
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as						
а			_%								
	Permanent endowment >	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•	_								
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by									es l	No
	(i) Unrelated organizations								3a(ı)	-+	—
	(ii) Related organizations								3a(ii)		
_	If "Yes" on line 3a(ıı), are the related organizar	•							3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	runas							
ı aı) Dort I	/ lino 11a S	00 Form 000 I	Dort V lu	no 10				
	Complete if the organization answered							ــــــــــــــــــــــــــــــــــــــ	(-I) Doole		
	Description of property	(a) Cost or of basis (investing		(b) Cost basis (cumulate eciation	a	(d) Book v	/alue	
_	Lond	Dasis (IIIVESIII	ioni)			Gebi	- Coracion	 -	E 0	21	
	Land			3 (8,240.					, 24	<u>u .</u>
	Buildings								 		
	Leasehold improvements				 						
	Equipment	· - -		120	9,164.		52,64	[76	, 51	<u> </u>
	Other Add lines 1 athrough 1e (Column (d) must ed	ual Form 990 Post	Y colum				22,09	<u> </u>	134		
uldi		iuui i viili 330. Falli	n. <i>colull</i>	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , .			- 1	エンエ		<i>-</i>

Schedule D (Form 990) 2019

Schedule D (Form 990) 201			5	5-02 44 859 Page 3
	ts - Other Securities.	Faura 000 Dart IV Inna	11h Con Form 000 Bart V line 10	
	e organization answered "Yes" of category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation Cost or e	nd of year market value
	Category (including name of security)	(b) DOOK Value	(c) Wethod of Validation Cost of C	nd or year market value
(1) Financial derivatives		. <u>-</u>		
(2) Closely held equity inter	rests			
(3) Other				
(A)				
(B)				
(C)				
(D)				······································
<u>(E)</u>				
(F) (G)				
(H)				
	n 990, Part X, col. (B) line 12)			
Part VIII Investment				
	~	n Form 990 Part IV line	11c See Form 990, Part X, line 13	
	n of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				,
	990, Part X, col. (B) line 13)			
Part IX Other Asset				
		Form 990, Part IV, line 1	11d See Form 990, Part X, line 15	
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
otal. (Column (b) must equal	I Form 990, Part X, col (B) line 1	5)	<u> </u>	
Part X Other Liabili				
Complete if the o	organization answered "Yes" on	Form 990, Part IV, line 1	1e 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)		·		
otal (Column (b) must equal	Form 990 Part X col (R) line 2	5.)	▶	

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 UNION #984		55~	0244859 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Rever		
Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.		
Total revenue, gains, and other support per audited financial statements		1	2,792,044.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	2,792,044.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		[_
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c 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	2,792,044.
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1 Total expenses and losses per audited financial statements		1	629,351.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	629,351.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		} }	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	629,351.
Part XIII Supplemental Information.			·
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	Part V, line 4, Part >	K, line 2, Part XI,
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information		
		 	
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Schedule D (Form 990) 2019

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(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. CONSTRUCTION AND LOCAL LABORERS

Employer identification number

Name of the organization	CONSTRUCTION AND LOCAL LABORERS UNION #984	Employer identification number 55-0244859
FORM 990, ITEM	K, OTHER FORM OF ORGANIZATION:	
LOCAL LABORERS	UNION	

FORM 990, PART	VI, SECTION B, LINE 11B:	
SENT TO INTERNA	ATIONAL FOR REVIEW	
FORM 990, PART	VI, SECTION C, LINE 19:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LM-2 AVAILABLE	ON WEBSITE	

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