

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LABORERS' INTERNATIONAL UNION OF HCL
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
905 16TH STREET NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200061703

D Employer identification number
53-0088501
E Telephone number
(202) 737-8320
G Gross receipts \$ 125,610,142

F Name and address of principal officer
TERENCE M O'SULLIVAN
905 16TH STREET NW
WASHINGTON, DC 200061703

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0121

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW LIUNA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1903

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION AND TRAINING, EMPLOYEE BENEFITS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	247
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	219,820

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	86,461,752	90,474,889
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,025,697	1,626,627
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,332,490	-2,383,172
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,154,959	89,718,344
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)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,000,385	46,131,281
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,330,914	24,369,286
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	74,331,299	70,500,567
19 Revenue less expenses Subtract line 18 from line 12	11,823,660	19,217,777
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	226,834,858	244,189,787
21 Total liabilities (Part X, line 26)	785,181	2,680,802
22 Net assets or fund balances Subtract line 21 from line 20	226,049,677	241,508,985

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2019-06-17
ARMAND E SABITONI GENERAL SEC/TREAS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN P01081188
Firm's name ▶ CALIBRE CPA GROUP PLLC Firm's EIN ▶ 47-0900880
Firm's address ▶ 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814 Phone no (202) 331-9880

Part 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

TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING, AND EMPLOYEE BENEFITS

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 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	247			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	3b	Yes			
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	Yes			
b If "Yes," enter the name of the foreign country ▶ <u>CA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
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? . . .	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a 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				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				
d If "Yes," indicate the number of Forms 8822 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
8					
9a 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					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
12a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

Check if Schedule O contains a response 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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a PER CAPITA & OTHER FEES	Business Code 900099	90,474,889	90,474,889		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		90,474,889			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,341,886		2,341,886	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		12,137		12,137	
	6a Gross rents	(i) Real				
		(ii) Personal				
		1,878,892				
		b Less rental expenses	4,277,672			
	c Rental income or (loss)	-2,398,780				
	d Net rental income or (loss)		-2,398,780		-2,398,780	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		30,755,657				
		b Less cost or other basis and sales expenses	31,445,070	25,846		
	c Gain or (loss)	-689,413	-25,846			
	d Net gain or (loss)		-715,259		-715,259	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	109,464				
	b Less cost of goods sold	b	143,210			
	c Net income or (loss) from sales of inventory		-33,746	-33,746		
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099	37,217	37,217			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		37,217				
12 Total revenue. See Instructions		89,718,344	90,478,360	0	-760,016	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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 individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	10,586,216			
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	19,772,856			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,594,340			
9 Other employee benefits	9,571,968			
10 Payroll taxes	1,605,901			
11 Fees for services (non-employees)				
a Management				
b Legal	773,324			
c Accounting	203,945			
d Lobbying	313,255			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	222,109			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	601,731			
12 Advertising and promotion	240,762			
13 Office expenses	2,149,961			
14 Information technology	906,182			
15 Royalties				
16 Occupancy	3,414,853			
17 Travel	3,100,704			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,679,459			
20 Interest				
21 Payments to affiliates	4,980,346			
22 Depreciation, depletion, and amortization	2,090,093			
23 Insurance	332,683			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRIBUTIONS	2,022,687			
b OTHER GENERAL ADMIN EXP	380,275			
c ORGANIZING CAMPAIGN EXP	285,341			
d EDUCATION AND TRAINING	246,270			
e All other expenses	425,306			
25 Total functional expenses. Add lines 1 through 24e	70,500,567			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	397	1	4,545	
	2 Savings and temporary cash investments	12,493,887	2	32,761,784	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,648,106	4	1,099,703	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	76,295,635			
	b Less accumulated depreciation	14,276,758	63,549,134	10c	62,018,877
	11 Investments—publicly traded securities	69,382,426	11	71,832,876	
	12 Investments—other securities See Part IV, line 11	79,492,412	12	76,166,628	
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	268,496	15	305,374	
16 Total assets. Add lines 1 through 15 (must equal line 34)	226,834,858	16	244,189,787		
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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 parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	785,181	25	2,680,802	
	26 Total liabilities. Add lines 17 through 25	785,181	26	2,680,802	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	226,049,677	27	241,508,985	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	226,049,677	33	241,508,985		
34 Total liabilities and net assets/fund balances	226,834,858	34	244,189,787		

Part 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	89,718,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,500,567
3	Revenue less expenses Subtract line 2 from line 1	3	19,217,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,049,677
5	Net unrealized gains (losses) on investments	5	-3,758,469
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241,508,985

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other Modified cash
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
- b** Were the organization's financial statements audited by an independent accountant?
 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
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990 (2018)

Form 990, Part III, Line 4a:

IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING, EMPLOYEE BENEFITS, ETC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERENCE M O'SULLIVAN GENERAL PRESIDENT	60 00			X				757,359	0	196,008
ARMAND E SABITONI GEN SECRETARY-TREASURER	50 00			X				553,041	0	190,317
TERRENCE M HEALY VICE PRESIDENT & REG MGR	50 00			X				411,802	0	153,188
RAYMOND M POCINO VICE PRESIDENT & REG MGR	50 00			X				362,944	13,148	117,253
JOSEPH S MANCINELLI VICE PRESIDENT & REG MGR	50 00			X				353,966	0	102,640
ROCCO DAVIS VICE PRESIDENT & REG MGR	50 00			X				419,459	0	153,012
VINCENT R MASINO VICE PRES & ASST REG MGR	50 00			X				357,517	0	117,341
DENNIS L MARTIRE VICE PRESIDENT & REG MGR	50 00			X				349,700	0	139,831
ROBERT E RICHARDSON VICE PRESIDENT & REG MGR	50 00			X				358,098	0	138,286
RALPH E COLE VICE PRESIDENT	12 00			X				114,303	138,118	69,575

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F PENN VICE PRESIDENT & REG MGR	50 00			X				360,705	0	138,286
OSCAR DE LA TORRE VICE PRESIDENT	12 00			X				109,823	0	64,092
SERGIO RASCON VICE PRESIDENT	12 00			X				114,985	0	64,092
PAUL V HOGROGIAN VICE PRESIDENT	12 00			X				89,805	0	62,994
ROBERT F ABBOTT VICE PRESIDENT & REG MGR	50 00			X				345,995	0	124,697
SAMUEL STATEN JR VICE PRESIDENT	12 00			X				110,572	0	64,092
WILLIAM BERGFELD EXEC ASSISTANT TO GP	45 00				X			268,321	0	60,692
THEODORE GREEN GENERAL COUNSEL	45 00				X			408,678	0	127,296
REX HOLLIS JR BUILDING MANAGER	45 00				X			203,659	0	98,991
BRIAN DONOHUE CHIEF OF STAFF	45 00				X			282,885	0	119,339

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG DAVIS EXECUTIVE DIRECTOR	45 00					X		226,332	0	103,874
STEPHEN FARNER ASST REG MGR	45 00					X		287,520	0	123,669
PATRICK BYRNE ASST REG MGR	45 00					X		226,705	0	103,168
MICHAEL BARRETT ASSOCIATE GENERAL COUNSEL	45 00					X		288,143	0	124,736
STEPHANIE MCCARTHY ASSOCIATE GENERAL COUNSEL	45 00					X		235,895	0	86,296
MICHAEL BEARSE FORMER GENERAL COUNSEL	4 00						X	134,645	38,669	9,594

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LABORERS' INTERNATIONAL UNION OF HCL	Employer identification number 53-0088501
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions) _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____ 0

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) LIUNA PAC	905 16TH STREET NW WASHINGTON, DC 20006	52-0886981		81,823
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number
53-0088501

Part I 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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 ► \$ _____

2 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 ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,478,004		1,478,004
b Buildings		58,315,659	7,878,304	50,437,355
c Leasehold improvements		8,066,718	1,671,653	6,395,065
d Equipment		8,277,987	4,726,801	3,551,186
e Other		157,267		157,267
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				62,018,877

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) AFL-CIO HOUSING INVESTMENT TRUST	9,856,123	F
(B) SSGA S & P 500 INDEX MUTUAL FUND	66,310,505	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	76,166,628	

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. (Column (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

(a) Description	(b) Book value
(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	2,680,802
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,680,802

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	86,009,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,758,469
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	24,163
e	Add lines 2a through 2d	2e	-3,734,306
3	Subtract line 2e from line 1	3	89,744,184
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	-25,840
c	Add lines 4a and 4b	4c	-25,840
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	89,718,344

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	70,550,570
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	225,337
e	Add lines 2a through 2d	2e	225,337
3	Subtract line 2e from line 1	3	70,325,233
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	175,334
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	175,334
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	70,500,567

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE INTERNAL REVENUE SERVICE (IRS) HAS ADVISED THAT LIUNA QUALIFIES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS FOR TAX PURPOSES, LIUNA TRAVEL, INC IS CONSIDERED A TAXABLE ENTITY BY THE IRS BOTH LIUNA AND LIUNA TRAVEL, INC ARE NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY EITHER TAX AUTHORITY FOR YEARS BEFORE THE YEAR ENDED DECEMBER 31, 2015 LIUNA FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN LIUNA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2018, AND DETERMINED THAT THERE WERE NO ADDITIONAL MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME OF LIUNA TRAVEL 199,497 INVESTMENT EXPENSES NETTED AGAINST REVENUE ON AUDITED FINANCIAL STATEMENTS -175,334

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF FIXED ASSETS -25,840

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF LIUNA TRAVEL 199,497 LOSS ON DISPOSAL OF FIXED ASSETS 25,840

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number
53-0088501

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	2	19	PROGRAM SERVICES	SEE ORGANIZATIONAL MISSION	3,210,000
3a Sub-total	2	19			3,210,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	2	19			3,210,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 3, COLUMN (F)	EXPENDITURES ARE REPORTED ON A MODIFIED CASH BASIS OF ACCOUNTING AND ARE TRANSLATED TO U S DOLLARS USING EXCHANGE RATES DURING THE PERIOD THE EXPENSE WAS PAID

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number
53-0088501

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a									
	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL - GENERAL EXECUTIVE BOARD IS ALLOWED TO TRAVEL FIRST CLASS TRAVEL FOR COMPANIONS - THE CONSTITUTION OF LIUNA STATES THAT "TRAVEL EXPENSES MAY ALSO BE PROVIDED FOR AN OFFICER'S SPOUSE WHO ACCOMPANIES THE OFFICER WHEN THE OFFICER TRAVELS IN CONNECTION WITH THE PERFORMANCE OF OFFICIAL DUTIES AND RESPONSIBILITIES " THESE AMOUNTS ARE INCLUDED AS TAXABLE INCOME TO THE OFFICER TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AND HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE CONSTITUTION OF LIUNA STATES THAT "THE GENERAL PRESIDENT AND GENERAL SECRETARY-TREASURER SHALL EACH BE PROVIDED WITH THE USE OF ACCOMODATIONS PURCHASED OR LEASED BY THE UNION WHEN SUCH OFFICERS ARE IN THE CITY OF WASHINGTON, DISTRICT OF COLUMBIA, IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES AND RESPONSIBILITIES " THE GENERAL EXECUTIVE BOARD HAS AUTHORIZED LIUNA TO RENT HOUSING BASED ON THE CONSTITUTION FOR GENERAL PRESIDENT TERENCE M O'SULLIVAN IN ADDITION, AUTHORIZATION WAS GIVEN TO GROSS-UP THESE HOUSING EXPENSES TO HANDLE ALL THE TAXES
PART I, LINE 4B	LABORERS' INTERNATIONAL UNION OF NORTH AMERICA HAD A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PAY BENEFITS THAT ARE NOT PAYABLE FROM THE PENSION FUND BECAUSE OF BENEFIT AND COMPENSATION LIMITS OF THE INTERNAL REVENUE CODE THE PLAN IS NOW ADMINISTERED BY THE LABORERS'STAFF AND AFFILIATES PENSION FUND IN 2018, MICHAEL BEARSE RECEIVED \$38,669, RAYMOND POCINO RECEIVED \$13,148, RALPH COLE RECEIVED \$138,118

Additional Data

Software ID:
Software Version:
EIN: 53-0088501
Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TERENCE M O'SULLIVAN GENERAL PRESIDENT	(i)	548,164	0	209,195	156,273	39,735	953,367	0
	(ii)	0	0	0	0	0	0	0
1ARMAND E SABITONI GEN SECRETARY- TREASURER	(i)	526,997	0	26,044	150,769	39,548	743,358	0
	(ii)	0	0	0	0	0	0	0
2TERRENCE M HEALY VICE PRESIDENT & REG MGR	(i)	389,402	0	22,400	114,995	38,193	564,990	0
	(ii)	0	0	0	0	0	0	0
3RAYMOND M POCINO VICE PRESIDENT & REG MGR	(i)	339,285	0	23,659	101,964	15,289	480,197	0
	(ii)	0	0	13,148	0	0	13,148	0
4JOSEPH S MANCINELLI VICE PRESIDENT & REG MGR	(i)	353,966	0	0	92,031	10,609	456,606	0
	(ii)	0	0	0	0	0	0	0
5ROCCO DAVIS VICE PRESIDENT & REG MGR	(i)	388,756	0	30,703	114,827	38,185	572,471	0
	(ii)	0	0	0	0	0	0	0
6VINCENT R MASINO VICE PRES & ASST REG MGR	(i)	339,617	0	17,900	102,051	15,290	474,858	0
	(ii)	0	0	0	0	0	0	0
7DENNIS L MARTIRE VICE PRESIDENT & REG MGR	(i)	339,617	0	10,083	102,051	37,780	489,531	0
	(ii)	0	0	0	0	0	0	0
8ROBERT E RICHARDSON VICE PRESIDENT & REG MGR	(i)	333,821	0	24,277	100,543	37,743	496,384	0
	(ii)	0	0	0	0	0	0	0
9RALPH E COLE VICE PRESIDENT	(i)	109,658	0	4,645	33,994	35,581	183,878	0
	(ii)	0	0	138,118	0	0	138,118	0
10JOHN F PENN VICE PRESIDENT & REG MGR	(i)	333,821	0	26,884	100,543	37,743	498,991	0
	(ii)	0	0	0	0	0	0	0
11OSCAR DE LA TORRE VICE PRESIDENT	(i)	109,658	0	165	28,511	35,581	173,915	0
	(ii)	0	0	0	0	0	0	0
12SERGIO RASCON VICE PRESIDENT	(i)	109,658	0	5,327	28,511	35,581	179,077	0
	(ii)	0	0	0	0	0	0	0
13PAUL V HOGROGIAN VICE PRESIDENT	(i)	89,210	0	595	27,656	35,338	152,799	0
	(ii)	0	0	0	0	0	0	0
14ROBERT F ABBOTT VICE PRESIDENT & REG MGR	(i)	333,821	0	12,174	86,793	37,904	470,692	0
	(ii)	0	0	0	0	0	0	0
15SAMUEL STATEN JR VICE PRESIDENT	(i)	109,658	0	914	28,511	35,581	174,664	0
	(ii)	0	0	0	0	0	0	0
16WILLIAM BERGFELD EXEC ASSISTANT TO GP	(i)	85,697	0	182,624	23,447	37,245	329,013	0
	(ii)	0	0	0	0	0	0	0
17THEODORE GREEN GENERAL COUNSEL	(i)	376,764	0	31,914	111,709	15,587	535,974	0
	(ii)	0	0	0	0	0	0	0
18REX HOLLIS JR BUILDING MANAGER	(i)	200,996	0	2,663	62,309	36,682	302,650	0
	(ii)	0	0	0	0	0	0	0
19BRIAN DONOHUE CHIEF OF STAFF	(i)	265,000	0	17,885	82,150	37,189	402,224	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 GREG DAVIS EXECUTIVE DIRECTOR	(i)	216,360	0	9,972	67,072	36,802	330,206	0
	(ii)	0	0	0	0	0	0	0
1 STEPHEN FARNER ASST REG MGR	(i)	279,269	0	8,251	86,360	37,309	411,189	0
	(ii)	0	0	0	0	0	0	0
2 PATRICK BYRNE ASST REG MGR	(i)	214,133	0	12,572	66,382	36,786	329,873	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL BARRETT ASSOCIATE GENERAL COUNSEL	(i)	283,250	0	4,893	87,395	37,341	412,879	0
	(ii)	0	0	0	0	0	0	0
4 STEPHANIE MCCARTHY ASSOCIATE GENERAL COUNSEL	(i)	231,855	0	4,040	71,875	14,421	322,191	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL BEARSE FORMER GENERAL COUNSEL	(i)	0	0	134,645	0	9,594	144,239	0
	(ii)	38,669	0	0	0	0	38,669	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number 53-0088501

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0088501

Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
					No
YVETTE PENA-O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	218,683	EMPLOYED BY ORGANIZATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KEVIN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	195,771	EMPLOYED BY ORGANIZATION		No
BRENDAN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	189,034	EMPLOYED BY ORGANIZATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAITLIN O'SULLIVAN	FAMILY MEMBER OF TERENCE M O'SULLIVAN, CURRENT GENERAL PRESIDENT	13,300	EMPLOYED BY ORGANIZATION		No
PATRICK HEALY	FAMILY MEMBER OF TERENCE M HEALY, CURRENT VICE PRESIDENT REGIONAL MANAGER	216,365	EMPLOYED BY ORGANIZATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER SABITONI	FAMILY MEMBER OF ARMAND E SABITONI, CURRENT GENERAL SECRETARY-TREASURER	176,809	EMPLOYED BY ORGANIZATION		No
MARIO DE LA TORRE JR	FAMILY MEMBER OF OSCAR DE LA TORRE, CURRENT VICE PRESIDENT	150,586	EMPLOYED BY ORGANIZATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LATAYSHA RICHARDSON	FAMILY MEMBER OF ROBERT E RICHARDSON, CURRENT VICE PRESIDENT	67,648	EMPLOYED BY ORGANIZATION		No
MICHAEL BEARSE	FORMER KEY EMPLOYEE	132,000	CONSULTANT FOR LIUNA		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER BURNETT	FAMILY MEMBER OF ARMAND E SABITONI, CURRENT GENERAL SECRETARY-TREASURER	150,483	EMPLOYED BY ORGANIZATION		No

SCHEDULE O
(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.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number

53-0088501

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EVERY FIVE YEARS MEMBERS OF LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) ELECT DELEGATES THAT GO TO THE CONVENTION THE DELEGATES NOMINATE AND ELECT THE GENERAL EXECUTIVE BOARD MEMBERS, WITH THE EXCEPTION OF THE PRESIDENT OF THE MAIL HANDLERS DIVISION, WHO IS AN EX-OFFICIO MEMBER OF THE BOARD DELEGATES FROM THE MAIL HANDLERS DIVISION CANNOT VOTE TO NOMINATE VICE PRESIDENTS IN THEIR REGION ASSOCIATE MAIL HANDLERS ARE NOT REGULAR MEMBERS AND HAVE NO VOTING RIGHTS RETIREE MEMBERS OF LIUNA HAVE LIMITED VOTING RIGHTS DELEGATES ALSO APPROVE RESOLUTIONS AT THE CONVENTION THESE RESOLUTIONS CONCERN THE OPERATIONS OF THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICAN AND ALSO CHANGES TO THE CONSTITUTION, WHICH IS THE GOVERNING DOCUMENT OF LIUNA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE SUMMARY ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE SUMMARY ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS REVIEWED BY THE GENERAL PRESIDENT, GENERAL SECRETARY-TREASURER, AND GENERAL COUNSEL FOR THEIR APPROVAL. A COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH GENERAL EXECUTIVE BOARD MEMBER BEFORE IT WAS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF BEST PRACTICES ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT THE LIUNA GENERAL PRESIDENT WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE CODE OF BEST PRACTICES, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA GENERAL EXECUTIVE BOARD THE CODE OF BEST PRACTICES EXPLAINS THE DISCIPLINARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTRUSTED TO ENFORCE THE CODE THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST THIS INFORMATION IS OPEN TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LIUNA FILES A DEPARTMENT OF LABOR (DOL) FORM LM-2, WHICH IS AVAILABLE TO THE PUBLIC THROUGH THE DOL'S WEBSITE (OLMS DIVISION, ONLINE PUBLIC DISCLOSURE ROOM) THIS FORM IS AN EXTENSIVE FINANCIAL REPORT CONCERNING LIUNA THE MOST RECENT CONSTITUTION (GOVERNING DOCUMENT) OF LIUNA HAD BEEN FILED WITH THE DEPARTMENT OF LABOR WITH THE 2017 LM-2 REPORT AS DISCUSSED IN THE ANSWER TO PART VI, LINE 12(C) THE CONFLICT OF INTEREST POLICY IS IN THE ETHICS AND DISCIPLINARY PROCEDURE, WHICH IS PART OF THE CONSTITUTION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LABORERS' INTERNATIONAL UNION OF HCL

Employer identification number

53-0088501

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) LIUNA TRAVEL INC 905 16TH STREET NW WASHINGTON, DC 20006 52-2088637	TRAVEL AGENT	DC	N/A	C			100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIUNA TRAVEL INC	D	125,823	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0088501
Name: LABORERS' INTERNATIONAL UNION OF HCL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
905 16TH STREET NW WASHINGTON, DC 20006 52-0886981	POLITICAL ORGANIZATION	DC	527		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 52-0743575	PENSION FUND	DC	501(A)		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 52-6941497	PENSION FUND	DC	501(A)		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 52-2257725	POLITICAL ORGANIZATION	DC	527		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 20-8609421	POLITICAL ORGANIZATION	DC	527		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 33-1082848	FINANCIAL ASSISTANCE TO NON-PROFITS AND MEMBERS	DC	501(C)(5)		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 47-1906702	POLITICAL ORGANIZATION	DC	527		N/A		No
905 16TH STREET NW WASHINGTON, DC 20006 52-1601994	PROVIDE HEALTH AND WELFARE BENEFITS TO MEMBERS	DC	501(C)(9)		N/A		No