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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 black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2006**  
**Open to Public Inspection**

**A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006**

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

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization  
 LABORERS' INTERNATIONAL UNION OF HCL

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 country, and ZIP + 4  
 WASHINGTON, DC 200061703

**D** Employer identification number  
 53-0088501

**E** Telephone number  
 (202) 737-8320

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Web site: WWWLIUNAORG

**J** Organization type (check only one)  501(c) (5) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 108,956,611

**H and I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list See instructions )

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number 0121

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)


**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>		
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>		
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	
	<b>3</b>	Membership dues and assessments		<b>3</b>	68,831,126
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>	351,584
	<b>5</b>	Dividends and interest from securities		<b>5</b>	1,581,282
	<b>6a</b>	Gross rents	<b>6a</b>	976,312	
	<b>b</b>	Less rental expenses	<b>6b</b>	1,174,554	
<b>c</b>	Net rental income or (loss) subtract line 6b from line 6a		<b>6c</b>	-198,242	
<b>7</b>	Other investment income (describe _____)		<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
			25,131,417	1,586	
	<b>b</b>	Less cost or other basis and sales expenses	25,169,412	592,126	
	<b>c</b>	Gain or (loss) (attach schedule)	-37,995	-590,540	
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)		<b>8d</b>	-628,535	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
	<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a		<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>	148,140	
	<b>b</b>	Less cost of goods sold	<b>10b</b>	163,354	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		<b>10c</b>	-15,214	
<b>11</b>	Other revenue (from Part VII, line 103)		<b>11</b>	11,935,164	
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>	81,857,165	
Expenses	<b>13</b>	Program services (from line 44, column (B))		<b>13</b>	
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b>	
	<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b>	
	<b>16</b>	Payments to affiliates (attach schedule)		<b>16</b>	
	<b>17</b>	<b>Total expenses</b> Add lines 16 and 44, column (A)		<b>17</b>	71,754,342
Net Assets	<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12		<b>18</b>	10,102,823
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	93,030,648
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20		<b>21</b>	103,133,471

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) . . . . .	<b>25a</b> 4,429,977			
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) . . . . .	<b>25b</b> 739,457			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c . . . . .	<b>26</b> 16,217,234			
<b>27</b> Pension plan contributions not included on lines 25a, b and c . . . . .	<b>27</b> 3,933,562			
<b>28</b> Employee benefits not included on lines 25a - 27 . . . . .	<b>28</b> 5,820,328			
<b>29</b> Payroll taxes . . . . .	<b>29</b> 1,286,141			
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b> Accounting fees . . . . .	<b>31</b>			
<b>32</b> Legal fees . . . . .	<b>32</b> 4,822,917			
<b>33</b> Supplies . . . . .	<b>33</b> 941,845			
<b>34</b> Telephone . . . . .	<b>34</b> 477,967			
<b>35</b> Postage and shipping . . . . .	<b>35</b> 272,248			
<b>36</b> Occupancy . . . . .	<b>36</b> 3,536,658			
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b> 77,774			
<b>38</b> Printing and publications . . . . .	<b>38</b> 1,267,938			
<b>39</b> Travel . . . . .	<b>39</b> 2,655,283			
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b> 11,108,781			
<b>41</b> Interest . . . . .	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule) 	<b>42</b> 512,521			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b> 71,754,342			

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION AND TRAINING, EMPLOYEE BENEFITS</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING, EMPLOYEE BENEFITS, ETC.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	9,855,016	<b>46</b>	23,130,920
	<b>47a</b> Accounts receivable . . . . .	1,370,397		
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	1,370,397
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	57,662,073	<b>54a</b>	57,413,474
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,848,114	<b>54b</b>	9,795,794
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	25,408,993			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	9,999,569	<b>57c</b>	15,409,424	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	86,629	<b>58</b>	68,206	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	93,302,627	<b>59</b>	107,188,215	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	271,979	<b>65</b>	4,054,744
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	271,979	<b>66</b>	4,054,744	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .		<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	93,030,648	<b>72</b>	103,133,471
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	93,030,648	<b>73</b>	103,133,471	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	93,302,627	<b>74</b>	107,188,215	



**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	<u>16</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .		<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions		<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .		<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part VI Other Information** *(See the instructions.)*

<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>		No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>		No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>		No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes	
<b>b</b> If "Yes," enter the name of the organization <b>LIUNA TRAVEL INC</b> _____ and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt			
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions ) . . . . .	<b>81a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>		No

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a, and 91b.



**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes  No

If "Yes," enter the name of the foreign country **CA**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					68,831,126
<b>95</b> Interest on savings and temporary cash investments			14	351,584	
<b>96</b> Dividends and interest from securities . . . . .			14	1,581,282	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	-198,242	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-628,535	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					-15,214
<b>103</b> Other revenue <b>a</b> royalty income			15	854,111	
<b>b</b> ADMIN & OTHER REIM RELATED ORG					325,389
<b>c</b> REIM OF VAR EXP CURR & PAST YEARS					6,943,094
<b>d</b> MISCELLANEOUS					3,812,570
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				1,960,200	79,896,965
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					81,857,165

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	IMPROVE THE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING
103B	REIMBURSEMENT OF EXEMPT FUNCTION EXPENSES
103C	REIMBURSEMENT OF EXEMPT FUNCTION EXPENSES
103D	OTHER REVENUE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
LIUNA TRAVEL INC 905 16TH STREET NW WASHINGTON, DC20006 52-2088637	10000 00 %	TRAVEL AGENCY	123,923	-86,668
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
		No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____ Armand Sabotini GENERAL SEC/TREAS Type or print name and title	Date _____ 2007-08-14

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 CALIBRE CPA GROUP PLLC 1850 K STREET NW WASHINGTON, DC 20006	EIN _____	Phone no _____ (202) 331-9880	

**Additional Data****Software ID:****Software Version:****EIN:** 53-0088501**Name:** LABORERS' INTERNATIoNAL UNION OF HCL**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> PER CAPITA FEES TO AFFILIATES	<b>43a</b>	3,988,803			
<b>b</b> ORGANIZING CAMPAIGN EXPENSES	<b>43b</b>	363,905			
<b>c</b> PROFESSIONAL SERVICES AND EXPENSES	<b>43c</b>	2,782,512			
<b>d</b> INSURANCE AND FIDELITY BONDING	<b>43d</b>	221,445			
<b>e</b> EDUCATION EXPENSES	<b>43e</b>	22,590			
<b>f</b> CONTRIBUTIONS	<b>43f</b>	3,169,974			
<b>g</b> CONTRIBUTION TO DEATH BENEFIT FUND	<b>43g</b>	679,228			
<b>h</b> SETTLEMENT AGREEMENTS	<b>43h</b>	25,178			
<b>i</b> SMALL FURNITURE AND EQUIPMENT	<b>43i</b>	60,167			
<b>j</b> OTHER GENERAL ADMINISTRATIVE EXPENSES	<b>43j</b>	1,363,138			
<b>k</b> RENTAL OF REGIONAL OFFICES	<b>43k</b>	761,198			
<b>l</b> CURRENCY TRANSLATION ADJUSTMENT	<b>43l</b>	141,997			
<b>m</b> FINANCIAL ASSISTANCE	<b>43m</b>	12,000			
<b>n</b> INVESTMENT EXPENSES AND SERVICE FEES	<b>43n</b>	61,576			

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
TERRENCE M OSULLIVAN 905 16TH STREET NW WASHINGTON,DC 20006	GEN PRESIDENT 60 00	292,632	116,616	215,115
ARMAND SABITONI 905 16TH STREET NW WASHINGTON,DC 20006	GEN SECTREAS 50 00	275,075	111,378	44,024
JON R DAVIS 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	224,459	94,243	37,694
MANO FREY 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	78,847	13,972
JAMES HALE 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	88,996	15,490
VERE HAYNES 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 12 00	55,434	34,804	14,043
TERRENCE HEALY 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	88,996	15,401
JOHN HEGARTY 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 12 00	38,635	31,720	10,920
JOSEPH MANCINELLI 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	245,988	78,790	16,717
DENNIS MARTIRE 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	88,996	14,198

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
VINCENT MASINO 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	88,996	14,893
JOSE MORENO 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 12 00	55,434	34,804	10,935
RAYMOND POCINO 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	202,980	85,296	22,721
MIKE QUEVEDO JR 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 12 00	55,434	37,576	12,871
ROBERT RICHARDSON 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 12 00	55,434	37,575	10,948
EDWARD SMITH 905 16TH STREET NW WASHINGTON,DC 20006	VICE PRES 50 00	224,458	96,264	25,275

**Form 990, Part V-B - Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits:**

<b>(A) Name and address</b>	<b>(B) Loans and Advances</b>	<b>(C) Compensation (If not paid, enter -0-.</b>	<b>(D) Contributions to employee benefit plans and deferred compensation plans</b>	<b>Expense account and other allowances</b>
CHARLES BARNES 905 16TH STREET NW WASHINGTON,DC 20006	0	0	8,036	1,372
CARL HOOKER 905 16TH STREET NW WASHINGTON,DC 20006	0	0	18,610	562
ARTHUR COIA 905 16TH STREET NW WASHINGTON,DC 20006	0	76,550	41,895	11,439
PETER FOSCO 905 16TH STREET NW WASHINGTON,DC 20006	0	0	18,505	467
GEORGE GUDGER 905 16TH STREET NW WASHINGTON,DC 20006	0	202,980	88,223	67,196
STEVE HAMMOND 905 16TH STREET NW WASHINGTON,DC 20006	0	0	19,570	0
JOSEPH LICASTRO 905 16TH STREET NW WASHINGTON,DC 20006	0	0	10,046	1,173
HERBERT LOBDELL 905 16TH STREET NW WASHINGTON,DC 20006	0	6,500	11,472	618
TERRENCE J OSULLIVAN 905 16TH STREET NW WASHINGTON,DC 20006	0	55,167	41,021	128
WILLIAM QUINN 905 16TH STREET NW WASHINGTON,DC 20006	0	0	17,769	0
JOHN SERPICO 905 16TH STREET NW WASHINGTON,DC 20006	0	0	9,336	0
JOEL WEIGERT 905 16TH STREET NW WASHINGTON,DC 20006	0	0	7,440	544
JACK WILKINSON 905 16TH STREET NW WASHINGTON,DC 20006	0	0	8,080	2,348
ENRICO MANCINELLI 905 16TH STREET NW WASHINGTON,DC 20006	0	5,899	6,511	0

## TY 2006 Depreciation and Depletion Schedule

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

Asset	Amount
FURNITURE & EQUIPMENT	505,821
AUTOMOBILES	6,700

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2006 Gain/Loss from Sale of Other Assets Schedule

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
COMPUTERS	2006-06	PURCHASED	2006-06		1,586	0	0	1,586	
FURNITURE EQUIPMENT	2006-06	PURCHASED	2006-06			592,126	0	-592,126	



**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** LABORERS' INTERNATIōNAL UNION OF HCL**EIN:** 53-0088501**Gross Sales Price:** 25,131,417**Basis:** 25,169,412**Sales Expenses:** 0**Total (net):** -37,995

**TY 2006 Investments - Securities Schedule**

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

Description	Book Value	Cost/FMV
CORPORATE STOCKS	31,403,336	F
MUTUAL FUNDS	26,010,138	F
AFL-CIO HOUSING INVESTMENT TRUST	9,795,794	F

**TY 2006 Land etc. Schedule**

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
LAND	1,478,004		1,478,004
BUILDING & IMPROVEMENTS	17,939,455	6,630,894	11,308,561
FURNITURE & EQUIPMENT	5,958,034	3,358,625	2,599,409
AUTOMOBILES	33,500	10,050	23,450

**TY 2006 Other Assets Schedule**

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

Description	Beginning of Year Amount	End of Year Amount
deposits	86,629	68,206

## TY 2006 Other Liabilities Schedule

**Name:** LABORERS' INTERNATIōNAL UNION OF HCL

**EIN:** 53-0088501

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASES		441,820
DUE TO BROKER - PENDING PURCHASES		3,508,344
WITHHOLDINGS	271,979	104,580

Form **8453-EO**

### Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2006, or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2006

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  
▶ See instructions on back.

Name of exempt organization

Laborsers International Union of HCL

Employer identification number

53 10088501

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>81,857,165</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

#### Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ *[Signature]* | 8/14/07 | General Secretary-Treasurer  
 Signature of officer | Date | Title

#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<u><i>[Signature]</i></u>	Date	<u>8/14/07</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	_____
	Firm's name (if yours if self-employed), address, and ZIP code	<u>CALIBRE CPA GROUP PLLC</u>			EIN	<u>47 0900880</u>		Phone no.	<u>(202) 331-9880</u>	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	_____	Date	_____	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	_____
	Firm's name (if yours if self-employed), address, and ZIP code	_____			EIN	_____		Phone no. ( )