

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the 2009 calendar year, or tax year beginning , and ending											
В	}_					D Emp	loyer identification number					
Ĺ].	Address	Address change use IRS LABORERS LOCAL 1076 EMPLOYERS COOP									
L		Name ch	e change label or print or AND EDUCATION TRUST			38-3137355						
L		Initial reti	1LU				E Tele	phone number				
		Terminat	mination See 760 JOSLYN AVENUE			24	8-334-0509					
		Amended	1 return	Specific Instruc-	City or town, state or country	, and ZIP + 4			F Gro	F Group Exemption		
		Application	n pending	tions.	PONTIAC	_	4I 48340		Nun	nber •		
		Sect	ion 501(c)(3) organi	zations and 4947(a)(1) no	nexempt charitable tru	sts must attach	G Accounting	g method	X Cash Accrual		
_				a co	mpleted Schedule A (Forr	n 990 or 990-EZ).		Other (specify)	•			
1		Website	e: N/	/A				H Check ▶	X if the	e organization is not		
<u>J</u>		Tax-exe	mpt status (cl	heck only on	ne) — X 501(c) (5) ◀ (insert no.) 4	947(a)(1) or	527 required to 990-EZ, o	attach Scl 990-PF)	e organization is not nedule B (Form 990,		
K	(Check	>	ıf the or	ganization is not a section	509(a)(3) supporting orga	anization and its gro					
_		Form 99	0-EZ or For	<u>m 990</u> re	turn is not required, but if th	ne organization chooses	to file a return, be s	ure to file a complete i	eturn			
L		Add lines	5b, 6b, and 71	b, to line 9	to determine gross receipts, if	\$500,000 or more, file Form	990 instead of Form 9	990-EZ	▶ 9	82,149		
	Р	art I	Rever	nue, Ex	cpenses, and Chang	es in Net Assets o	r Fund Balanc	es (See the instr	uctions	for Part I.)		
2010		1	Contributions,	, gifts, grai	nts, and similar amounts receive	ed			1			
\approx		2	Program se	rvice rev	enue including government	fees and contracts			2			
Ø		3	Membership	dues ar	nd assessments		SEE ST	CATEMENT 1	3	81,003		
		4	Investment	income					4	1,146		
20		5a	Gross amou	unt from s	sale of assets other than in	ventory	5a					
APR		ь	Less cost o	r other b	asis and sales expenses	•	5b					
		c	Gain or (loss)	from sale	of assets other than inventory	(Subtract line 5b from line 5a	a)		5c			
	₽.	6			-	•	· ·	heck bega				
Ž	Revenue	a	Gross rever	nue (not i	vities (complete applicable parti including \$	of contrib	Utions RECE	ハトロ	ŀ			
乭.	§	}	reported on	•			6a					
SCANNED	_	Ь	•		es other than fundraising ex	nenses		8 2010				
\mathbb{Q}		b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c				
(A)		7a Gross sales of inventory, less returns and allowances							"			
		b	Less cost of		•	unco	OGDE	N UI				
		C		•) from sales of inventory (Si	ibtract line 7b from line 7			7c			
		8	Other reven			abtract line 75 from line 7	ω,) 8			
		9			lines 1, 2, 3, 4, 5c, 6c, 7c, a	and 8			9	82,149		
-		10			mounts paid (attach schedu			STMT 2	10	75,310		
		1			•	ile)		J	11	75,7525		
		11 Benefits paid to or for members							12			
	ses	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to undependent contractors							13	1,748		
	sesued	13 Professional fees and other payments to independent contractors						14	1,710			
	Ϋ́	l .	14 Occupancy, rent, utilities, and maintenance						15			
	_	15			s, postage, and shipping	MEMBYIN 2			- i	97,978		
		16 Other expenses (describe SEE STATEMENT 3) 16 17	175,036		
-		17			d lines 10 through 16	f	4. lui 1 1-81	··· · · · · · · · · · · · · · · · · ·	18	-92,887		
	छ	18		-	or the year (Subtract line 17		A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L	10	32,001		
	se(19			alances at beginning of year		A)) (must agree wit	n	1,0	E25 500		
	Net Assets]	•	•	ported on prior year's return	•			19	525,588		
	Š	20		-	t assets or fund balances (•			20	422 701		
_		21			alances at end of year Cor				21	432,701		
-	P	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of For										
					(See the instructions for	Part II)	-	(A) Beginning of yea		(B) End of year		
2		Cash, savings, and investments 525,588								432,701		
2	23	Land and buildings						23	 			
2	24	Other a	ssets (descr	ibe 🕨)		24	100		
2	25	Total a	ssets				Ļ	525,5		432,701		
			abilities (de:) .		0 26	0		
2	27	Net as	ets or fund	balance	es (line 27 of column (B) mu	ust agree with line 21)		525,5	88 27	432,701		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Port III Statement of Presson Service Assemblishments (S		one for Port III	\		<u>-</u> -	Page 2					
Part III Statement of Program Service Accomplishments (S	ee the instructi	ons for Part in		/D	-	or section					
What is the organization's primary exempt purpose? SEE STATEMENT 4						(Required for section 501(c)(3) and 501(c)(4)					
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						organizations and section					
manner, describe the services provided, the number of persons benefited, or other relevant information for						trusts, optional					
each program title					others)	• •					
28 PROMOTE AND SPONSOR EDUCATION OF ISSUES THAT EFFECT THE					<u> </u>						
INDUSTRY											
(Grants \$ 75 , 310) If this amount includes foreign grants, check	ck here			28a		151,677					
29											
(Grants \$) If this amount includes foreign grants, chec	rk here	•		29a							
30											
(Grants \$) If this amount includes foreign grants, chec	ck here			30a							
31 Other program services (attach schedule) (Grants \$	ok hara			31a							
(Grants \$) If this amount includes foreign grants, check Total program service expenses (add lines 28a through 31a)	Kilele			32		151,677					
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	one even if not co	mnensated (See t	he in		ons for P						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) emplo	Contrib yee ben	utions to efit plans & pensation	(e) Expense account and other allowances					
WILLIAM BASS	TRUSTEE	0			0	0					
BILL GRUEBNAU	TRUSTEE	0			0	0					
PAUL TANTALO	TRUSTEE	0			0	0					
PAUL GASSEL	TRUSTEE				0	0					
MICHAEL SMITH	TRUSTEE	0			0	0					
RICARDO BRIONES	TRUSTEE	c			0	0					
JASON CHWALEK	TRUSTEE	C			0	0					
CHARLES WILSON	TRUSTEE	C			0	0					
					_						
					·						
				-							
DAA					Fo	rm 990-EZ (2009)					

	990-EZ (2009) LABORERS LOCAL 1076 EMPLOYERS COOP 38-313			P	age 3
_ F &	rt V Other Information (Note the statement requirements in the instructions for	Part v.)	··	V	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No.
•	description of each activity		33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		33		
	the changes		34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	'			l
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		_		
þ	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	•			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u> </u>	- '		
39	Section 501(c)(7) organizations Enter				
a	Initiation fees and capital contributions included on line 9	· - · · · · · · · · · · · · · · · · · ·	-	i	1
b	Gross receipts, included on line 9, for public use of club facilities).]	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
b	section 4911 , section 4912 , section 4955 , section 4955 , section 501(a)(3) and 501(a)(4) agreement and Did the agreement and according 4058 average hand				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it aggreed in an excess benefit transaction with a disqualified	IL .	1		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	ĺ	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		10.0		
	organization managers or disqualified persons during the year under sections 4912,				1
	4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			<u> </u>	<u></u>
	transaction? If "Yes," complete Form 8886-T		40e	Ĺ	X
41	List the states with which a copy of this return is filed NONE				
42a		Telephone no 🕨 24	8-33	4-0	509
	760 JOSLYN AVENUE	4.0			
	Located at ▶ PONTIAC, MI	ZIP + 4 ▶ 48	340		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	 	X
	If "Yes," enter the name of the foreign country			}	j
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ļ	
	and Financial Accounts.		40-	1	X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	ــــــــــــــــــــــــــــــــــــــ	1 1
40	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here				_
43		▶ 43			
	and enter the amount of tax-exempt interest received or accrued during the tax year	F [43]			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1.22	<u> </u>
	Form 990-EZ		44	ļ	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		<u> </u>	T	
- •	"Yes," Form 990 must be completed instead of Form 990-EZ		45		x
			Form 99	90-EZ	(2009)

	990-EZ (2009) LABORERS LOCAL 10/6 EMPLOIERS		3-313/333				age 4
Par	(.) (.)						
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitable	e trusts must a	nswer questior	ıs 46-	- 4 9b	
	and complete the tables for lines 50 and 51.						
6	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	 _	
	Did the organization engage in lobbying activities? If "Yes," complete Schedule				47	<u> </u>	
8	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E		48		
9a	Did the organization make any transfers to an exempt non-charitable related or	ganization?			49a		
b	If "Yes," was the related organization a section 527 organization?				49b	<u> </u>	L
0	Complete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the						
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expen count ai	
	than \$100,000	devoted to position		deferred compensation	other	r allowa	nces_
-		ĺ		1			
					<u> </u>		
			}	Ì	}		
					<u> </u>		
					ŀ		
f	Total number of other employees paid over \$100,000	>		_			
	(a) Name and address of each independent contractor paid more than \$100,000	(b)) Type of service	(c) (Compen	sation	
d	Total number of other independent contractors each receiving over \$100,000	.					
Sign		g accompanying schedul officer) is based on all i	es and statements, an information of which pr	d to the best of my kno eparer has any knowle	owledge edge		
	Preparer's	Date 3/23	Check if self-	Preparer's Ide		_ `	iee instr)
aid	- Marie Comment	100	employed				
•		AINE, P.C.	•	EIN 🕨	<u> 18-2</u>	<u>:466</u>	<u>659</u>
Jse	Only f self-employed), 7 2/520 MEADOWBROOK #2	00		Phone	_		
	address, and ZIP + 4 NOV1, MI 48375			no ▶ 248	3-44	12-9	<u>911</u>
√lay t	the IRS discuss this return with the preparer shown above? See instructions			<u> </u>		'es	No
				F	orm 99	90-EZ	Z (2009)

4792 LABORERS LOCAL 1076 EMPLOYERS COOP
38-3137355 Federal Statements

FYE: 12/31/2009

3/16/2010 8:07 AM

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount			
MEMBERSHIP	DUES	\$ 81,003			
TOTAL		\$ 81,003			

3/16/2010 8:38 AM Explanation 2 Book Value Explanation Staternent 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations Book Value Noncash Contribution Federal Statements 65,310 75,310 10,000 Contribution Cash Class of Activity DONATION 4792 LABORERS LOCAL 1076 EMPLOYERS COOP Description of Property BIG BROTHER BIG SISTERS OF METO DET 9/24/09 Date of Gift Name and Address CONTRIBUTIONS < \$5000 SOUTHFIELD, MI 48075 FYE: 12/31/2009 38-3137355 TOTAL

4792 LABORERS LOCAL 1076 EMPLOYERS COOP
38-3137355 Federal Statements

FYE: 12/31/2009

3/16/2010 8:07 AM

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
EXPENSES PROMOTIONAL & EDUCATIONAL ADMINISTRATIVE FEE BANK CHARGES MICHIGAN LECET DUES	\$ 71,845 21,500 394 4,239		
TOTAL	\$ 97,978		

4792 LABORERS LOCAL 1076 EMPLOYERS COOP 38-3137355 Federal Statements

38-3137355

FYE: 12/31/2009

3/16/2010 8:07 AM

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROMOTE AND SPONSOR EDUCATION OF ISSUES THAT EFFECT THE INDUSTRY