

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



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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

•		For the	2009 calend	dar year,	or tax year beginni	ing 6/01	, 2009	and ending	5/	31	,	2010
Ī		Check if ag			С				_	D Employe	r Identific	ation Number
		Addre	ess-change	Please use IRS label	CONSTRUCTIO	N-BUSINESS	-GROUP			39-1	7039	79
		Name	change	or print or type.	4702 S. BIL					E Telephon	e numbei	,
		Initial	l return	See specific	MADISON, WI	53718				(608	240	-4170
		\vdash	ınatıon	Instruc- tions.							,	
		H	nded return	1	}					G Gross re	ceints \$	1,153,892.
		\vdash	cation pending	F Name a	and address of principal of	officer		Į.	(a) Is this	a group return		
			cotton penanty	i	AS C ABOVE			 		l affiliates inclu		Tyes The
•	1	Tax-e	xempt statu			nsert no.)	4947(a)(1) or	527	If 'No,	' attach a list (see instru	ictions) — —
•	<u>. </u>	Webs			707 70	de.t iieiy	1317(0)(1) 01		(c) Group	exemption nur	mher ►	
-	K		organization	Corpora	ation Trust X	Association Oth	er > L	Year of Formation	<u> </u>			al domicile WI
		rt li										
,					ganization's missio	n or most signifi	cant activities: I	INDUSTRY	ADVAN	CEMENT		
	ا ۵		·	<u>`</u>	.			222322				
	Š	_										
	Ĕ	_			· 	_						
	ŏ				if the organization			posed of more	e than 2	25% of its a	ssets.	
	8				bers of the govern			•1.			3	
	8				nt voting members		body (Part VI, lin	e ID)		}	5	
	Activities & Governance				yees (Part V, line : teers (estimate if n			•	•	·	6	
	₹ 				ousiness revenue fi		lumn (C), line 12			·	7a	0
			_		s taxable income fr		• • •				7b	0
•		_								Prior Year		Current Year
		8 C	ontributions	and grar	nts (Part VIII, line 1	h)						
	Revenue	9 P	rogram serv	reven	ue (Part VIII, line 2	2g)				1,059,0	77.	1,123,469
	No.				art VIII, column (A)					45,0	73.	23,423
	Œ				III, column (A), line							7,000
					nes 8 through 11 (line 12)	ļ	1,104,1	_	1,153,892
					ounits/paid (Part IX					6,0	00.	818
					members (Part JX)				<u> </u>			640 500
	ē.				nsation, employee			es 5-10)	<u> </u>	630,0	48.	642,780
	1	16a Pi	rofessional	fundráïsir	ng fees (Part IX//co	olumn (A), line 1	1e)		B 130.75	w. 984 N 1 A# 2	X.7 NO	7 1. 115 17 Same take 12 28
	Expenses				nses-(Part-IX- colu			 	18. W.			(2)、单位等数数数数数
	ш	17 0	ther expens	ses (Part	IX, column (A), line	es 11a-11d, 11f-	24f) .		L	324,4	35.	351,289
		18 To	otal expens	es Add li	nes 13-17 (must e	qual Part IX, col	umn (A), line 25)			960,4	83.	994,887
		19 R	evenue less	expense	es Subtract line 18	from line 12				143,6	67.	159,005
	b 🖁								Beg	inning of Y	ear	End of Year
	Assets or Belences	20 T	otal assets	(Part X, I	ine 16)					1,885,5		1,064,498
	\$0	21 T	otal habilitie	es (Part X	(, line 26)	•				51,6	26.	44,878
	72	22 N	et assets or	r fund bal	ances. Subtract lin	e 21 from line 2	0			1,833,9	57.	1,019,620
	Pa	rt II 🗀	Signat	ure Blo	ck							
			Under penaltie true, correct, a	es of periory	declare that I have exa	mined this return, inc	luding accompanying so	chedules and state	ements, ar	nd to the best o	f my knov	viedge and belief, it is
			true, correct, a		ez declaration ar preparer	(other man onicer) is	s based on all information	on of which prepar	rer nas an	y knowledge	/	
₹,	Siç	gn					·			1/5/1	11	
2011,	He	re	Stonature	of officer	1 6	\mathcal{O}	٨			Date / /		
6			1 Sold	5 5 W	1 CKen	tre Ju	ritor					
6 0		_	Type or p	rint name ar	ia title						-1-	
					$//$ $\sim \sim$,	•	Date		Check if self-	(se	parer's identifying number e instructions)
JAN	Pa Pro		Preparer's	_ /	KILL	L, CPX)	12/22/		employed P		P0049975
_		e- rer's	signature		2-1004) / 🔾 /	·	1900/	70			00 7 7 7 7 3
	Us		Firm's name (TINSON STMON	HEIN & BI						
Z	Or		employed), address, and	► <u>566</u>			ITE 300					01668
CANNED			ZIP + 4			661-1414				Phone no P	312-	655-0037
-					with the preparer s							X Yes No
(I)	BA	A For P	rivacy Act	and Pape	erwork Reduction A	Act Notice, see t	he separate instri	uctions.		TEEA01131	12/29/	_
										613		1G

Form 990 (2009) CONSTRUCTION BUSINESS GROUP	39-1	70397	9		Page 2
Pärt III. Statement of Program Service Accomplishments					
1 Briefly describe the organization's mission:					
· INDUSTRY ADVANCEMENT					
2—Did-the-organization undertake any significant program services during the year which were not listed on	the prior				
Form 990 or 990-EZ?		П	Yes	X	No
If 'Yes,' describe these new services on Schedule O.		ш		ت	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	No
If 'Yes,' describe these changes on Schedule O		لسا		نت	
· · · · · · · · · · · · · · · · · · ·	s by expens	es. Se	ction 5	01(c)	'3)
4 Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	d allocation	s to ot	ners, t	ne tota	àΙ΄
expenses, and revenue, if any, for each program service reported					
4a (Code: Expenses \$ including grants of \$) (Revenue	\$)
TO PROVIDE JOINT LABOR-MANAGEMENT ACTIVITIES CONDUCTED BY AN AREA	AND IN	IDUST	RY-W	IDE	
COMMITTEE DESIGNED TO IMPROVE LABOR-MANAGEMENT RELATIONSHIPS, JOE	SECURI	TY,			
COMPETITIVENESS, PRODUCTIVITY, ORGANIZATIONAL EFFECTIVENESS, ECON	NOMIC DE	VELC	PMEN	T A	ND _
SPECIFICALLY TO ENSURE THAT EMPLOYERS PAY THEIR EMPLOYEES THE APP	LICABLE	CEF	TIFI	ED	
WAGE BENEFIT RATES AND FOR SUCH OTHER PURPOSES AS MAY BE LAWFULLY					ED -
BY THE PARTIES.					
		^			
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

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	,		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2 _		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	_	_ <u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10		10		<u>X</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		2 de 8 de	
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	in.		
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	MARKET !	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u></u>	Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22_	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25 a	section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			7 • 4
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
ь	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
RAA		Form	000	(SUUS)

Part \	Statements Regarding Other IRS Filings and Tax Compliance				
•				Yes	No
	inter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1 a	4	100 M	
bΕ	inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0 : : :	4.3	
c -D	old the organization comply with backup withholding rules for reportable payments to vendor gambling) winnings to prize winners?	s and reportable gaming	1c	X	
2 a E	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return	2 a	9		
	at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	
N	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	urn (see instructions)	- FAI	(E)	
3 a D th	bid the organization have unrelated business gross income of \$1,000 or more during the year is return?	r covered by	3a		x
b If	'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	•	3b		<u> </u>
4a A	at any time during the calendar year, did the organization have an interest in, or a signature nancial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a nancial account)?	4a		x
b If	f 'Yes,' enter the name of the foreign country. >		179.00		27
S F	see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of inancial Accounts.	Foreign Bank and	14.7 mg		是直
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		X
b D	old any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b	<u> </u>	X
c If T	Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En ax Shelter Transaction?	tity Regarding Prohibited .	5c		
6 a D s	oes the organization have annual gross receipts that are normally greater than \$100,000, a olicit any contributions that were not tax deductible?	nd did the organization	6a		Х
	f 'Yes,' did the organization include with every solicitation an express statement that such co leductible?	ontributions or gifts were no	ot 6 b		
7 0	Organizations that may receive deductible contributions under section 170(c).			等集	
a D	old the organization receive a payment in excess of \$75 made partly as a contribution and p provided to the payor?	artly for goods and service	s 7a		
b 11	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	old the organization sell, exchange, or otherwise dispose of tangible personal property for w form 8282?	hich it was required to file	7с		
	f 'Yes,' indicate the number of Forms 8282 filed during the year	7d			12.8
b	Old the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?		7e		<u> </u>
	Oid the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f	_	
_	for all contributions of qualified intellectual property, did the organization file Form 8899 as	-	7g		+-
	or contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h	Dige (F)	Section
s	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti- supporting organization, or a donor advised fund maintained by a sponsoring organization, be toldings at any time during the year?		8	2.2	
9 9	Sponsoring organizations maintaining donor advised funds.		222		
a C	Did the organization make any taxable distributions under section 4966?		9a		
b 0	Did the organization make any distribution to a donor, donor advisor, or related person?		96		
10 5	Section 501(c)(7) organizations. Enter:		e 2)	13	
	nitiation fees and capital contributions included on Part VIII, line 12	10a			沙湾
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4	
	Section 501(c)(12) organizations. Enter	11	N	13	
	Gross income from other members or shareholders	11 a	_ 3		
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12a		1 40 41
<u> b</u> 1	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	14	* **.5-	الأواجري و

BAA Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management				
					Yes	No
_1 a	Enter the	number of voting members of the governing body	1a 8			
b	Enter the	number of voting members that are independent	1 b 8			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business reference, trustee or key employee?.	ationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other perso	nder the direct supervision n?	3		X_
4		rganization make any significant changes to its organizational documents		4		<u>X</u>
_		prior Form 990 was filed?	· ·	5		Х
		rganization become aware during the year of a material diversion of the organization organization have members or stockholders? SEE SCHEDULE 0	is assets?	6	Х	
7 a	Does the	organization have members, stockholders, or other persons who may elect one or n g body?	nore members of the	7a		Х
b	Are any	decisions of the governing body subject to approval by members, stockholders, or of	her persons? .	7Ь		X
	the follow	·	rtaken during the year by			
	•	rning body?		8a	X	
		nmittee with authority to act on behalf of the governing body? any officer, director or trustee, or key employee listed in Part VII, Section A, who car	anot he reached at the	8ь	Х	
	organiza	ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9	<u> </u>	<u>X</u>
		Policies (This Section B requests information about policies not i	required by the Internal			
Reve	enue Code	.)			Yes	1 11 2
10.	Doos the	organization have local chapters, branches, or affiliates?		10a	ies	No X
			facility about an affiliation	104	 	<u> </u>
	and bran	does the organization have written policies and procedures governing the activities o ches to ensure their operations are consistent with those of the organization?		10ь		
		organization provided a copy of this Form 990 to all members of its governing body to	_	11		X
		in Schedule O the process, if any, used by the organization to review this Form 990	. SEE SCHEDULE O			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
E	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	Х	<u> </u>
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po	licy? If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?		13	X	<u> </u>
14	Does the	organization have a written document retention and destruction policy?	•	14		X
		process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-				
	_	nization's CEO, Executive Director, or top management official SEE SCHEDULE	E O .	15a	+	├
t		icers of key employees of the organization SEE SCHEDULE O		15 b	X	80.63 CAS
	If 'Yes' t	o line 15a or 15b, describe the process in Schedule O. (See instructions.)				
168		organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a	1	X
	in joint v status w	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C.	Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed NONE				
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a on. Indicate how you make these available. Check all that apply.	ind 990-T (501(c)(3)s only) a	vaılab	le for	public
	ш	website Another's website X Upon request				
19	Describe stateme	in Schedule O whether (and if so, how) the organization makes its governing docur its available to the public SEE SCHEDULE O	nents, conflict of interest pol	icy, ar	nd fina	incial
		e name, physical address, and telephone number of the person who possesses the to KAHL 4702 S. BILTMORE LANE, MADISON, WI 53718 60	books and records of the orga	anızatı	ion: 	

BAA

Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

X Check this box if the organization did not		sate al	ny c			micer,	aire			/F>
(A)	(B)	Posit	tion (_	:)	hat appl		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
WARNER, CHARLES										
TRUSTEE	3			X	L		_	0.	0.	0.
BUGLASS, WILLIAM										
TRUSTEE	3			X	<u>_</u>			0.	0.	0.
KAHL, WILLIAM										_
TREASURER	3			Х	ļ		<u> </u>	0.	0.	<u>0.</u>
WELTIN, WILLIAM	_							_	_	
TRUSTEE	3			X	_	ļ	<u> </u>	0.	0.	0.
SCHOLZ, BARRY	_									•
TRUSTEE	3			X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
MCGOWAN, TERRANCE	2			v	1	Ì	ļ		ا م	0
CHAIRMAN	3			X		-	_	0.	0.	0.
OEHLHOF, RYAN TRUSTEE	3			х	1			0.	0.	0.
BESSETT, RODNEY		 	\vdash	┢	\vdash			0.	0.	<u> </u>
TRUSTEE	3		ļ	Х	ļ			0.	0.	0.
TROSTEE			H	┢	┢			0.	<u> </u>	
				İ						
			┡		<u> </u>		<u> </u>			
									·	
							<u> </u>			
		-	1-	_	┝	 	-		ļ	
		-	\vdash	\vdash	╄	-	\vdash	 	 	

TEEA0107L 11/10/09

' A)			<u> </u>			5 3,	ant			<u>piv</u>	
(A)	(B) Average	Posi	tion (C) kall t	hat a	ook)	(D)	(E)		(F)
Name and Title	hours per week			Officer	ě	Highest co		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation froi related organizatio (W-2/1099-MISC)	ns I	Estimated amount of other compensation from the organization
		ctor tru	tonal t		employee	st comper	_ 				and related organizations
		iee	trustee			ensated					
										1	
										\neg	
					T-					\dashv	
									1		
1 b Total .							•	0.		0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	d abo	ove)	wh	o rec	eived more than	\$100,000 in rep	ortat	ole compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual 											Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	compens thedule .	satio <i>J for</i>	n fr	om a ch pe	any e <i>rso</i>	unre n	elate	d organization foi	services		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted indo	nen	dent	COT	ntrac	torr	that	t received more 4	nan \$100 000 a4		
compensation from the organization		pen				LOIS	· IIIa				
Name and business address	ss							Description (E	of Services	_	(C) Compensation
										-	
						_					
2 Total number of independent contractors (including	but not	lim	ted	to #	nne.	lie!	ed a	hove) who receiv	ed more than	1.,	
\$100,000 in compensation from the organization			u	i u	iU36	, 1131	cu a	DUTCE WIND ICCEIV	CO HIVIE (HAII	3 .	

	•			े- _{हर्ग} ?		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.3	_1 a	-Federated-campaigns	,-,	_1 a		حبيب حسب در بنامت	C		المراجعة الم
Z S	t	Membership dues .	[1ь			深とかるとい		
ÖÖ	(: Fundraising events		1 c			K /		Fig. 1. Early
E &	(Related organizations		1 d		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			13 13 美国建筑
<u>0</u> ≥		Government grants (contributi	ons)	1 e			race to the		1 1 1 1 1 1 1
흥흥						The state of the state of			
돌필	ı	All other contributions, gifts, q similar amounts not included	grants, and [above	1f					
EO		Noncash contribns included in		Ś			图 图 2000年 / 1		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Total. Add lines 1a-1f		٠.	•	timen en de la contrata			
		101011100 1100 110 11		П	Business Code	Emiliar Yak 17	Part Parks State	2 45 4	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Ę,	2 8	EMPLOYER CONTRIB	GENERAL.	ľ	900099	1,096,942.	1,096,942.	an talaman and a salah	and the state of t
Ĕ		EMPLOYER CONTRIB-S			900099	26,527.	26,527.		
걸	-				200033	20,327.	20,321.		
€	`	' I							
S E	•				· · · · · · · · · · · · · · · · · · ·				
≨	ŕ	All other program service		}	· · · · · · · · · · · · · · · · · · ·	 -			
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e revenue.	L		1,123,469.	\$ # (Co.)	G 188 7.1	
$\overline{}$		Investment income (inc	ludina disud			1,123,405.	1. Water 13. 1 1	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,	other similar amounts)	idding divid	enus	, interest and	17,323.			17,323.
ļ	4	Income from investmen	t of tax-exe	mot	bond proceeds				
-	5	Royalties		•	>				
		_	(ı) Real		(ii) Personal		Market Market Co.	1 2 2 2 2 1 B	- 14.5. VIV.
	6 a	Gross Rents							
	t	Less: rental expenses							
	c	: Rental income or (loss)							
	c	Net rental income or (lo	ss).		>		The state of the s	Res Mental Calabian Santa	ALALIA OR OTHER AND
		Gross amount from sales of	(ı) Securit	ies	(ii) Other	12 Page 15 15 15 15	MACON TO SERVICE		SULPH CONTRACTOR
		assets other than inventory.			6,100.		1987 13		
	ŀ	Less: cost or other basis				1			
		and sales expenses				17 (4)			
	C	: Gain or (loss)			6,100.				
	C	Net gain or (loss)				6,100.			6,100.
	82	Gross income from fund	draising eve	nts		A CONTRACTOR	7. 1 (No. 1)	人类公司在1978年	0312824535
Ä		(not including \$				76.0			4
		of contributions reported	d on line 1d	:) .	-			and the same of	
2		See Part IV, line 18		1	B				
OTHER REVI	t	Less direct expenses		ı	b				
١	•	: Net income or (loss) fro	ım fundraisi	ng e	vents >				
	9 8	Gross income from garr See Part IV, line 19	ning activitie	es					11.1000000 数据集
			•	1	B			an " most (1995) 1437 "	
		Less: direct expenses		ı	b[remilling.	kin ni l	ا المراجعة المحسيدة المحسيدة	
	C	: Net income or (loss) fro	m gaming	actıv	ıt <u>ıes</u>				
	10 a	Gross sales of inventory and allowances	y, less retur	ns				. ` .	
				•	•				
		Less: cost of goods sold		١	b[West of the same of the		and the same	
ļ		: Net income or (loss) fro		inve					
}		Miscellaneous Reven		_	Business Code		· · · · · · · · · · · · · · · · · · ·		
	118	TRADE IN OF AU	TOWORITI	≟_	900099	7,000.	7,000.	,	<u> </u>
	t	'				 -	ļ		ļ
	•								
		All other revenue		L		<u> </u>			
		Total. Add lines 11a-11	-		•	7,000.			• • •
	12	Total revenue. See inst	ructions			1,153,892.	1,130,469.	0.	23,423.

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) but are not required to complete columns (B), (C), and (D). (D) **(B)** (C) (A) Fundraising Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Total expenses general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part-IV, 818 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 0 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 section 4958(c)(3)(B) 424,764 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer 89,708 contributions) 98,193. Other employee benefits. 30,115 Payroll taxes 11 Fees for services (non-employees) a Management 91,438. **b** Legal 29,438. c Accounting **d** Lobbying 通常体验的自己的 网络原始的自己的 e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 10,547. 7,322. 12 Advertising and promotion 50,936 Office expenses Information technology Royalties 32,848. 16 Occupancy 36,528 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 34,871 Depreciation, depletion, and amortization 14,239. Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 32,430 a DRUG TESTING 10,692 b REIMB. SALARIES TO CONTRACTORS f All other expenses 994,887 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► _ _ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

Page 11

Form 990 (2009)

BAA

Part X **Balance Sheet** (B) End of year (A) Beginning of year 1 1,907. 33,461 Cash - non-interest-bearing 1,629,219. 2 834.651. 2 Savings and temporary cash investments Pledges-and-grants-receivable, net-3-122,440. 104,136 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net. 8 Inventories for sale or use 12,946 9 . 159 Prepaid expenses and deferred charges 251,824 10a Land, buildings, and equipment: cost or other basis 10a Complete Part VI of Schedule D 10 b 159,270 99,151 10 c 92,554. **b** Less: accumulated depreciation 11 Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Other assets. See Part IV, line 11 17,457 15 15 1,885,583 16 1,064,498. Total assets. Add lines 1 through 15 (must equal line 34) 16 51,626. 17 44,878. 17 Accounts payable and accrued expenses 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities. Complete Part X of Schedule D 51,626 26 44,878 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 1,833,957 27 1,019,620. Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 32 1,019,620. 1,833,957 33 33 Total net assets or fund balances. 1,885,583 1,064,498. Total liabilities and net assets/fund balances

TEEA0111L 01/30/10

Both consolidated and separate basis

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

consolidated basis, separate basis, or both:

Audit Act and OMB Circular A-133?

Form 990 (2009)

X

3a

3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 Open to Public V

Name of the organization

Employer Identification number

CON	ISTRUCTION BUSINESS GROUP			 39-1703979
Pai	t 🔝 Organizations Maintaining Dono	Advised Funds or Other Si	milar Funds or Acco	
, 5 . 44 5	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	illiai i ulius oi Acce	ounts complete ii
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year	(a) bonor davised range		and and one documen
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .		-	
4	Aggregate value at end of year			
_				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the asse to the organization's exclusive lega	ts held in donor advised I control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor ad fit??	lvisor or for any other	Yes No
Pai	till Conservation Easements Comple	ete if the organization answe	red 'Yes' to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that ap	ply).	
	Preservation of land for public use (e g , r	ecreation or pleasure)	reservation of an historica	ally important land area
	Protection of natural habitat		reservation of certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation cor	ntribution in the form of a	conservation easement on the
			2 **	Held at the End of the Year
ε	Total number of conservation easements .		2a	
t	Total acreage restricted by conservation ease	ments	2 b	
(Number of conservation easements on a certi	fied historic structure included in (a) <u>2c</u>	
•	Number of conservation easements included i	n (c) acquired after 8/17/06.	2d	
3	Number of conservation easements modified,	transferred, released, extinguished	, or terminated by the org	ganization during the tax
	year ▶			
4	Number of states where property subject to co	onservation easement is located 🕨		
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, ins	pection, handling of viola	ations, Yes No
6	Staff and volunteer hours devoted to monitoring the year •			
7	Amount of expenses incurred in monitoring, if during the year ►	nspecting, and enforcing conservation	on easements \$ _	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ments of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reven to the organization's financial states	ue and expense statement ments that describes the	, and balance sheet, and organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Trea	asures, or Other Sin rt IV, line 8.	nilar Assets
1 6	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or researc	enue statement and balar h in furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
1	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its revenue dic exhibition, education, or researc	statement and balance h in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			- \$
2	If the organization received or held works of a amounts required to be reported under SFAS	irt, historical treasures, or other sim 116 relating to these items:	ıılar assets for financial g	gain, provide the following
	a Revenues included in Form 990, Part VIII, lin	_		► \$
	Assets included in Form 990, Part X			▶\$
	•			·

Schedule D (Form 990) 2009 CONSI						Otha	39-17		ontine	Page Z
Part III. Organizations Maintai			•							
3 Using the organization's acquisition items (check all that apply).	on accession a	nd othe		-		that are	a significant us	se of its	collection	on
a Public exhibition			d Loan d	or excha	ange programs					
b Scholarly research			e 💹 Other							
c Preservation for future general										
4 Provide a description of the organ Part XIV			,	-	•		, , ,	ise in		
5 During the year, did the organizat assets to be sold to raise funds ra								Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangeme unt on Form	ents (990,	Complete if of Part X, line:	rganız 21.	ation answe	red 'Y	es' to Form !	990, Pa	art IV,	line ——–
1a is the organization an agent, trus included on Form 990, Part X?			•••			ner asse	ets not	Yes	; [No
b If 'Yes,' explain the arrangement	ın Part XIV an	d comp	lete the following	ng table	::					
								Amoun	<u>ıt</u>	
c Beginning balance					•	<u> </u>	1 c			
d Additions during the year			•		•	· —	1 d			
e Distributions during the year						_	1 e			
f Ending balance						L	1f	T7.4		7
2a Did the organization include an a		n 990, I	Part X, line 217					∐ Yes	•	No
b If 'Yes,' explain the arrangement			tion oncurer	ad 1Va	al ta Earm Of	00 Da		`		
Part V Endowment Funds Con									Faur	ra baal:
1 a Danimara of war halance	(a) Current y	ear	(b) Prior year		(c) Two years bac		d) Three years back		Four yea	
1a Beginning of year balance				20		5 - 520 127% 17 - 31 1895		4 55°53	5 2 Apr. 2025 1. 40 mil. 640	<u>. Con servicia</u> Managas (Sa
b Contributions				81		- 12 BB	entroperator con A destroperator	3 5 5 4 78	గారు. మోటులోని	337 644
c Net Investment earnings, gains, and losses										
d Grants or scholarships								200 (1, 14, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	1-30 M. F.
 Other expenditures for facilities and programs 				100	A. reija.				.	
f Administrative expenses				3				1 81	4	
g End of year balance .						\$13. 14		37 J.C.W.	4633	
2 Provide the estimated percentage		nd bala	nce held as.							
a Board designated or quasi-endow			%							
b Permanent endowment	€									
c Term endowment	%									
3a Are there endowment funds not a organization by.	n the possessi	on of th	ne organization	that are	e held and adm	ınıstere	d for the		Yes	No
(i) unrelated organizations .			• •					3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations li	sted as	required on Sc	chedule	R?		•	3b	<u> </u>	
4 Describe in Part XIV the intended	d uses of the o	rganiza	ation's endowme	ent fund	ls.	_				
Part VI Investments-Land, B	uildings, ar	nd Eq	uipment. See	e Forn	n 990, Part X	(, line	10.			
Description of investment	t (t or other basis vestment)	(b) (Cost or other asis (other)	1 0	Accumulated Depreciation	(d)	Book \	/alue
1a Land	T					% <u>₹</u>	1.02× 640.	Ş		
b Buildings										
c Leasehold improvements										
d Equipment	[202,885.		114,058			3,827.
e Other					48,939.	<u> </u>	45,212	.		3,727.
Total. Add lines 1a through 1e (Colum	ın (d) must eqi	ual Fori	n 990, Part X, c	column	(B), line 10(c).)	<u> </u>		1	92	2,554.
BAA							Sch	edule D	(Form 9	990) 2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 CONSTRUCTION BUSIN		39-1703979 Pag
Part VII Investments - Other Securities See Fo		· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives		out or one or your marriet variet
Closely-held equity interests		
Other		
		· · · · · · · · · · · · · · · · · · ·
otal. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		
Part VIII. Investments—Program Related (See F	orm 990 Part Y Jun	ne 13) N/A
(a) Description of investment type	(b) Book value	
(a) Description of investment type	(b) DOOK Value	(c) Method of valuation Cost or end-of-year market value
	····	
,		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		Seeday on the water a service of the
Part X Other Assets (See Form 990, Part X, I		
(a) Des	scription	(b) Book value
		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B), III	ne 15)	•
Total. (Column (b) must equal Form 990, Part X, col (B), III Rart X: Other Liabilities (See Form 990, Part X		•
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Part X: Other Liabilities (See Form 990, Part) (a) Description of Liability	X, line 25)	
Rart X: Other Liabilities (See Form 990, Part)	X, line 25)	

Schedule D (Form 990) 2009 CONSTRUCTION BUSINESS GROUP

39-1703979

<u>Sc</u> he	edule D (Form 990) 2009 CONSTRUCTION BUSINESS GROUP	39-170397	9 Page 4
Pai	代 XI類 Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	`Total revenue (Form 990, Part VIII,column (A), line 12).	. 1	1,153,892.
2	Total expenses (Form 990, Part IX, column (A), line 25)		994,887.
3	Excess or (deficit) for the year Subtract line 2 from line 1		159,005.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		159,005.
Pa	在XIIに Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,153,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
•	e Add lines 2a through 2d. Subtract line 2e from line 1	2e	1 152 000
3		3	1,153,892.
→.	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	1,153,892.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		1,133,072.
1	Total expenses and losses per audited financial statements	1	994,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	E2 82	331,0011
a	Donated services and use of facilities		
t	Prior year adjustments 2b		
•	Other losses		
•	d Other (Describe in Part XIV) 2d		
•	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1	3	994,887.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40.3	
ŧ	Investments expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	994,887.
Pal	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete the mation	t IV, lines 1b ai	nd 2b, Part V, le any additional
BAA	TEEA3304L 02/02/10	Schedule	D (Form 990) 2009

Schedule D.(Form 990) 2009 CONSTRUCTION BUSINESS GROUP Part XIV Supplemental Information (continued)	39-1703979	Page 5
Part XIV Supplemental Information (continued)		
 ,		

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answer 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or 990-EZ.

(c) Fair market value of asset(s) distributed or amount of transaction

(b) Date of distribution

(a) Description of asset(s) distributed or transaction expenses paid

Use Schedule N-1 if additional space is needed

GROUP

CONSTRUCTION BUSINESS

expenses

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

2009

OMB No 1545-0047

Open to Public

Employer identification numbe

39-1703979

で変数 section of recipient(s) (if tax-exempt) or type of entity (g) IRC Code ŝ [論歌] Liquidation, Termination, or Dissolution. Complete if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Yes 2b 2c 2a (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses

2 Did or will any officer, director, trustee, or key employee of the organization:

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e if the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2009

29

TEEA4701L 06/25/09

Page 2 Schedule N (Form 990 or 990-EZ) 2009 (g) IRC Code section of recipient(s) (if tax-exempt) or type of entity ŝ Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered "Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed. × × 501 (C) (5) Yes 7a **4**a **5**a **5**b 2a 2p <u>2</u>d 2c Ģ m 39-1703979 LABOR MGMT COOP TRUST OF LOCAL 139 (f) Name and address of recipient N27 W23233 ROUNDY DRIVE Attach a copy of the letter and, if applicable, the organization's request for the letter PEWAUKEE, WI 53072 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. **b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? 4a Did the organization request or receive a determination letter from the IRS that the organization's exempt status was terminated? Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0c if 'Yes,' describe in Part III how the organization defeased or otherwise settled these liabilities If 'No,' explain in Part III 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III (e) EIN of recipient 36-4656562 **b** Become an employee of, or independent contractor for, a successor or transferee organization? (d) Method of determining FMV for asset(s) distributed or transaction expenses BOOK VALUE TEEA4702L 01/30/10 CONSTRUCTION BUSINESS GROUP 6 Did the organization discharge or pay all liabilities in accordance with state laws? 7a Did the organization have any tax-exempt bonds outstanding during the year? . c Become a direct or indirect owner of a successor or transferee organization? 2 Did or will any officer, director, trustee, or key employee of the organization: (c) Fair market value of asset(s) distributed or amount of transaction 973,342 a Become a director or trustee of a successor or transferee organization? Range Liquidation, Termination, or Dissolution (continued) b If 'Yes', did the organization provide such notice? (b) Date of distribution VARIOUS b if 'Yes', provide the date of the letter Schedule N (Form 990 or 990-EZ) 2009 (a) Description of asset(s) distributed or transaction BOND FUND ASSETS Partill BAA

Schedule N (Form 990 or 990-EZ) 2009 CONSTRUCTION BUSINESS GROUP 39-1/039/9	Page 3
Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.	
PART III - ADDITIONAL INFORMATION	
CHARLES-WARNER IS A TRUSTEE FOR BOTH THE CONSTRUCTION BUSINESS GROUP AND THE LABO	PR
MANAGEMENT COOPERATION TRUST OF THE OPERATING ENGINEERS LOCAL 139. HE DOES NOT	
RECEIVE COMPENSATION FOR SERVING AS A TRUSTEE ON EITHER BOARD.	
	.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer Identification number		
-CONSTRUCTION-BUSINESS-GROUP	39-1703979		
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAR	EHOLDE		
THE ASSOCIATION'S MEMBERS CONSIST OF PARTICIPANTS WHO BENEFIT FROM THE IMPROVED			
COMMUNICATION BETWEEN LABOR AND MANAGEMENT, WHO MAKE DECISIONS	THAT AFFECT THEIR		
WORKING LIVES.			
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS			
THE TRUSTEES AUTHORIZE THE EXECUTIVE DIRECTOR AND DESIGNATED TRU	USTEE TO REVIEW THE		
FORM 990 BEFORE IT'S FILED.			
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS		
PER THE ORGANIZATION'S GOVERNING DOCUMENT IN NO EVENT MAY THE D	IRECTORS OR ANY		
FIDUCIARY OF CBG ENGAGE IN "PROHIBITED TRANSACTIONS". ANY TRANSACTIONS .	SACTIONS THAT MAY BE		
POTENTIAL CONFLICTS OF INTEREST OR POTENTIAL PROHIBITED TRANSACT	TIONS ARE REQUIRED TO		
BE BROUGHT TO THE ATTENTION OF THE ENTIRE BOARD FOR REVIEW AND	DISCUSSION WITH THE		
ORGANIZATION LEGAL COUNSEL			
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MG		
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APP	ROVED ANNUALLY BY THE		
BOARD OF DIRECTORS			
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEE		
EACH EMPLOYEE COMPENSATION IS DETERMINED ANNUALLY AND AUTHORIZE	D BY THE EXECUTIVE		
DIRECTOR AND SIGNED BY THE EMPLOYEE AND EXECUTIVE DIRECTOR. TH	E BOARD OF DIRECTORS		
ARE NOTIFIED OF ANY INCREASES IN THEIR QUARTERLY MEETINGS AND A	PPROVE ALL INCREASES.		
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE		
PARTICIPANTS ARE ABLE TO REQUEST THE AUDITOR'S REPORT AND OTHER	FINANCIAL		
INFORMATION FROM THE FUND OFFICE.			

Schedule O (Form 990) 2009 Name of the organization	Page 2
Name of the organization	Employer identification number
CONSTRUCTION BUSINESS GROUP	39-1703979
CONDITION SOSTABLE GROOT	100

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

		
	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► [X]
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
	<i>lete_Part II_unless_</i> you_have_already_been_granted.an.automatic.3-month-extension-on-a-previously-fil	ed-Form-8868
Part S	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and c	omplete Part I only
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request sturns.	an extension of time to file
the additiona Form 990-T.	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensibelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more det time www.irs gov/efile and click on e-file for Charities & Nonprofits.	electronically if (1) you want composite or consolidated
	Name of Exempt Organization	Employer identification number
Type or		
print	CONSTRUCTION BUSINESS GROUP	39-1703979
File by the due date for	Number, street, and room or suite number. If a P O box, see instructions	
filing your return See	4702 S. BILTMORE LN.	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Charletone e	MADISON, WI 53718	
X Form 990	f return to be filed (file a separate application for each return): Form 990-T (corporation) Form 472	0
Form 990		
Form 990		
Form 990		
	Town 307	
• The books	are in the care of ROBB_KAHL	
Telephone	No. ► 608-240-4170 FAX No. ►	
	anization does not have an office or place of business in the United States, check this box	▶ □
If this is f	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for the whole group,
	box. If it is for part of the group, check this box. and attach a list with the names at	
the exten	sion will cover	
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	$1/15$, 20 11 _, to file the exempt organization return for the organization named above	
	ension is for the organization's return for:	
▶	calendar year 20 $_$ or tax year beginning $_$ $6/01$ $_$, 20 $_09$, and ending $_$ $5/31$ $_$, 20 $_10$ $_$.	
	tax year beginning6/01, 20_09_, and ending5/31, 20_10	
2 If this t	ex year is for less than 12 months, check reason: Initial return Final return C	hange in accounting period
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.
b If this a made.	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b\$ 0.
deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) tructions	3c\$ 0.
Caution. If ye payment inst	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fori ructions	n 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.