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## Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning

, 2009, and ending

9/30 , 2010

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C  
WISCONSIN LABORERS' DISTRICT COUNCIL  
4633 LIUNA WAY #101  
DEFOREST, WI 53532

D Employer identification number

39-1142477

E Telephone number

608-846-8242

G Gross receipts \$ 909,335.

F Name and address of principal officer

Same As C Above

H(a) Is this a group return for affiliates?

 Yes  No

H(b) Are all affiliates included?

 Yes  No

If 'No,' attach a list (see instructions)

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

J Website: ► N/A

H(c) Group exemption number ► 0121

K Form of organization  Corporation  Trust  Association  Other ► L Year of Formation 1970 M State of legal domicile WI

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROTECT AND IMPROVE THE LIVES OF ITS MEMBERS THROUGH FAMILY SUPPORTING WAGES AND BENEFITS, AS WELL AS THROUGH PROGRAMS AND SERVICES DESIGNED TO MAKE ITS MEMBERS THE SAFEST, MOST SKILLED AND PRODUCTIVE WORKERS IN THE LABORERS INDUSTRY.

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 7

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 0

5 Total number of employees (Part V, line 2a)

5 17

6 Total number of volunteers (estimate if necessary)

6 0

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a 0.

b Net unrelated business taxable income from Form 990-T, line 34

7b 0.

Revenue 8 Contributions and grants (Part VIII, line 1h) 908 FEB 01 2011 IRS-OSC 125,000.

9 Program service revenue (Part VIII, line 2g) 895,700. 856,189.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53,436. 43,664.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,074,136. 899,853.

Expenses 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 77,910. 121,800.

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 717,195. 723,038.

16a Professional fundraising fees (Part IX, column (A), line 11e).

b Total fundraising expenses (Part IX, column (D), line 25) ►

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 371,108. 321,251.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,166,213. 1,166,089.

19 Revenue less expenses Subtract line 18 from line 12 -92,077. -266,236.

Net Assets or Fund Balances 20 Total assets (Part X, line 16) 3,464,240. 3,318,246.

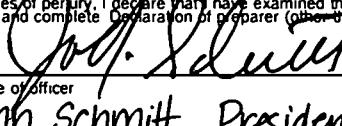
21 Total liabilities (Part X, line 26) 1,006,709. 1,126,951.

22 Net assets or fund balances Subtract line 21 from line 20 2,457,531. 2,191,295.

## Part II Signature Block

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

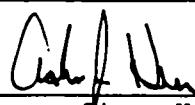
Sign Here

►  1-24-11  
Signature of officer Date

► John Schmitt, President/Business Mgr.  
Type or print name and title

SCANNED FEB 24 2011

Paid Preparer's Use Only

Preparer's signature ► 

Date 1/12/11

Check if self-employed ► 

Preparer's identifying number (see instructions) P00499757

Firm's name (or yours if self-employed), address, and ZIP + 4 ► Levinson Simon Hein & Bilkey, P.C.  
566 West Lake Street, Suite 300  
Chicago, IL 60661-1414

EIN ► 36-3701668

Phone no ► 312-655-0037

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

TEEA0113L 12/29/09

Form 990 (2009)

**Part III: Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

TO PROTECT AND IMPROVE THE LIVES OF ITS MEMBERS THROUGH FAMILY SUPPORTING WAGES AND BENEFITS, AS WELL AS THROUGH PROGRAMS AND SERVICES DESIGNED TO MAKE ITS MEMBERS THE SAFEST, MOST SKILLED AND PRODUCTIVE WORKERS IN THE LABORERS INDUSTRY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code:       ) (Expenses \$                  including grants of \$                 ) (Revenue \$                 )

THE WISCONSIN LABORERS' DISTRICT COUNCIL HAS BEEN ESTABLISHED TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL, AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS. THE ORGANIZATION HAD A YEAR END MEMBERSHIP OF 7,814.

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

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

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$                  including grants of \$                 ) (Revenue \$                 )

**4e Total program service expenses ►**

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1  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  X

**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  X

**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  X

**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** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10  X

**11** Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11  X

- Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 12  X
- 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 13  X
- 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 14a  X
- 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 14b  X
- Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 15  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 XI 16  X

**12** Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 17  X

**12A** Was 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 18  X

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 19  X

**14a** Did the organization maintain an office, employees, or agents outside of the United States? 20  X

**b** 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 21  X

**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 22  X

**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 23  X

**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 24  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 25  X

**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 26  X

**20** Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 27  X

**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 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a 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	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a 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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c 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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
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	34	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	35	
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	36	
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	37	
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	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	1
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4b	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b> Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	10b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:	11a	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	11b	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:	12b	
<b>a</b> Gross income from other members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

BAA

Form 990 (2009)

**Part VII** **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.

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body .	1a	7
b Enter the number of voting members that are independent	1b	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders? <b>See Schedule O</b>	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? <b>See Schedule O</b>	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? <b>See Schedule O</b>	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body? .	9	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		

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

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

### Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **See Schedule O**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► JOHN SCHMITT 4633 LIUNA WAY, DEFOREST, WI 53532 608-846-8242

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
JOE HEYRMAN									
AUDITOR	3			X			100.	0.	0.
JOHN SCHMITT									
PRES/BM	3			X			6,000.	0.	0.
THOMAS FISHER									
FRMR PRES/BM	40			X			131,934.	0.	50,225.
DAN BURKE									
AUDITOR	3			X			200.	0.	0.
JAMES ANNIS									
SGT AT ARMS	3			X			550.	0.	0.
ANTHONY NEIRA									
EXECUTIVE BOARD	3			X			0.	0.	0.
MIKE GRATER									
EXECUTIVE BOARD	3			X			1,200.	0.	0.
TONY MARCELLE									
EXECUTIVE BOARD	3			X			1,200.	0.	0.
KEVIN LEE									
SEC/TREASURER	3			X			2,400.	0.	0.
RONALD HOLDEN									
Vice President	3			X			1,100.	0.	0.
RICHARD GENESKE									
FORMER AUDITOR	3			X			0.	0.	0.
KARL MARKGRAF									
EXECUTIVE BOARD	3			X			1,100.	0.	0.
NACARCI FEASTER									
AUDITOR	3			X			200.	0.	0.

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

**1 b Total**

145,984.

0

50,225.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

---

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contribs included in lns 1a-1f:	\$				
<b>h Total. Add lines 1a-1f</b>	►				
<b>PROGRAM SERVICE REVENUE</b>		<b>Business Code</b>			
2a <u>Membership Dues &amp; Assessments</u>	900099	856,189.	856,189.		
b -----					
c -----					
d -----					
e -----					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>	►	856,189.			
3 Investment income (including dividends, interest and other similar amounts)	►	39,146.			39,146.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)	►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		14,000.			
b Less: cost or other basis and sales expenses		9,482.			
c Gain or (loss)		4,518.			
d Net gain or (loss)	►	4,518.			4,518.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	►				
9a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11a -----					
b -----					
c -----					
d All other revenue					
e Total. Add lines 11a-11d	►				
<b>12 Total revenue. See instructions</b>	►	899,853.	856,189.	0.	43,664.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	121,800.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,312.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	282,015.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	104,460.			
9 Other employee benefits	63,088.			
10 Payroll taxes	41,163.			
11 Fees for services (non-employees)				
a Management				
b Legal	29,006.			
c Accounting	21,996.			
d Lobbying	6,000.			
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	8,450.			
12 Advertising and promotion	22,091.			
13 Office expenses	67,112.			
14 Information technology	2,450.			
15 Royalties				
16 Occupancy	26,157.			
17 Travel	16,479.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,143.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,680.			
23 Insurance	6,877.			
24 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.)				
a DEFENSE FUND PAYOUTS	16,810.			
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,166,089.			
26 Joint costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2009)

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	93,244.	1	179,357.
	2 Savings and temporary cash investments	2,874,389.	2	2,684,008.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	395,776.	4	350,451.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,479.	9	17,276.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	203,596.		
	b Less accumulated depreciation.	10b 116,442.	10c 84,352.	87,154.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,464,240.	16	3,318,246.
LIABILITIES	17 Accounts payable and accrued expenses	36,134.	17	36,484.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	970,575.	25	1,090,467.
	26 Total liabilities. Add lines 17 through 25	1,006,709.	26	1,126,951.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	2,457,531.	27	2,191,295.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	2,457,531.	33	2,191,295.
	34 Total liabilities and net assets/fund balances.	3,464,240.	34	3,318,246.

BAA

Form 990 (2009)

**Part XII Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

**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

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

WISCONSIN LABORERS' DISTRICT COUNCIL

39-1142477

**Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II. Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**3** Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition  
 b Scholarly research  
 c Preservation for future generations

d Loan or exchange programs  
 e Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV | Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If 'Yes,' explain the arrangement in Part XIV and complete the following table.

**c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
1c	
1d	
1e	
1f	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If 'Yes,' explain the arrangement in Part XIV.

**Part V | Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

**2** Provide the estimated percentage of the year end balance held as:

**a** Board designated or quasi-endowment > \_\_\_\_\_ %

**b** Permanent endowment > \_\_\_\_\_ %

**c** Term endowment > \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

**(i)** unrelated organizations  
**(ii)** related organizations

**b** If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI | Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	151,991.		74,900.	77,091.
e Other		51,605.	41,542.	10,063.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				87,154.

BAA

Schedule D (Form 990) 2009

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. **N/A**

**(a) Description of security or category (including name of security)**      **(b) Book value**      **(c) Method of valuation**  
Cost or end-of-year market value

## Financial derivatives

### Closely-held equity interests

Other

**Total.** (Column (b) must equal Form 990 Part X, col. (B) line 12.)

**Part VIII Investments—Program Related (See Form 990, Part X, line 13)**

(a) Description of investment type (b) Book value (c)

<b>(a) Description of investment type</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b> Cost or end-of-year market value
---	-----------------------	--

**Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)**

**Part IX. Other Assets (See Form 990, Part X, line 15)**

N/A

**Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)**

**Part X** Other Liabilities (See Form 990, Part X, line 25)

<b>(a) Description of Liability</b>	<b>(b) Amount</b>
Federal Income Taxes	
DEFENSE FUND DEPOSITS	32,400
DUE TO LOCALS AND AFFILIATED FUNDS	1,055,587
PAYROLL TAXES & WITHHOLDING	2,480

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 1,090,467

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	899,853.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,166,089.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-266,236.
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	-266,236.

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

1	1	899,853.
2	2a	
	2b	
	2c	
	2d	
	2e	
3	3	899,853.
4	4a	
	4b	
	4c	
5	5	899,853.

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,166,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,166,089.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	1,166,089.

**Part XIV: Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV. Supplemental Information (continued)**



WISCONSIN MEDICAL COUNCIL

37-1142477  
FEB 11 2005 WISCONSIN INDUSTRIAL DISTRICT COUNCIL  
Grants and Other Assistance in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22:  
Use Part IV and Schedule L (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

## Part 1 line 2 - Grantmaker's Description of How Grants are Used

THE ORGANIZATION PROVIDES ASSISTANCE TO VARIOUS ORGANIZATIONS THROUGH DONATIONS DURING THE YEAR. DONATIONS ARE APPROVED BY THE GOVERNING BODY UPON REVIEW OF SUBMITTED DONATION REQUESTS FROM VARIOUS ORGANIZATIONS.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

OMB No 1545-0047

**2009**

Open to Public Inspection

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

**WISCONSIN LABORERS' DISTRICT COUNCIL**

Employer identification number

39-1142477

**Part I Questions Regarding Compensation****1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

**Note:** The sum of columns (B) (i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

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

**BAA**





## Identification of Related Organizations

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV)

**Part V** **Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets.
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

<b>(A)</b> Name of other organization	<b>(B)</b> Transaction type (a-i)	<b>(C)</b> Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See [Instructions regarding exclusion for certain investment partnerships](#)

BAA

TEEAA5004L 02/05/10

**Schedule M (Form 990) (2006)**

Name of the organization

WISCONSIN LABORERS' DISTRICT COUNCIL

Employer identification number

39-1142477

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

MEMBERSHIP CONSISTS OF ACTIVE JOURNEYMAN, FOREMEN, APPRENTICES WORKING UNDER THE LABORERS JURISDICTION IN WISCONSIN. IN ADDITION, MEMBERSHIP INCLUDES RETIRED MEMBERS.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

THE EXECUTIVE BOARD ELECTS OFFICERS EVERY 5 YEARS FOLLOWING PRESCRIBED PROCEDURES IN THE ORGANIZATION'S CONSTITUTION.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

MEMBERS ARE REPRESENTED BY INDIVIDUALS APPOINTED FROM EACH LOCAL UNION OF THE DISTRICT COUNCIL. THESE REPRESENTATIVES VOTE ON BEHALF OF ACTIVE MEMBERS ON ANY ACTION THAT ADVANCES THE PURPOSES OF THE DISTRICT COUNCIL.

**Form 990, Part VI, Line 11 - Form 990 Review Process**

THE GOVERNING BODY HAS APPROVED THE PRESIDENT/BUSINESS MANAGER TO REVIEW AND EXECUTE THE FORM 990 ON THEIR BEHALF.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ETHICS AND DISCIPLINARY PROCEDURE THAT IS PART OF THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT THE LIUNA (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) INSPECTOR GENERAL WITH ANY COMPLIANT ARISING UNDER THE CONSTITUTION, THE ETHICAL PRACTICES CODE, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA GENERAL EXECUTIVE BOARD. THE ETHICAL PRACTICES CODE EXPLAINS THE DISCIPLINARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTRUSTED TO ENFORCE THE CODE.

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**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

ALL CHANGES IN COMPENSATION FOR OFFICERS AND EMPLOYEES IS APPROVED BY THE ENTIRE EXECUTIVE BOARD AND DOCUMENTED IN THE EXECUTIVE BOARD MEETING MINUTES.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THE CONSTITUTION (GOVERNING DOCUMENT) AND ETHICS AND DISCIPLINARY PROCEDURE (CONFLICT OF INTEREST POLICY) IS AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS, ONLINE PUBLIC DISCLOSURE ROOM. THE INFORMATION IS FILED UNDER LABORERS' INTERNATIONAL UNION OF NORTH AMERICA WHO FILES THE INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS. IN ADDITION, OUR ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM.

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