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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 2011

Open to Public Inspection

| Depa Interi | rtment of the | Treasury Service | ► The organization may have to use a copy of this return to satisfy state reporting requ | irements. | | inspection |
|--------------------------------|-------------------|---------------------|---|-----------------------|---------------|--|
| | | 011 calend | 5/31 | , 2 | 2012 | |
| | Check if app | | ar year, or tax year beginning 6/01 , 2011, and ending | D Employ | | tion Number |
| | | | CONSTRUCTION BUSINESS GROUP | 39-3 | 170397 | 9 |
| | Name o | hange | 4702 S. BILTMORE LN. | E Telepho | ne number | |
| | Initial re | , i | MADISON, WI 53718 | (608 | 3) 240- | 4170 |
| | Termina | - 1 | | | | |
| | \vdash | ed return | | G Gross re | eceints \$ | 1,402,049. |
| | - | ition pending | F Name and address of principal officer H(a) is | this a group return | | |
| | L.J.~ppiica | | SAME AS C ABOVE | e all affiliates incl | | Yes No |
| $\overline{}$ | Tax-exem | | 501(c)(3) X 501(c) (5) ◄ (insert no.) 4947(a)(1) or 527 | 'No,' attach a list. | (see instruc | tions) |
| ÷ | Website | | | oup exemption nu | mber ► | |
| - | | rganization | Corporation Trust X Association Other ► L Year of Formation: 1 | | tate of lega | I domicile WI |
| n n | | Summary | | <u> </u> | tate or lega | I domicile 141 |
| F | | | e the organization's mission or most significant activities: INDUSTRY ADV | ANCEMENT | | |
| | 1 011 | eny describ | e the organization's mission or most significant activitiesTMDQDINT ADV | WACEWERT | | |
| ဦ | | | | | | |
| Ē | | | | | | |
| Activities & Governance | 2 Che | eck this box | if the organization discontinued its operations or disposed of more that | n 25% of its r | net assets | s. |
| Ğ | 3 Nur | mber of vot | ing members of the governing body (Part VI, line 1a) | | _3 | 8 |
| 60 | 4 Nur | mber of ind | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 8 |
| įţį | 5 Tot | al number | of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 7 |
| 훒 | | | of volunteers (estimate if necessary) | | 6 | 0 |
| ď | | | d business revenue from Part VIII, column (C), line 12 | | 7a | <u>0.</u> |
| | b Net | t unrelated | business taxable income from Form 990-Trine 34 | | 7b | 0. |
| | \ | | INTOCIVED | Prior Year | | Current Year |
| • | 1 | | and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g) Comp (Part VIII, column (A) lines 3 4 and 7d) | 1 000 6 | | 1 200 020 |
| Revenue | | - | ice revenue (Part VIII, line 2g) S JAN 2 4 2013 O | 1,083,6 | | 1,388,932. |
| ě | | | come (rait viii, column (A), mes și, +,,and /d) | 13,6 | 33. | 13,117. |
| Œ | 11 Oth | ner revenue | e (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e). | 1,097,2 | 27. | 1,402,049. |
| | | | - add lines 8 through 11 (must equal Part (A)), column (A) line 12) | | | |
| | 1 | | milar amounts paid (Part IX, column (A), lines 1-3) | 100,1 | .50. | 150,238. |
| | | | to or for members (Part IX, column (A), line 4) | | _ | F04 101 |
| ø | f . | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 516,2 | 207. | 594,121. |
| Expenses | 16a Pro | ofessional f | undraising fees (Part IX, column (A), line 11e) | <u> </u> | 1 Sa Press | S . 1 34 AS . 200 AS . 30 |
| ₹. | b Tot | tal fundrais | ing expenses (Part IX, column (D), line 25) ▶ | | | · 100 100 100 100 100 100 100 100 100 10 |
| Ω | 17 Oth | her expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 420,2 | 257. | 454,238. |
| | | - | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,036,6 | 14. | 1,198,597. |
| | | | expenses. Subtract line 18 from line 12 | 60,6 | | 203,452. |
| × 8 | | | | inning of Curren | | End of Year |
| 100 | 20 Tot | tal assets (| Part X, line 16) | 1,101,6 | | 1,306,561. |
| 48 | 21 Tot | tal habilitie | s (Part X, line 26) | 21,3 | 378. | 22,866. |
| Net Assets or Fund Belances | 22 Ne | t assets or | fund balances. Subtract line 21 from line 20 | 1,080,2 | | 1,283,695. |
| | | Signatur | | 2,000,2 | | |
| | | | | et of my knowledge | a and balos | at a true powert and |
| con | nplete Decla | ration of prepa | eclare that that ye examined this return, including accompanying schedules and statements, and to the bestreet of the particular transfer is based of all information of which preparer has any knowledge | st of thy knowledge | and belier, | , it is true, correct, and |
| _ | | - | | | 11111: | 3 |
| Si | gn | Signatur | e of officer | Date | | |
| He | ere | 1 T | Cobb B Kahl Executive Director | | | |
| • • • • | | Type or | print name and title | | | |
| _ | | Print/Type n | reparer's name Preparer's signature Date | Check | if PT | in |
| ь. | .: | 1 | BILKEY A BULL CPA 12/24/12 | - | | 00499751 |
| Pa | | | | self-employ | eu It. | 00477101 |
| | eparer se Only | Firm's name | | <u> </u> | - 3C 1 | 701669 |
| U: | or Offiny | Firm's addre | | | | 3701668 |
| | | <u> </u> | CHICAGO, IL 60661-1414 | Phone no | 312-6 | 55-0037 |
| _ | | | is return with the preparer shown above? (see instructions) | | | X Yes No |
| BA | A For Pa | perwork R | eduction Act Notice, see the separate instructions. TEEA0113 | L 08/18/11 | | Form 990 (2011) |

| | 990 (2011) CONSTRUCTION BUSINESS GROUP | 39-170397 | 7 | Pa |
|---------|---|---------------------------------------|------------------------------|------------|
| art | Statement of Program Service Accomplishments | | | |
| _ | Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: | | | |
| | INDUSTRY ADVANCEMENT | | | |
| • | 11000171 101111011111111111111111111111 | | | - |
| • | | | | - |
| • | | | | - |
| 2 | Did the organization undertake any significant program services during the year which were not listed or | the prior | | |
| | Form 990 or 990-EZ? | | Yes X | ı |
| | 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 sei | vices? | Yes X | 1 |
| | If 'Yes,' describe these changes on Schedule O. | | | |
| | Describe the organization's program service accomplishments for each of its three largest program serving Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the areothers, the total expenses, and revenue, if any, for each program service reported. | ices, as measure nount of grants a | d by expens and allocatio | se: ons |
| — 4а | (Code. (Code) (Expenses \$ Including grants of \$) (F | Revenue \$ | | _ |
| - | TO PROVIDE JOINT LABOR-MANAGEMENT ACTIVITIES CONDUCTED BY AN AREA | | TRY-WID | Ē |
| | COMMITTEE DESIGNED TO IMPROVE LABOR-MANAGEMENT RELATIONSHIPS, JOE | | | _ |
| | COMPETITIVENESS, PRODUCTIVITY, ORGANIZATIONAL EFFECTIVENESS, ECON | | | |
| | SPECIFICALLY TO ENSURE THAT EMPLOYERS PAY THEIR EMPLOYEES THE APP | | | |
| | WAGE BENEFIT RATES AND FOR SUCH OTHER PURPOSES AS MAY BE LAWFULLY | SOUGHT AN | D_ACHIE | V <u>I</u> |
| | BY THE PARTIES. | | | - |
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| 4 c | (Code: (Expenses \$ including grants of \$) (F | Revenue \$ | | |
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| | | | _ - | |
| 4 - | Other program corviges (Decembe in Schodule O.) | | | |
| | Other program services. (Describe in Schedule O) | | , | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | | _ |

| | • | | 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 | 1 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | <u>X</u> |
| 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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | Х |
| 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| | b 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 | 11 b | | Х |
| | c 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 | 11 c | | Х |
| | d 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 | 11 d | | X |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. | 11 e | | <u>X</u> |
| | f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</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, Parts II and IV | 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, Parts III and IV | 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 (see instructions) | 17 | | х |
| 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 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | <u> </u> | <u></u> _ |
| <u> </u> | A TEFANISH 01/23/12 | Farm | 000 | (2011) |

Form 990 (2011) CONSTRUCTION BUSINESS GROUP

[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 | | <u>x</u> |
| 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 | | X |
| 24 a | 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 | | |
| ď | 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 | | |
| c | 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 | | |
| ı | 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | * | X |
| 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). | | | |
| ä | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | _X_ |
| ı | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | <u>X</u> _ |
| • | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | <u>X</u> |
| 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 | | Х |
| 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 | | Х |
| 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 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | х |
| 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 | | х |
| 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_ | Х | |
| BAA | | Form | 990 | (2011) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | |
|--------|--|-----|----|
| | Check if Schedule O contains a response to any question in this Part V | | |
| | | Yes | No |

| | | _ | | 162 | NO | | | |
|-----|---|---|----------------|--|------------------|--|--|--|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 4 | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | | |
| c | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | | | |
| 2 a | 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 | 2 a | 7 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | tax returns? | 2b | Х | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in | structions) | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the yea | r? | 3a | | _X_ | | | |
| b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | 36 | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi | or other authority over, a nancial account)? | 4a | LYMINA WA | X | | | |
| b | If 'Yes,' enter the name of the foreign country' | | | × 2 | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F | | 32.132 | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | • | 5a | | X | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelters; If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | er transaction? | 5b 5c | | | | | |
| | · · · · · · · · · · · · · · · · · · · | • | 36 | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible? | | 6 a | | Х | | | |
| | olf 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible? | entributions or gifts were | 6b | -F2-P4/13 | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor? | artly for goods and | 7a | | | | | |
| | of Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for wi Form 8282? | nich it was required to file | _7c | | ļ | | | |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal | | <u> 7e</u> | | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben | | <u>71</u> | | <u> </u> | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization as required? | | 7g | | | | | |
| ł | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C? | organization file a | 7h | *432-544 | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year? | ng organizations. Did the ave excess business | 8 | iki. | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 18.12. | | | | |
| á | Did the organization make any taxable distributions under section 4966? | | 9a | | | | | |
| ı | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | 30720 54 | | | | |
| | Section 501(c)(7) organizations. Enter. | 1 - 1 | 2.5 | | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 106 | · **. | | | | | |
| | Section 501(c)(12) organizations. Enter: | 1 11 0 | | | | | | |
| | a Gross income from members or shareholders . | 11 a | }∰ | | 7 | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 116 | | | | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | 1 (| 12a | risk. | 530 5°2 | | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | 35%;# 1, 27 d | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 139 | 38.2 | # i d | | | |
| • | a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedul | φ. Ο | 13a | 7 66 7 | nt_22~ | | | |
| | | G O . | | 1. 5 | | | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | 13b | <u> </u> | | | | | |
| | | 136 | 14a | | X | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | Schedule O | | | _^ | | | |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in | Scriedule U | 14b | | <u> </u> | | | |

BAA

Form 990 (2011)

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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? SEE SCHEDULE O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O 120 X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a SEE SCHEDULE O 15b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request Another's website 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 SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization BILTMORE LANE, MADISON, 53718 608-240-4170

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.
- 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, if any. See instructions for definition of 'key employee'
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--|--|--------------------------------|-----------------------|----------|--------------|-------------------------------|-------------|-------------------------------------|--|--|
| | | (C) | | | | | | | | |
| (A) Name and title | (B) Average hours per week | unles | ss per | rson t | s both | an one h an offi ustee) | box, cer | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | (describe hours for related organiza- tions in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) WARNER, CHARLES |] | ţ | | ł | | | | | | |
| TRUSTEE | 3 | Х | _ | <u> </u> | _ | | | 0. | 0. | 0. |
| (2) BUGLASS, WILLIAM TRUSTEE | 3 | х | | | | | | 0. | 0. | 0. |
| (3) KAHL, WILLIAM | | | | | | | | | | |
| TREASURER | 3 | X | | L. | | | | 0. | 0. | 0. |
| (4) LUEDTKE, MURRAY TRUSTEE | 3 | х | | | | | | 0. | 0. | 0. |
| _(5)_SCHOLZ,_BARRYTRUSTEE | 3 | x | | | | | | 0. | 0. | 0. |
| (6) MCGOWAN, TERRANCE CHAIRMAN | 3 | х | | | | | | 0. | 0. | 0. |
| (7) OEHLHOF, RYAN TRUSTEE | 3 | х | | | | | | 0. | 0. | 0. |
| (8) BESSETT, RODNEY TRUSTEE | 3 | x | | | | | | 0. | 0. | 0. |
| _(9) | | | | | | | - | <u> </u> | <u> </u> | |
| (10) | | | | | | | | | | |
| (11) | | | | | - | | - | | | |
| (12) | | | | | | | _ | | | |
| (13) | | | | | - | | | | | |
| (14) | | - | | | | | - | | | |
| | | Ь | <u> </u> | Щ. | | Щ | Ь | <u> </u> | L | |

| . (A) Name and title | (B) Average hours | box, | unles | heck ss pe | ition more rson | than o | han | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
|---|---|-----------------------------------|-----------------------|---------------|-----------------------|------------------------------|-------------|---------------------------------------|--|--|
| | per week (describ e hours for related organi- zations in Sch O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | - | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | | | | | | | > | 0. 0. 0. | 0 | 0. |
| 2 Total number of individuals (including but not limite from the organization ► 0 | d to the | ose li | stec | l ab | ove) | who | rec | ceived more than | \$100,000 of report | ` |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' | portabl han \$1 | e co 50,00 | mpe 00? | nsa If '\ | tion Yes' | and com | oth plet | er compensation : e Schedule J for | from | Yes No 3 X 4 X 5 X |
| Section B. Independent Contractors 1. Complete this table for your five highest compensations. | ed inde | epen | dent | COL | ntrac | ctors | tha | t received more th | nan \$100.000 of | |
| compensation from the organization Report compe | nsation | for | the | cale | nda | r yea | ar er | nding with or withi | n the organization | (C) |
| Name and business addres | s | | | | | | | Description | of services | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶ | | t lım | ited | to ti | hose | e liste | ed a | bave) who receive | ed more than | |

| Pat Par Par Par Par Par Par Par Par Par Par | Y 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 |
|---|--|----------------------|--|--|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lns 1a-1f: \$ | | | | |
| PROGRAM SERVICE REVENUE | h Total. Add lines 1a-1f 2a EMPLOYER CONTRIBGENERAL 9000 b EMPLOYER CONTRIB-SATAP 9000 c d | | | | |
| PROGRAM | f All other program service revenue g Total. Add lines 2a-2f | 1,388,932 | . Magazian M | | |
| | Investment income (including dividends, intercother similar amounts) Income from investment of tax-exempt bond p Royalties | 13,117 | | | 13,117. |
| | | ıı) Personal | | | |
| | a Gross amount from sales or assets other than inventory b Less: cost or other basis | (II) Other | | | . |
| | and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events | > | | | |
| OTHER REVENUE | (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses | | | | |
| | c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b | ▶ | | | |
| | c Net income or (loss) from sales of inventory | siness Code | | Selected Selection and Selected Selecte | |
| | b c d All other revenue e Total. Add lines 11a-11d | • | 838-27 | | 75 - 77 |
| | 12 Total revenue. See instructions | ► 1,402,049 | . 1,388,932. | 0. | 13,117. |

Form 990 (2011) CONSTRUCTION BUSINESS GROUP 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).

| | Check if Schedule O contains a re | esponse to any question | | | |
|---------------|---|-------------------------|--|-------------------------------------|---|
| Do 1 6b, . | oot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (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 United States. See Part IV, line 21 | 150,238. | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | 40.424.240.274.2 | \$1500 ASS ASS ASS ASS |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | | | |
| 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. | 332,758. | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 124,569. | | | |
| • | | 105,573. | | | |
| | Other employee benefits. Payroll taxes | 31,221. | | | |
| 10 | - | 31,221. | | | |
| | Fees for services (non-employees): | | · | | |
| | Management | 22 654 | | <u> </u> | |
| | Legal | 33,654. | | | |
| | Accounting | 14,750. | | <u> </u> | |
| | Lobbying | | 1588 458 538 548 548 475 54 | | <u> </u> |
| | Professional fundraising services See Part IV, line 17 | | The state of the s | | |
| | Investment management fees | 45,000 | | | |
| | Other | 45,000. | | | |
| 12 | Advertising and promotion | 9,101. | | | |
| 13 | Office expenses | 51,699. | | <u> </u> | |
| 14 | Information technology | | ļ | | ļ |
| 15 | Royalties | 25.000 | | ļ | <u> </u> |
| 16 | Occupancy | 37,923. | | | ļ |
| 17 | Travel | 44,054. | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings. Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 34,169. | | | |
| 23 | Insurance | 19,129. | | } | |
| 24 | Other expenses, Itemize expenses not | 在表示多数的 | 对 | WAS BURNEY OF | LATACOCTOS TO |
| | covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% | | San San Andrews | | |
| | of line 25, column (A) amount, list line 24e | | | | |
| | expenses on Schedule O) | 1.00.004 | A SHOW A LANGE TO SHOW A | 398 \$130.55 \$150. *188 | 17 / (16 / N. STATE SHEET) 20 / 20 / 1944 |
| | REIMB SALARIES AND TAXES | 162,064. | | | |
| | DRUG TESTING | 2,695. | | | |
| | ⁻ | | | | |
| | ¹ | <u> </u> | | | |
| | e All other expenses | 1 100 505 | | | |
| | Total functional expenses. Add lines 1 through 24e | 1,198,597. | <u> </u> | | ļ |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | Check here ► if following | 1 | | | [|
| | SOP 98-2 (ASC 958-720) | J | <u> </u> | <u> </u> | <u>L</u> |

BAA

Form 990 (2011)

Part X: Balance Sheet End of year Beginning of year 11,029 Cash - non-interest-bearing 897,791 2 1,066,640 2 Savings and temporary cash investments. . 3 Pledges and grants receivable, net . 315 4 121 158,680 Accounts receivable, net. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use . 10,437 21,483 9 Prepaid expenses and deferred charges. 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 284,161 224,403 106 61,049 10 c 59,758 b Less, accumulated depreciation 11 Investments - publicly traded securities. 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 1,101,621 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,306,561 16 21,378 17 22,866 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 378 Total liabilities. Add lines 17 through 25 26 22,866 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 1,080,243 27 1,283,695. 27 Unrestricted net assets. 28 Temporarily restricted net assets 29 Permanently restricted net assets Q Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,080,243 33 1,283,695 33 Total net assets or fund balances. 1,101,621 34 1,306,561 Total liabilities and net assets/fund balances

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| Form | 990 (2011) CONSTRUCTION BUSINESS GROUP | 39-1703979 | Pa | ge 12 |
|------|---|-----------------|-----------------|--------------|
| Pai | † XI∰ Reconciliation of Net Assets | | | |
| | Check if Schedule 0 contains a response to any question in this Part XI | | <u></u> | |
| | | 1 1 | _ | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,402,0 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | 1,198,5 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 203,4 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | 1,080,2 | <u>43.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | . 5 | | <u>0.</u> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,283,6 | <u> 95</u> . |
| Pa | rt XII: Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | \Box |
| 1 | Accounting method used to prepare the Form 990. | | Yes | No |
| | a 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? | | 2a 2b X | X |
| • | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant? | t of the audit, | 2c X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | 打薩 | |
| (| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both: | issued on a | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | A.Pr. Links | 1444 |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133? | the Single | 3a | x |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required audit | 3 b | |
| BAA | | | Form 990 | (2011) |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011

Name of the organization

Open to Publice & Inspection Employer identification number

OMB No 1545 0047

| CONSTRUCTION BUSINESS GROUP | | 39-1703979 | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| Part & Organizations Maintaining Dono | r Advised Funds or Other Similar Fun | nds or Accounts. Complete if | | | | | | | |
| the organization answered 'Yes' to Form 990, Part IV, line 6. | | | | | | | | | |
| | (a) Donor advised funds | (b) Funds and other accounts | | | | | | | |
| 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 dor funds are the organization's property, subject | nor advisors in writing that the assets held in do to the organization's exclusive legal control? | onor advised Yes No | | | | | | | |
| 6 Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene | ors, and donor advisors in writing that grant fun- the benefit of the donor or donor advisor, or for efit? | ds can be r any other Yes No | | | | | | | |
| Part It Conservation Easements. Comp | lete if the organization answered 'Yes' | to Form 990, Part IV, line 7. | | | | | | | |
| 1 Purpose(s) of conservation easements held by | y the organization (check all that apply). | | | | | | | | |
| Preservation of land for public use (e.g., i | recreation or education) Preservation | of an historically important land area | | | | | | | |
| Protection of natural habitat | Preservation | of a certified historic structure | | | | | | | |
| Preservation of open space | | | | | | | | | |
| 2 Complete lines 2a through 2d if the organizati last day of the tax year. | on 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 Tax Year | | | | | | | |
| a Total number of conservation easements | <u>.</u> | 2a | | | | | | | |
| b Total acreage restricted by conservation ease | ments | 2b | | | | | | | |
| c Number of conservation easements on a certi | | 2c | | | | | | | |
| d Number of conservation easements included structure listed in the National Register | in (c) acquired after 8/17/06, and not on a histo | oric 2d | | | | | | | |
| 3 Number of conservation easements modified, tax year ► | transferred, released, extinguished, or termina | ited by the organization during the | | | | | | | |
| 4 Number of states where property subject to co | | | | | | | | | |
| and enforcement of the conservation easeme | | Yes No | | | | | | | |
| 6 Staff and volunteer hours devoted to monitori | ng, inspecting, and enforcing conservation easi | ements during the year | | | | | | | |
| 7 Amount of expenses incurred in monitoring, i | nspecting, and enforcing conservation easemen | nts during the year | | | | | | | |
| 8 Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of se | ection Yes No | | | | | | | |
| 9 In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements. | ts conservation easements in its revenue and expe to the organization's financial statements that of | ense statement, and balance sheet, and describes the organization's accounting for | | | | | | | |
| Part III Organizations Maintaining Collection Complete if the organization and | ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line | r Other Similar Assets. e 8. | | | | | | | |
| 1a If the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final | ts held for public exhibition, education, or resea | enue statement and balance sheet works of arch in furtherance of public service, provide, | | | | | | | |
| b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items: | er SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research | in furtherance of public service, provide the | | | | | | | |
| (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 amounts required to be reported under SFAS | | for financial gain, provide the following | | | | | | | |
| a Revenues included in Form 990, Part VIII, lin | e 1 | * \$ | | | | | | | |
| b Assets included in Form 990, Part X | | ► \$ | | | | | | | |

| Schedule D (Form 990) 2011 CONST | | | · | 39-170 | | Page 2 |
|---|-------------------------------------|--|---------------------------------------|--|-----------------|------------|
| Part III Organizations Maintai | ning Collecti | ons of Art, Histo | rical Treasures, o | Other Similar Ass | ets (contu | nued) |
| 3 Using the organization's acquisition (check all that apply): | on, accession, a | nd other records, che | eck any of the following | that are a significant us | se of its colle | ection |
| a Public exhibition | | d Loan o | or exchange programs | | | |
| b Scholarly research | | e 🔲 Other | | | | |
| c Preservation for future genera | ations | | | | | |
| 4 Provide a description of the organ Part XIV. | nization's collect | ions and explain how | they further the organ | ization's exempt purpos | e in | |
| 5 During the year, did the organizar assets to be sold to raise funds r. | ather than to be | maintained as part o | f the organization's col | lection? | Yes | No |
| Part IVE Escrow and Custodia line 9, or reported an | l Arrangemer amount on Fo | its. Complete if to orm 990, Part X, | he organization ar line 21. | swered 'Yes' to For | m 990, Pa | art IV, |
| 1a Is the organization an agent, trus included on Form 990, Part X? | tee, custodian, o | or other intermediary | for contributions or oth | ner assets not | Yes | □No |
| b If 'Yes,' explain the arrangement | | | | | □ .•• | □ • |
| an its of oxplain are arrangement | | | · · · · · · · · · · · · · · · · · · · | | Amount | |
| c Beginning balance. | | | | 1c | 741.104.11 | |
| d Additions during the year | • | | • | 1d | | |
| e Distributions during the year | • | | · | 1e | | |
| f Ending balance | | | • | 11 | | |
| 2a Did the organization include an a | Impunt on Form | 990 Part X line 21? | • | <u> </u> | Yes | No |
| b If 'Yes,' explain the arrangement | | 550, 1 dit X, iiiic 211 | | | □ .•3 | |
| Part V Endowment Funds. Co | | organization ans | wered 'Yes' to For | m 990 Part IV line | 10 | |
| Taray, Ve Elidowillelle I dildsi oc | (a) Current yea | | | | (e) Four ye | ears back |
| 1 a Beginning of year balance | (a) ourrent yea | a (B) I Hol your | (c) two years bac | (d) Three Jeans Back | 100 2636 | LECKLE ! |
| b Contributions | | | | | ********** | |
| b Contributions | | | | | | 44.4 |
| c Net investment earnings, gains, and losses. | | | | | ell'i | |
| d Grants or scholarships | | | | | (Few 14) 12 | TO THE |
| Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | 2500 | |
| g End of year balance | L | | | L | THE STATE OF | |
| 2 Provide the estimated percentage | e of the current | year end balance (lin | e 1g, column (a)) held | as: | | |
| a Board designated or quasi-endov | vment ► | <u></u> % | | | | |
| b Permanent endowment | 8 | | | | | |
| c Temporarily restricted endowmer | nt > | % | | | | |
| The percentages in lines 2a, 2b, | and 2c should e | equal 100%. | | | | |
| 3a Are there endowment funds not organization by: | n the possession | n of the organization | that are held and admi | nistered for the | Yes | s No |
| (i) unrelated organizations | | | • | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b if 'Yes' to 3a(ii), are the related of | organizations lis | | chedule R? | | 3ь | |
| 4 Describe in Part XIV the intende | - | · | | | | |
| Part VI Land, Buildings, and | | | | | | |
| Description of property | | Cost or other basis (investment) | | (c) Accumulated depreciation | (d) Book | value |
| 1a Land . | $\overline{}$ | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | |
| b Buildings. | | | | | | |
| c Leasehold improvements | | | | | | <u> </u> |
| d Equipment | - | | 234,257. | 177,211. | C | 57,046. |
| e Other | | | 49,904. | 47,192. | | 2,712. |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))
BAA

Schedule **D** (Form 990) 2011

| Schedule D (Form 990) 2011 CONSTRUCTION BUS Part VIII Investments — Other Securities. Se | | line 12. N/A | 39-1703979 Page |
|---|----------------------|----------------------------|--|
| | (b) Book value | (c) Meth | od of valuation: |
| (a) Description of security or category (including name of security) | | Cost or end- | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | <u> </u> | | |
| (3) Other | - { | | |
| (A) | | | |
| (B) | · - | | |
| (C) (D) | | | |
| E) | | | |
| (F) | | | |
| (G) | | | |
| H) | | | |
| (I) | | | |
| otal. (Column (b) must equal Form 990 Part X, column (B) line 12.) | > | 4583994A88384268 | 《红歌》,第二十四年,李明明, |
| PartsVIII Investments — Program Related. Se | ee Form 990, Part X, | line 13. N/A | |
| (a) Description of investment type | (b) Book value | (c) Meth | od of valuation: |
| 4) | | Cost or end- | of-year market value |
| (1) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13) | <u>▶</u> | | S. 产生的发展的 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1 |
| Part IX Other Assets. See Form 990, Part > | | <u> </u> | da Daala salaa |
| (1) | Description | · | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column | | | <u> </u> |
| Part X Other Liabilities. See Form 990, Pa | | \$ 10 m 200 pm = 7 m 21 mm | TO THE WAY TO SEE THE SECOND THE WAY NOT |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) | | | the state of the s |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | > | | |

2 FIN 48 (ASC 740) 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 (ASC 740)

| Part:XI的 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
|---|------------------------------|-----------------------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | <u> </u> | 1,402,049. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | | 1,198,597. |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 | . [| 203,452. |
| 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. | <u> </u> | 203,452. |
| Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per I | Return | |
| 1 Total revenue, gains, and other support per audited financial statements . | 1 | 1,402,049. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 27:48 | |
| a Net unrealized gains on investments | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIV) | | |
| e Add lines 2a through 2d. | 2e | |
| 3 Subtract line 2e from line 1 | 3 | 1,402,049. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 71825 | 1,402,043. |
| a Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b Other (Describe in Part XIV) | | |
| c Add lines 4a and 4b | 4c | |
| | 5 | 1,402,049. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per | | 1,402,049. |
| 1 Total expenses and losses per audited financial statements | 1 | 1,198,597. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 223 | 1,130,337. |
| a Donated services and use of facilities. | | |
| _ - - - - - - - - - | | |
| | | |
| —————————————————————————————————————— | - | |
| | | |
| e Add lines 2a through 2d. | 2e 3 | 1,198,597. |
| 3 Subtract line 2e from line 1 | 4327 | 1,130,337. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV.) 4a 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 | 1,198,597. |
| 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 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 compl any additional information | V, lines 1b ete this part | and 2b; to provide |
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Schedule D (Form 990) 2011 CONSTRUCTION BUSINESS GROUP

39-1703979

Page 4

| : Schedule D (Form 990) 2011 CONSTRUCTION BUSINESS GROUP | 39-1703979 | Page 5 |
|--|------------|--------|
| Part XIV Supplemental Information (continued) | | |
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TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2011

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance BUSINESS GROUP CONSTRUCTION

Employer identification number 39-1703979

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | ds to substantiate the ne grants or assistand | e amount of the gra | nts or assistance, the gi | antees' eligibility for th | e grants or assistanc | | X Yes No |
|---|--|-------------------------------|---|-----------------------------------|---|--|------------------------------------|
| 2 Describe in Part IV the organization's procedures for monitoring | procedures for monit | toring the use of gr | the use of grant funds in the United States. | States. SEE PART IV | RT IV | | |
| Part II Grants and Other Assistance to Governments | nce to Governme | ents and Organi | and Organizations in the United States. Complete if the organization answered 'Yes' to | ed States. Complet | e if the organizat | ion answered 'Ye | ss' to |
| Form 990, Part IV, line 21 for any recipient that | for any recipient | that received m | received more than \$5,000. Check this box if no one recipient received more than \$5,000 | heck this box if no | one recipient rec | served more than | \$5,000. |
| Part II can be duplicated if additional space is needed | f additional space | is needed | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AN RITTIDING A STRONGER WI | | | | | | | ORG FOR PUB |
| 7.7 | | | | | | | EDUC ON JOBS |
| WAINAKEE WT 53597 | 26-0640889 501 | 501 C 4 | 20,000. | 0. | | | HEALTH TAX |
| CO CREATER WISCONSIN COMMITTEE | | 1 | | | | | ORG EDUC PUBLIC |
| PO BOX 2719 | | | | | | | ON ECON, HEALTH, |
| MADTSON WT 53701 | 20-0938084 501C | 501C 4 | 15,000. | 0. | | | SOC |
| (3) JOBS FIRST COALITION | | | | | | | PUB EDUC FOR |
| PO BOX 2071 | | | | | | | CREAT & RETENT |
| REPORETELD WI 53008 | 27-0755923 501 | 501 C 4 | 25,000. | 0. | | | OF JOBS |
| (4) WISCONSIN CLIB FOR GROWTH | | | | | | | PROSP & OPPORT |
| 1223 WEST MAIN STREET, #304 | | | | | | | THROUGH ECON |
| SUN PRAIRIE, WI 53590 | 11-3723921 501 | 501 C 4 | 50,000. | 0. | | | FREEDOM |
| (5) WMC-ISSUES MOB COUNCIL | | | | | | | ORG FOR PUB |
| ! ! | | | | | | | EDUC ON JOBS |
| MADISON, WI 53703 | 39-1743887 501 | 501 C 4 | 25,000. | 0. | | | HEALTH TAX |
| <u> </u> | | | | | | | |
| | | _ | _ | _ | | | |

C PUBLIC , HEALTH,

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Page 2

39-1703979

Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) \$5,000, THE ASSOCIATION FOLLOWS UP WITH THE GRANTEE TO MAKE SURE THE GRANT IS USED THE BOARD OF DIRECTORS APPROVE ALL GRANTS AND DONATIONS. FOR GRANTS IN EXCESS OF (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant CONSTRUCTION BUSINESS GROUP (b) Number of recipients FOR ITS INTENDED PURPOSE (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III 4 S ന

BA BA

SCHEDULE O (Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ

2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Publicity Linspection

OMB No 1545-0047

| CONSTRUCTION BUSINESS GROUP 39-1703979 |
|---|
| FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER |
| 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 11B - FORM 990 REVIEW PROCESS |
| THE TRUSTEES AUTHORIZE THE EXECUTIVE DIRECTOR AND DESIGNATED TRUSTEE TO REVIEW THE |
| FORM 990 BEFORE IT'S FILED. |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS |
| PER THE ORGANIZATION'S GOVERNING DOCUMENT IN NO EVENT MAY THE DIRECTORS OR ANY |
| FIDUCIARY OF CBG ENGAGE IN "PROHIBITED TRANSACTIONS". ANY TRANSACTIONS THAT MAY BE |
| POTENTIAL CONFLICTS OF INTEREST OR POTENTIAL PROHIBITED TRANSACTIONS 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 APPROVED 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 AUTHORIZED BY THE EXECUTIVE |
| DIRECTOR AND SIGNED BY THE EMPLOYEE AND EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS |
| ARE NOTIFIED OF ANY INCREASES IN THEIR QUARTERLY MEETINGS AND APPROVE ALL INCREASES. |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE |
| PARTICIPANTS ARE ABLE TO REQUEST THE AUDITOR'S REPORT AND OTHER FINANCIAL |
| INFORMATION FROM THE FUND OFFICE. |
| |
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| |

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

| • | e filing for an Automatic 3-Month Extension, com | | | • | • | ► <u>[X]</u> |
|--|--|---|--|---------------------------------|---------------------------|-------------------|
| | e filing for an Additional (Not Automatic) 3-Month plete Part II unless you have already been granted | | | | | |
| Electronic fi corporation i request an e Associated \ | iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in F With Certain Personal Benefit Contracts, which muing of this form, visit www irs gov/efile and click of | if you need automatic) Part I or Par ist be sent I | a 3-month automatic extension of time 3-month extension of time. You can elect II with the exception of Form 8870, Info. the IRS in paper format (see instruction) | to file (tronica ormatic | (6 months tally file Form | or Transfers |
| Part I A | utomatic 3-Month Extension of Time. O | nly subm | it original (no copies needed). | | | |
| | in required to file Form 990-T and requesting an a | | | omple | te Part I or | ly . ► |
| All other cor income tax i | rporations (including 1120-C filers), partnerships, l returns | REMICS, ar | nd trusts must use Form 7004 to request | an ext | ension of t | me to file |
| | ., | | Enter filer's identif | | | |
| _ | Name of exempt organization or other filer, see instructions | | | Employ | er identification | n number (EIN) or |
| Type or print | rint | | | | | |
| • | CONSTRUCTION BUSINESS GROUP | | | | <u>9-17039</u> | |
| File by the due date for | Number, street, and room or suite number. If a P O box, see in | structions | | So | ocial security n | umber (SSN) |
| filing your return See instructions | 4702 S. BILTMORE LN. | | | Ш_ | | |
| instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | |
| _ | MADISON, WI 53718 | | | | | |
| Enter the Re | eturn code for the return that this application is for | (file a sepa | arate application for each return) | | | 01 |
| Application Is For | | Return Code | Application Is For | | | Return Code |
| Form 990 | | 01 | Form 990-T (corporation) | | | |
| Form 990-B | L | 02 | Form 1041-A | | | |
| Form 990-EZ | | 01 | Form 4720 | | | |
| Form 990-PF | | 04 | Form 5227 | | | |
| Form 990-T (section 401(a) or 408(a) trust) | | | Form 6069 | | | 11 |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | | 12 |
| Telepho If the or If this is check the extended | ension is for. | digit Group heck this b | Exemption Number (GEN) and attach a list with the na | | | |
| until The e ▶ [] 2 If the | test an automatic 3-month (6 months for a corporal 1/15 | ganization re | eturn for the organization named above. | nal retu | urn | |
| 3a If this | s application is for Form 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions | 720, or 606 | 9, enter the tentative tax, less any | 3a | \$ | 0. |
| b If this paym | s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment a | 069, enter allowed as a | any refundable credits and estimated tax credit | 36 | \$ | 0. |
| c Balar EFTF | nce due. Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System) See | ir payment instructions | with this form, if required, by using | 30 | \$ | 0. |

BAA For Paperwork Reduction Act Notice, see Instructions.

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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions