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A For the 2011 calendar year, or tax year beginning 11-01-2011

As Filed Data -

DLN: 93492008001243

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 10-31-2012

Open to Public **Inspection**

Ad Ad	dress o	change	AGC OF WISCONSIN IAP-CA INC		26-276420	04
_	me ch	-	Number and street (or P O box, if mail is not delivered to street address) Rock	om/suite	E Telephone	
_	tıal ret		4814 E BROADWAY		(60	08) 221-3821
_	mınat	red 1 return	City or town, state or country, and ZIP + 4		F Group Exer	mption
_		on pending	MADISON, WI 53716		Number	-
	p	ponung				
I We	bsite:	: N/A	only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527	require (Form 9	d to attach S	organization is not Schedule B Z, or 990-PF)
	Exemp	pt status (check	only one)—1 301(c)(3)1 301(c)(0) 4(iiisett 110)1 4947(a)(1) 01 1 327			
norm <u>Instru</u> L Add	ally n uction lines 5	ot more than ns) But if the	nization is not a section 509(a)(3) supporting organization or a se \$50,000 A Form 990-EZ or Form 990 return is not required tho organization chooses to file a return, be sure to file a complete re line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to form 990-EZ	ugh Form 990-N (turn	e-postcard)	may be required (see
Pa	rt I	Revenue	, Expenses, and Changes in Net Assets or Fund Bal	ances (See the i	nstructions	for Part I)
		Check if the	e organization used Schedule O to respond to any question in this	Part I	<u> </u>	
	1	Contributions	s, gifts, grants, and similar amounts received		. 1	
	2	Program serv	vice revenue including government fees and contracts		. 2	62,061
	3	Membership	dues and assessments		. 3	
	4	Investment	ncome		. 4	
	5a	Gross amoun	nt from sale of assets other than inventory	5a		
흥	b	Less cost or	rother basis and sales expenses	5b		
Revenue	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lir	ne 5a)	5c	
å	6	Gaming and f	fundraising events			
	а	Gross income fro	om gaming (attach Schedule G if greater than \$15,000)	6a		
	b		e from fundraising events (not including \$ _of contributions from fu ine 1) (attach Schedule G if the sum of such gross income and con		5	
	с		expenses from gaming and fundraising events	6c		
	d _		or (loss) from gaming and fundraising events (Add lines 6a and 6b a	1 1	(6d)	
	7a		of inventory, less returns and allowances	7a		
	b	Less cost of		7b		
	C	· ·	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		ue (describe in Schedule O)	•	8	
\rightarrow	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	62,061
	10		ımılar amounts paid (list in Schedule O)		10	-
	11	•	to or for members		. 11	
ا پر	12	•	er compensation, and employee benefits		12	
Expenses	13		fees and other payments to independent contractors		. 13	3,268
	14		rent, utilities, and maintenance		. 14	-
ã	15		lications, postage, and shipping		. 15	
	16		ses (describe in Schedule O)		16	21,588
\rightarrow	17		es. Add lines 10 through 16		17	24,856
ا <u>ھ</u>	18	•	eficit) for the year (Subtract line 17 from line 9)		. 18	37,205
ا <u>ک</u> ا	19		r fund balances at beginning of year (from line 27, column (A)) (mu	st agree with		
NetAssets		·	figure reported on prior year's return)		. 19	102,561
z	20	_	es in net assets or fund balances (explain in Schedule O)		. 20	0
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .	<u> </u>	21	139,766

Check if the organization use	ed Schedule O to respond to	any guestion in this	Part II		Г
	·				(B) F. d.
	ictions for Part II)	<u> </u>	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		· · ·	102,561		139,766
23 Land and buildings				23	
24 Other assets (describe in Schedule	0)	·		24	
25 Total assets		<u>L</u>	102,561	25	139,766
26 Total liabilities (describe in Schedul	eO)		0	26	0
27 Net assets or fund balances (line 27	of column (B) must agree wit	th line 21) .	102,561	27	139,766
Part III Statement of Program			_		Expenses
Check if the organization us	ed Schedule O to respond to	any question in this	Part III . 🔽		quired for section 501
What is the organization's primary exemp SUPPORT LABOR RELATIONS AND INI GENERAL CONTRACTORS OF WISCON	DUSTRY PROMOTION ACT		THE ASSOCIATED	org:	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
Describe the organization's program serv measured by expenses In a clear and co benefited, and other relevant information	ncise manner, describe the s	3	,		
28 SUPPORT LABOR RELATIONS AND			EN THE ASSOCIATED		
GENERAL CONTRACTORS OF WISCON (Grants \$ 0) Ift	his amount includes foreign o		▶⊏	28a	0
29		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · ·	200	
(Grants \$) Ift	hıs amount ıncludes foreıgn ç	grants, check here	▶┌	29a	
30					
(Grants \$) Ift	hıs amount ıncludes foreıgn g	grants, check here	▶ ┌	30a	
31 Other program services (describe in S	•				
(Grants \$) If t	hıs amount ıncludes foreıgn ç	rants, check here	▶ ┌	31a	
32 Total program service expenses (add	_ _			32	
	rustees, and Key Employees.			struction	ns for Part IV)
Check if the organization use	ed Schedule O to respond to				<u>, , , ,l </u>
(a) Name and address	(b) Title and average hours per week	(c) Compensatio (If not paid,	n (d) Contribution employee benefit p		(e) Expense account and
(a) mame and address	devoted to position	enter -0)	deferred compens		other allowances

Pa	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
	reported on any or its prior rorms 550 of 550 E2. If Tes, complete senedale 2, rate 1	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Parker ROBERT BARKER Telephone no	► (60	18)221	-3821
	4814 E BROADWAY Located at MADISON, WI ZIP + 4	5	3716	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			►F
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation</i>	 1 C		'\\
	ın Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
		45a		No
45b	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,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question 47-49b and 52. Check if the organization used Schedule O to respond to any question in this Part VI	46 Did the							Yes	No
All section SQL(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question 47-49b and 52. Check if the organization used Schedule 0 to respond to any question in this Part VI Ves No 7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 47 If Ves, Complete Schedule C, Part 11 48 Is the organization asked described in section 170(b)(1)(A)(ii)? If Ves, Complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization make any transfers to an exempt non-charitable related organization? 40 In the organization described in the complete of the organization of the term of the organization of the term of the organization of the organization of the organization of the term of the organization of preparer to the organization of the organ					ehalf of or ır	opposition to	46		No
Check if the organization used Schedule O to respond to any question in this Part VI Vea	Part VI	All section 501(c)(3) organ			-			-	stions
Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor seach receiving over \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor seach receiving over \$100,000 Total number of other independent contractor seach receiving over \$100,000 Total number of other independent			Schedule O to respond	to any question in this P	art VI .				Г
If Yes, complete checkule C, Part II 8 Is the organization a school described in section 170 (b)(1)(A) (iii)? If Yes, complete Schedule E 9a Did the organization as whe processes to an exempt non-charitable releted organization? 9b If Yes, was the related organization is section 527 organization? 9c Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter None. 9c Name and address of each employee and over \$100,000 of compensation from the organization of employees paid over \$100,000 of compensation from the organization of employees paid over \$100,000 of compensation from the organization of employees paid over \$100,000 of compensation from the organization of exemption of the relationship of the relationship of the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation of the relationship of the relationship of the organization of the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation of the organization of the organization of the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation of the organization of the property of the organization of the organ								Yes	No
Do the the organization make any transfers to an execution 27 (001, pt (n)) if Yes, was the related organization a section \$27 organization? Description of the complete this table for the organization is five highest compensated implyees (cher than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" 3) Name and address of each employee paid over \$100,000 of compensation from the organization if there is none, enter "None" 1. Complete this table for the organization show highest compensated independent contractors who each received more than \$100,000 of the property of the organization of the related compensation of t				ction 501(h) election in	effect durın	g the tax year?	47		
Did the organization make any transfers to an exempt non-charitable related organization? 1	B Is the	organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete S	chedule E		48		
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, turstees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Title and average paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of the paid							49a		
O Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if Ithere is none, enter "Yone" Total number of other employees paid over \$100,000 O Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter "None" (b) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization complete Schedule A** NOTE; All Section \$0.12(3) organizations and 4947 (a)(1) nonexempt charitable trust than the organization complete Schedule A** NOTE; All Section \$0.12(3) organizations and 4947 (a)(1) nonexempt charitable trust with the organization complete Schedule A** NOTE; All Section \$0.12(3) organizations and 4947 (a)(1) nonexempt charitable trust with the organization of preparer (other than officer) is based on all information of which preparer has obtained in the trust received and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the based for your decide and statements, and to the year of your decide and statements, and to the year of your decide and statements, and to the year of your decide and statements, and to the year							49b		
a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None paid more than \$100,000 of compensation of the property of t			_						
Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Compensation of the employees paid over \$100,000 Compensation from the organization of the employees paid over \$100,000 Compensation from the organization of the employees paid over \$100,000 Compensation from the organization of the employees paid over \$100,000 Compensation from the organization of the employees paid over \$100,000 Compensation of the expension of the employees paid over \$100,000 Compensation of the employees paid ov									
Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (d) Total number of other independent contractors each receiving over \$100,000 Prepair is in the organization of prepair (a) the organization of the best of my overledge and belief, it is true, correct, and complete. Declaration of prepair (other than officer) is based on all information of which prepair has overledge. Date Open the prepair is a prepair in the prepair of the prepair is self-in the prepair			hours per week	(c) Compensation	employee	benefit plans &	àc	count a	and
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A Tyes No despendities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my wiveledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has invited by the proposed of the pro									
Complete this table for the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust was attach a completed Schedule A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust was attach a completed Schedule A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust was attach a completed Schedule A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust was attach a complete Schedule A Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust was attached to the schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A			on's five nignest compen	sated independent conti	actors wno	each received n	nore tha	an «: IIII	
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A		<u> </u>	· · · · · · · · · · · · · · · · · · ·	'None "					
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A		<u> </u>	· · · · · · · · · · · · · · · · · · ·	'None "					
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A		<u> </u>	· · · · · · · · · · · · · · · · · · ·	'None "					
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A		<u> </u>	· · · · · · · · · · · · · · · · · · ·	'None "					
powledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has above the powledge. Concept	(a) Na	me and address of each indeper	ndent contractor paid mo	'None " re than \$100,000	(b) Type	e of service			
Signature of officer ROBERT BARKER TREASURER Type or print name and title Preparer's signature Date Check if self-employed Preparer's taxpayer identification number (See instructions) P00006111 Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 5946 Date Check if self-employed Preparer's taxpayer identification number (See instructions) P00006111 EIN 42-0714325	Total 2 Did to mus:	me and address of each independent of the organization complete Schet attach a completed Schedule	ontractors each receivin	'None " re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompens	trust:
Preparer's signature JAMES G GRAHAM Date Check if self-employed Preparer's taxpayer identification number (See instructions) P00006111 Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's taxpayer identification number (See instructions) P00006111 EIN 42-0714325 Phone no (608) 833-2612	Total 2 Did to musicowiedge and	me and address of each independent of the organization complete Schet attach a completed Schedule	ontractors each receivindule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organizatio luding accompanying sch	(b) Type	r(a)(1) nonexen	mpt cha	ompens oritable 'es st of my	trust:
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Phone no • (608) 833-2612	Total 2 Did to must owledge an owledge. gn ere	I number of other independent of the organization complete Schet attach a completed Schedule ies of perjury, I declare that I have the belief, it is true, correct, and complete ies of perjury is true, correct	ontractors each receivindule A? NOTE: All Section A	re than \$100,000 g over \$100,000 on 501(c)(3) organizatio	(b) Type ns and 494 edules and st is based on a	e of service	mpt cha	ompens ritable /es st of my prepare	trusts No
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Form 990-EZ (2011)

Page **4**

Additional Data

Software ID: Software Version:

EIN: 26-2764204

Name: AGC OF WISCONSIN IAP-CA INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BARRY SCHOLZ PO BOX 419 APPLETON, WI 54912	PRESIDENT 0 25	0	0	0
TIM KIPPENHAN 1471 MCMAHON DR NEENAH, WI 54956	VICE PRESIDENT 0 25	0	0	0
ROBERT BARKER 4814 E BROADWAY MADISON,WI 53716	SECRETARY/TREASURER 0 25	0	0	0
PETE BRAUN 7025 RAYWOOD RD MADISON, WI 53713	DIRECTOR 0 25	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492008001243

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organizati	Employer identifi	cation number
	26-2764204	

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK FEES AMOUNT 33 DESCRIPTION MISCELLANEOUS AMOUNT 10 DESCRIPTION CA FIDUCIARY INSURANCE EXPENSE AMOUNT 5,255 DESCRIPTION DUES/SUBSCRIPTIONS AMOUNT 600 DESCRIPTION EDUCATIONAL PROGRAM/CONFERENCES AMOUNT 452 DESCRIPTION LABOR NEGOTIATIONS AMOUNT 38 DESCRIPTION CA ADMIN FEE EXPENSE AMOUNT 4,800 DESCRIPTION CA MEETING EXPENSE AMOUNT 10,381 DESCRIPTION CONFERENCE CALL EXPENSE AMOUNT 19 TOTAL TO FORM 990-EZ, LINE 16 21,588

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: AGC OF WISCONSIN IAP-CA INC

EIN: 26-2764204

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.