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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, 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*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LABORERS LOCAL 1076 EMPLOYERS COOP AND EDUCATION TRUST

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
760 JOSLYN AVENUE

City or town, state or country, and ZIP + 4
PONTIAC, MI 48340

D Employer identification number
38-3137355

E Telephone number
(248) 334-0509

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one)— ☐ 501(c)(3) ☑ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 23,177

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	22,932
	4	Investment income		4	245
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	23,177
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	60,090
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	19,834
	17	**Total expenses.** Add lines 10 through 16 ▶		17	79,924
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-56,747
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	294,903
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	238,156

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	294,903	22	238,156
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	294,903	25	238,156
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	294,903	27	238,156

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

What is the organization's primary exempt purpose?
PROMOTE AND SPONSOR EDUCATION OF ISSUES THAT EFFECT THE INDUSTRY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROMOTE AND SPONSOR EDUCATION OF ISSUES THAT EFFECT THE INDUSTRY (Grants $ 60,090)	If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	79,924
29 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (describe in Schedule O) (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a)	▶	**32**	79,924

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for 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
35a	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** 0			
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**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a**			
b	Gross receipts, included on line 9, for public use of club facilities **39b**			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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	**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 . . . . . ▶ _____			
e	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**		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ PAUL GASSEL Telephone no ▶ (248) 334-0509

Located at ▶ 760 JOSLYN AVENUE PONTIAC, MI ZIP + 4 ▶ 48340

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **43**

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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 Form 990-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? *If "No," provide an explanation in 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 Form 990-EZ (see instructions)	**45b**		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	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	**47**		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

50 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 there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . . ▶

51 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

d Total number of other independent contractors each receiving over $100,000. . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☐ **No**

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

Sign Here

****** 2013-03-27

Signature of officer Date

PAUL GASSEL TRUSTEE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	BENJAMIN J SWAINE CPA	2013-03-25		P00007847

Firm's name ▶ CROSKEY LANNI PC	Firm's EIN ▶ 38-2777985
Firm's address ▶ 24520 MEADOWBROOK STE 200 NOVI, MI 48375	Phone no (248) 442-9911

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

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

2012

Open to Public Inspection

Name of the organization
LABORERS LOCAL 1076 EMPLOYERS COOP AND EDUCATION TRUST

Employer identification number
38-3137355

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 245
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME MITA ANNUAL CONFERENCE GRANTEE ADDRESS P O BOX 1640 OKEMOS, MI 48805 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 01/13/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME UNITED IRISH SOCIETIES GRANTEE ADDRESS 2068 MICHIGAN AVENUE DETROIT, MI 48216 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 150 DATE OF GIFT 02/25/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPECIAL OLYMPICS MICHIGAN GRANTEE ADDRESS P O BOX 474 ALMA, MI 48801 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 540 DATE OF GIFT 02/25/12 AMOUNT GIVEN 540
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME AMERICAN HEART ASSOCIATION GRANTEE ADDRESS 1609 MARYSTONE WEST BLOOMFIELD , MI 48324 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 500 DATE OF GIFT 02/25/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME AGC OF MICHIGAN SWEET DREAMZZZ GRANTEE ADDRESS 26001 FIVE MILE ROAD REDFORD, MI 48239 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 02/25/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME GIRL SCOUTS OF SOUTHEASTERN MI GRANTEE ADDRESS 2300 AUSTINS PARKWAY FLINT, MI 48507 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 2,500 DATE OF GIFT 02/25/12 AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME AMAERICAN HEART ASSOCIATION GRANTEE ADDRESS 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,000 DATE OF GIFT 03/27/12 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ARTHUR BEAUCHAMP PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 600 DATE OF GIFT 04/01/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME NATHAN LAMARBE PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 600 DATE OF GIFT 04/01/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME LAURA MOBERLY PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 600 DATE OF GIFT 04/01/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME NATHAN MCCLAIN PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 600 DATE OF GIFT 04/01/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SUSAN G KOMEN BREAST CANCER FDN GRANTEE ADDRESS 20451 ELECTRA CLINTON TWP, MI 48035 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 100 DATE OF GIFT 04/01/12 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME MASON CONTRACTORS ASSOCIATION GRANTEE ADDRESS 24725 WEST 12 MILE ROAD SOUTHFIELD, MI 48034 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 100 DATE OF GIFT 04/23/12 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME AMERICAN CANCER SOCIETY GRANTEE ADDRESS 4000 OTTO ROAD WATERFORD, MI 48328 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 200 DATE OF GIFT 04/23/12 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME DETROIT SPORTS HEALTH ACADEMY GRANTEE ADDRESS 2161 WEST GRAND BLVD DETROIT, MI 48208 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 04/23/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MRCC COMMUNITY SERVICE TRUST GRANTEE ADDRESS 3800 WOODWARD AVE, STE 1200 DETROIT, MI 48201 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 200 DATE OF GIFT 04/23/12 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME BIG BROTHER BIG SISTERS OF METRO DETROIT GRANTEE ADDRESS 7700 SECOND AVENUE DETROIT, MI 48202 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 10,000 DATE OF GIFT 04/23/12 AMOUNT GIVEN 10,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME ACT GRANTEE ADDRESS 2524 HARTE DRIVE BRIGHTON, MI 48114 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,100 DATE OF GIFT 04/23/12 AMOUNT GIVEN 1,100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MARCH OF DIMES GRANTEE ADDRESS 455 E EISENHOWER PKY ANN ARBOR, MI 48108 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 250 DATE OF GIFT 04/23/12 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME LABORERS LOCAL 1076 75TH ANNIVERSARY GRANTEE ADDRESS 760 JOSLYN AVENUE PONTIAC, MI 48340 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 7,500 DATE OF GIFT 07/12/12 AMOUNT GIVEN 7,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME GIRL SCOUTS OF SOUTHEASTERN MI GRANTEE ADDRESS 2300 AUSTINS PARKWAY FLINT, MI 48507 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 150 DATE OF GIFT 07/12/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME HARTLAND TWP FIREFIGHTERS ASSOC GRANTEE ADDRESS 3205 HARTLAND RD HARTLAND, MI 48353 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 500 DATE OF GIFT 07/12/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME CORPS DE DANSE GRANTEE ADDRESS 7544 HIGHLAND ROAD WATERFORD, MI 48327 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 500 DATE OF GIFT 07/12/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME TEAMSTERS HELPING HANDS GRANTEE ADDRESS 2801 TRUMBULL AVENUE DETROIT, MI 48216 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 150 DATE OF GIFT 07/12/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME MRCC COMMUNITY SERVICE TRUST GRANTEE ADDRESS 23401 MOUND ROAD WARREN, MI 48091 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 150 DATE OF GIFT 07/12/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME AGC OF MICHIGAN GRANTEE ADDRESS P O BOX 27005 LANSING, MI 48909 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 2,500 DATE OF GIFT 07/12/12 AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME THE CAPTIAN CATHY FOUNDATION GRANTEE ADDRESS P O BOX 148 ALGONAC, MI 48001 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 250 DATE OF GIFT 07/12/12 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME MITA SUMMER CONFERENCE GRANTEE ADDRESS P O BOX 1640 OKEMOS, MI 48805 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,000 DATE OF GIFT 08/23/12 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME ST GEORGE GREEK ORTHODOX CHURCH GRANTEE ADDRESS 3816 WOODWARD AVENUE BLOOMFIELD HILLS, MI 48302 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 750 DATE OF GIFT 08/29/25 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME BOY SCOUTS OF AMERICA GRANTEE ADDRESS 1776 WEST WARREN DETROIT, MI 48208 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,250 DATE OF GIFT 09/28/12 AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CONSTRUCTION WORKERS LOCAL 1076 EDUCATION GRANTEE NAME CONSTRUCTION WORKERS LOCAL 1076 EDUCATION GRANTEE ADDRESS 760 JOSLYN AVENUE PONTIAC, MI 48340 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 20,000 DATE OF GIFT 11/01/12 AMOUNT GIVEN 20,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME MITA ANNUAL CONFERENCE GRANTEE ADDRESS P O BOX 1640 OKEMOS, MI 48805 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 12/03/12 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME OXFORD HIGH SCHOOL HOCKEY CLUB GRANTEE ADDRESS 10 N WASHINGTON OXFORD, MI 48371 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 150 DATE OF GIFT 12/03/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSORSHIP GRANTEE NAME CORPS DE DANSE GRANTEE ADDRESS 7544 HIGHLAND ROAD WATERFORD, MI 48327 PROPERTY DESCRIPTION CASH BOOK VALUE OF PROPERTY 200 DATE OF GIFT 08/23/12 AMOUNT GIVEN 200 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 60,090
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEETING EXPENSE AMOUNT 387 DESCRIPTION LEGAL EXPENSE AMOUNT 1,123 DESCRIPTION ACCOUNTING AMOUNT 1,225 DESCRIPTION SAFETY EQUIPMENT AMOUNT 17,099 TOTAL TO FORM 990-EZ, LINE 16 19,834

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492087004023

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: LABORERS LOCAL 1076 EMPLOYERS COOP AND EDUCATION TRUST

EIN: 38-3137355

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.

Additional Data

Software ID:

Software Version:

EIN: 38-3137355

Name: LABORERS LOCAL 1076 EMPLOYERS COOP AND EDUCATION TRUST

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

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
WILLIAM BASS TRUSTEE	0 00	0	0	0
BILL BRUEBNAU TRUSTEE	0 00	0	0	0
PAUL TANTALO TRUSTEE	0 00	0	0	0
PAUL GASSEL TRUSTEE	0 00	0	0	0
MICHAEL SMITH TRUSTEE	0 00	0	0	0
RICARDO BRIONES TRUSTEE	0 00	0	0	0
JASON CHWALEK TRUSTEE	0 00	0	0	0
CHARLES WILSON TRUSTEE	0 00	0	0	0