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0704

Form **990**

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)

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2006
EFFECTIVE DATE 01-01-07

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See instructions.

C Name of organization
CARPENTERS AND FLOORCOVERERS LOCAL UNION

NO. 344

Number and street (or P.O. box if mail is not delivered to street address)

N25W23055 PAUL ROAD

City or town, state or country, and ZIP + 4

PEWAUKEE, WI 53072

D Employer identification number

39-0669989

E Telephone number

262-970-5777

F Accounting method: ☒ Cash ☐ Accrual

☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ **0143**

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **N/A**

J Organization type (check only one) ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,685,527.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received.			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b		
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d)	1e		0.
2 Program service revenue including government contracts (from Part VII, line 93)		2	
3 Membership dues and assessments		3	484,048.
4 Interest on savings and temporary cash investments		4	59,209.
5 Dividends and interest from securities		5	12,106.
6a Gross rents		6a	
b Less: rental expenses		6b	
c Net rental income or (loss). Subtract line 6b from line 6a		6c	
7 Other investment income (describe in Part VII)		7	
8a Gross amount from sales of assets other than inventory		(A) Securities	
		1,126,033.	8a
b Less: cost or other basis and sales expenses		1,163,187.	8b
c Gain or (loss) (attach schedule)		<37,154.>	8c
d Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1	8d
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)		9a	
b Less: direct expenses other than fundraising expenses		9b	
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
10a Gross sales of inventory, less returns and allowances		10a	
b Less: cost of goods sold		10b	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
11 Other revenue (from Part VII, line 103)		11	4,131.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	522,340.
13 Program services (from line 44, column (B))		13	
14 Management and general (from line 44, column (C))		14	
15 Fundraising (from line 44, column (D))		15	
16 Payments to affiliates (attach schedule)		16	275,110.
17 Total expenses. Add lines 16 and 44, column (A)		17	519,113.
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	3,227.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,758,378.
20 Other changes in net assets or fund balances (attach explanation)		20	0.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	1,761,605.

623001 01-18-07

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

Form 990 (2006)

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Midwest Area

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CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2008)

NO. 344

39-0669989

Page 2



Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> - noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>6,650</u> - noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	6,650.			
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)	22,305.			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	66,578.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	21,371.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	8,238.			
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	1,857.			
34 Telephone				
35 Postage and shipping	11,316.			
36 Occupancy	4,712.			
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	21,484.			
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a CHRISTMAS EXPENSE	3,790.			
b INSURANCE	1,989.			
c STEWARD EXPENSE	1,979.			
d MEMBERSHIP ACTIVITIES	46,134.			
e ORGANIZER SPONSORSHIP	25,600.			
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	244,003.			

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form **990** (2008)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2006)

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► LABOR UNION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL, AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Form 990 (2006)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2006)

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Part I Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	21,775.	45	121,919.
	46 Savings and temporary cash investments	578,201.	46	296,990.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities STMT 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,161,750.	54a	1,358,354.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis STMT 3				
b Less: accumulated depreciation	55a	55b		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)	8,322.	58	8,322.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,770,048.	59	1,785,585.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe ▶ PAYROLL WITHHOLDINGS)	11,670.	65	23,980.	
66 Total liabilities. Add lines 60 through 65	11,670.	66	23,980.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,758,378.	67	1,761,605.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,758,378.	73	1,761,605.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,770,048.	74	1,785,585.

Form 990 (2006)

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Part 7-A	Current Officers, Directors, Trustees, and Key Employees (continued)
----------	----------------------------------------------------------------------

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10

b Are any officers, directors, trustees, or key employees listed in Form 990, Part VII-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

6 Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **SEE STATEMENT 7**

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

Part V.B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

Form 890 (2006)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2006)

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Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	7
91 a	The books are in care of ERIC STROM Telephone no. 262-970-5777 Located at N25 W23055 PAUL ROAD STE 1, PEWAUKEE, WI ZIP +4 53072		
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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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CARPENTERS AND FLOORCOVERERS LOCAL UNION

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country: N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year: 92 N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					484,048.
95 Interest on savings and temporary cash investments			14	59,209.	
96 Dividends and interest from securities			14	12,106.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<37,154.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC.			01	4,131.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		38,292.	484,048.
105 Total (add line 104, columns (B), (D), and (E))					522,340.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	AMOUNTS PAID BY MEMBERS AS CONSIDERATION FOR PROVIDING GOODS, SERVICES OR FACILITIES IN FURTHERANCE OF THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2006)

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01-18-07

CARPENTERS AND FLOORCOVERERS LOCAL UNION

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Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2008, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature *HP LLP* Date *10/18/07* Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **LEGACY PROFESSIONALS LLP**
30 N LASALLE, SUITE 4200
CHICAGO, IL 60602

EIN **312-368-0500**

Phone no. **312-368-0500**

Form 990 (2008)

Carpenters & Floorcoverers L.U. #344
EIN 39-0669989
Donations
Y/E 6/30/2007

<u>Name</u>	<u>Amount</u>
	5,000
	1,000
	50
	100
	100
	100
	100
	100
	100
TOTAL DONATIONS	<u>6,650</u>

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
U.S. GOVERNMENT AGENCY OBLIGATIONS	153,092.	154,920.	0.	<1,828.>
CORPORATE BONDS	76,014.	78,173.	0.	<2,159.>
MUTUAL FUNDS	592,329.	624,031.	0.	<31,702.>
MUNICIPAL BONDS	196,314.	197,262.	0.	<948.>
U.S. TREASURY SECURITIES	108,284.	108,801.	0.	<517.>
TO FORM 990, PART I, LINE 8	<u>1,126,033.</u>	<u>1,163,187.</u>	<u>0.</u>	<u><37,154.></u>

FORM 990

PAYMENTS TO AFFILIATES

STATEMENT 2

AFFILIATE'S NAMEAFFILIATE'S ADDRESSUNITED BROTHERHOOD OF CARPENTERS AND
JOINERS OF AMERICAPURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

195,266.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

WISCONSIN STATE COUNCIL OF CARPENTERS

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

38,640.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

CHICAGO REGIONAL COUNCIL OF CARPENTERS

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

40,910.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

WAUKESHA LABOR COUNCIL

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

294.

TOTAL TO FORM 990, PART I, LINE 16

275,110.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	3
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	COST		379,252.		379,252.
MUTUAL FUNDS	COST			280,600.	280,600.
TO FORM 990, LINE 54A, COL B			379,252.	280,600.	659,852.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	4
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT AND GOVERNMENT AGENCY OBLIGATIONS	COST	698,502.		698,502.
TOTAL TO FORM 990, LINE 54A, COL B		698,502.		698,502.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
DUE FROM UNITED STATES TREASURY - BACK-UP W/H IN ERROR	8,322.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	8,322.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 6
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK SCOTT N25W23055 PAUL ROAD PEWAUKEE, WI 53072	PRESIDENT 2.00	5,978.	0.	0.
ROBERT SZEFLINSKI N25W23055 PAUL ROAD PEWAUKEE, WI 53072	VICE PRESIDENT 2.00	5,637.	0.	0.
RICHARD MARQUARDT N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 2.00	7,900.	0.	0.
KEITH LYNN N25W23055 PAUL ROAD PEWAUKEE, WI 53072	RECORDING SECRETARY 5.00	10,155.	0.	0.
DAVID LOPEZ N25W23055 PAUL ROAD PEWAUKEE, WI 53072	FINANCIAL SECRETARY 4.00	7,969.	0.	0.
ERIC STROM N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TREASURER 5.00	6,535.	0.	0.
JACK JANS N25W23055 PAUL ROAD PEWAUKEE, WI 53072	CONDUCTOR 2.00	2,718.	0.	0.
WALTER FURRER N25W23055 PAUL ROAD PEWAUKEE, WI 53072	WARDEN 2.00	3,372.	0.	0.
SEAVER BIGLER N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 2.00	7,375.	0.	0.
JEFFREY MILLER N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE - PAST 2.00	726.	0.	0.
WILLIAM SCHULTZ N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 1.00	8,213.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		66,578.	0.	0.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 7

OFFICER'S NAME

ERIC STROM

NAME OF RELATED ORGANIZATION

CHICAGO REGIONAL COUNCIL OF CARPENTERS

EMPLOYER ID NUMBER

36-1894832

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED REGIONAL COUNCIL

COMPENSATION DESCRIPTIONFULL TIME COUNCIL EMPLOYEE SHARED ON A PART TIME BASIS WITH THE LOCAL
UNION.OFFICER'S NAME

MARK SCOTT

NAME OF RELATED ORGANIZATION

CHICAGO REGIONAL COUNCIL OF CARPENTERS

EMPLOYER ID NUMBER

36-1894832

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED REGIONAL COUNCIL

COMPENSATION DESCRIPTIONFULL TIME COUNCIL EMPLOYEE SHARED ON A PART TIME BASIS WITH THE LOCAL
UNION.

OFFICER'S NAME

JEFFREY MILLER

NAME OF RELATED ORGANIZATION

CHICAGO REGIONAL COUNCIL OF CARPENTERS

EMPLOYER ID NUMBER

36-1894832

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED REGIONAL COUNCIL

COMPENSATION DESCRIPTION

FULL TIME COUNCIL EMPLOYEE SHARED ON A PART TIME BASIS WITH THE LOCAL UNION.

OFFICER'S NAME

DAVID LOPEZ

NAME OF RELATED ORGANIZATION

CHICAGO REGIONAL COUNCIL OF CARPENTERS

EMPLOYER ID NUMBER

36-1894832

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED REGIONAL COUNCIL

COMPENSATION DESCRIPTION

FULL TIME COUNCIL EMPLOYEE SHARED ON A PART TIME BASIS WITH THE LOCAL UNION.

OFFICER'S NAME

ROBERT SZEFLINSKI

NAME OF RELATED ORGANIZATION

CHICAGO REGIONAL COUNCIL OF CARPENTERS

EMPLOYER ID NUMBER

36-1894832

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED REGIONAL COUNCIL

COMPENSATION DESCRIPTION

FULL TIME COUNCIL EMPLOYEE SHARED ON A PART TIME BASIS WITH THE LOCAL UNION.
