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2007

Open to Public Inspection

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**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

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

Please use IRS label or print or type. See Specific 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

Room/suite

1

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 ▶ **1,867,426.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	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) Noncash \$	1e			0.	
	2 Program service revenue including government contracts (from Part VII, line 93)	2				
	3 Membership dues and assessments	3			524,434.	
	4 Interest on savings and temporary cash investments	4			12,682.	
	5 Dividends and interest from securities	5			88,918.	
Revenue	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)	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
	b Less: cost or other basis and sales expenses	8b				
	c Gain or (loss) (attach schedule)	8c				
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			3,772.	
	9a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
	b Less: direct expenses other than fundraising expenses	9b				
Revenue	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			12,560.	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			642,366.	
	Expenses	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			302,770.
17 Total expenses. Add lines 13 and 14, column (A)		17			527,855.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			114,511.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,761,605.	
	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			1,876,116.	

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12-27-07

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

Form 990 (2007)

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SEP 2 2011

Midwest Area

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989 Page 2

Part II 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>8,054</u> • noncash \$ <u>88</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	8,142.			
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule) STATEMENT 3	19,210.			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	61,817.			
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
25c 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	10,886.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	45,190.			
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	2,569.			
34 Telephone				
35 Postage and shipping	4,385.			
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	11,469.			
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a CHRISTMAS EXPENSE	4,611.			
b INSURANCE	2,276.			
c STEWARD EXPENSE	2,173.			
d MEMBERSHIP ACTIVITIES	37,129.			
e INVESTMENT FEES	8,314.			
f PROMOTIONAL ITEMS	6,914.			
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	225,085.			

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/A723011
12-27-07

Form 990 (2007)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989 Page 3

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** (2007)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989

Page 4

Part IV 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	121,919.	45	69,434.
	46 Savings and temporary cash investments	296,990.	46	431,249.
	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 5 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,358,354.	54a	1,373,640.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis STMT 4	55a			
b Less: accumulated depreciation	55b	55c		
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 6)	8,322.	58	8,322.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,785,585.	59	1,882,645.	
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)	23,980.	65	6,529.
66 Total liabilities. Add lines 60 through 65	23,980.	66	6,529.	
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	1,761,605.	67	1,876,116.
	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)	1,761,605.	73	1,876,116.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,785,585.	74	1,882,645.

Form 990 (2007)

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CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989

Page 7

Part VI 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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	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.	X	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
85c	N/A		
85d	N/A		
85e	N/A		
85f	N/A		
85g	N/A		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
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.		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.		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4912 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
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.		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
89b	N/A		
89c	0.		
89d	0.		
89e			X
89f			X
89g			X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	7
91 a	The books are in care of <u>JACK JANS</u> Telephone no <u>262-970-5777</u>		
	Located at <u>N25 W23055 PAUL ROAD STE 1, PEWAUKEE, WI</u> ZIP + 4 <u>53072</u>		
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 <u>N/A</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			X

Form 990 (2007)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989 Page 8

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					524,434.
95 Interest on savings and temporary cash investments			14	12,682.	
96 Dividends and interest from securities			14	88,918.	
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	3,772.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a MISC.			01	12,560.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		117,932.	524,434.
105 Total (add line 104, columns (B), (D), and (E))					642,366.

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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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

Form 990 (2007)

CARPENTERS AND FLOORCOVERERS LOCAL UNION

Form 990 (2007)

NO. 344

39-0669989 Page 9

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, 2006, 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 JACK JANZ Date 9/15/08
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature LP LP Date 9/15/08 Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 LEGACY PROFESSIONALS LLP
30 N LASALLE, SUITE 4200
CHICAGO, IL 60602
Preparer's SSN or PTIN (See Gen. Inst. X)
EIN 312-368-0500
Phone no 312-368-0500

Form 990 (2007)

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)
US GOVERNMENT AGENCY	289,948.	279,210.	0.	10,738.
US TREASURY	645,428.	643,440.	0.	1,988.
CORPORATE BOND	293,456.	302,410.	0.	<8,954.>
TO FORM 990, PART I, LINE 8	1,228,832.	1,225,060.	0.	3,772.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAMEAFFILIATE'S ADDRESSUNITED BROTHERHOOD OF CARPENTERS AND
JOINERS OF AMERICAPURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

213,982.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

WISCONSIN STATE COUNCIL OF CARPENTERS

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

50,701.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

CHICAGO REGIONAL COUNCIL OF CARPENTERS

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

36,029.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

WAUKESHA LABOR COUNCIL

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

2,058.

TOTAL TO FORM 990, PART I, LINE 16

302,770.

FORM 990	BENEFITS PAID TO OR FOR MEMBERS	STATEMENT	3
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DESCRIPTION	AMOUNT
RETIREE DUES	19,210.
TOTAL TO FORM 990, PART II, LINE 24	19,210.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	4
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	COST		505,367.		505,367.
MUTUAL FUNDS	COST			280,600.	280,600.
TO FORM 990, LINE 54A, COL B			505,367.	280,600.	785,967.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	5
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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	587,673.		587,673.
TOTAL TO FORM 990, LINE 54A, COL B		587,673.		587,673.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM UNITED STATES TREASURY - BACK-UP W/H IN ERROR	8,322.	8,322.
TOTAL TO FORM 990, PART IV, LINE 58	8,322.	8,322.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
 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	6,005.	0.	0.
ROBERT SZEFLINSKI N25W23055 PAUL ROAD PEWAUKEE, WI 53072	VICE PRESIDENT 2.00	5,686.	0.	0.
RICHARD MARQUARDT N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 2.00	7,224.	0.	0.
KEITH LYNN N25W23055 PAUL ROAD PEWAUKEE, WI 53072	RECORDING SECRETARY 5.00	8,791.	0.	0.
DAVID LOPEZ N25W23055 PAUL ROAD PEWAUKEE, WI 53072	FINANCIAL SECRETARY 4.00	8,191.	0.	0.
ERIC STROM N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TREASURER PAST 5.00	4,353.	0.	0.
JACK JANS N25W23055 PAUL ROAD PEWAUKEE, WI 53072	CONDUCTOR - PAST 2.00	1,248.	0.	0.
WALTER FURRER N25W23055 PAUL ROAD PEWAUKEE, WI 53072	WARDEN 2.00	2,438.	0.	0.
JACK JANS N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TREASURER - NEW 2.00	2,350.	0.	0.
JEFFREY MILLER N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 2.00	6,924.	0.	0.
WILLIAM SCHULTZ N25W23055 PAUL ROAD PEWAUKEE, WI 53072	TRUSTEE 1.00	7,282.	0.	0.

CARPENTERS AND FLOORCOVERERS LOCAL UNION

39-0669989

JODY ABBOTT
N25W23055 PAUL ROAD
PEWAUKEE, WI 53072

CONDUCTOR - NEW
1.00

1,325.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

61,817.

0.

0.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 8

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.

Carpenters Local 344

Donations

Y/E 6/30/08

	Name	Paid Amount
Contributions		
Labor		
	S E WI Carpentry Joint Apprenticeship Com	520
	Milwaukee County Labor Council	300
	Milwaukee County Labor Council	2,000
	Milwaukee County Labor Council	<u>250</u>
Charitable		
	Waukesha West Band	350
	Team Up With Families	2,000
	Ladies Auxiliary #264	500
	C H H S F	250
	Froedart Foundation	250
	Ladies Auxiliary #264	350
	Oconomowoc Memorial Hospital	250
	Union Grove Veterans Recreational Fund	250
	Boys & Girls Clubs	100
	Girl Scout Troup # 2819	84
	Boys & Girls Clubs of Greater Milwaukee	100
	Ted Kennedy-George Vest	<u>500</u>
Flowers		<u>88</u>
		<u><u>8,142</u></u>