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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO. 161		D Employer identification number 39-0198840
		Number and street (or P O box, if mail is not delivered to street address) 3030-39TH AVENUE		E Telephone number 262-652-3328
		Room/suite KENOSHA, WI 53144		F Group Exemption Number 0143
		City or town, state or country, and ZIP + 4		

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

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

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 128,942.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	124,722.
	4	Investment income	4	3,050.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 3)	8	1,170.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	128,942.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	80,426.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,123.
	13	Professional fees and other payments to independent contractors	13	225.
	14	Occupancy, rent, utilities, and maintenance	14	1,932.
	15	Printing, publications, postage, and shipping	15	1,486.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	18,786.
	17	Total expenses. Add lines 10 through 16	17	128,978.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<36.>
	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	165,142.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	165,106.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	158,442.	22 161,892.
23 Land and buildings		23
24 Other assets (describe ▶ UNION CO-OP PUBLISHING)	6,700.	24 6,700.
25 Total assets	165,142.	25 168,592.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	0.	26 3,486.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,142.	27 165,106.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2009)

**UNITED BROTHERHOOD OF CARPENTERS AND
JOINERS OF AMERICA LOCAL UNION NO. 161**

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? LABOR UNION	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL, AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
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 (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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
MARK MICO 3030-39TH AVENUE, KENOSHA, WI 53144	PRESIDENT 2.00	2,954.	0.	0.
ROGER ZACHARIAS 3030-39TH AVENUE, KENOSHA, WI 53144	VICE PRESIDENT-PAST 2.00	3,126.	0.	0.
COREY SEPANSKI 3030-39TH AVENUE, KENOSHA, WI 53144	RECORDING SECRETARY 2.00	2,440.	0.	0.
RICHARD FISTLER 3030-39TH AVENUE, KENOSHA, WI 53144	FINANCIAL SECRETARY 2.00	3,760.	0.	0.
RICHARD TEKLIKS 3030-39TH AVENUE, KENOSHA, WI 53144	TREASURER 2.00	3,800.	0.	0.
THOMAS PETERSON 3030-39TH AVENUE, KENOSHA, WI 53144	CONDUCTOR 2.00	600.	0.	0.
MELVIN KADDATZ 3030-39TH AVENUE, KENOSHA, WI 53144	WARDEN 2.00	600.	0.	0.
PAUL HANSEN 3030-39TH AVENUE, KENOSHA, WI 53144	TRUSTEE - PAST 2.00	160.	0.	0.
PATRICK DUNN 3030-39TH AVENUE, KENOSHA, WI 53144	VICE PRESIDENT 2.00	660.	0.	0.
JIM ANDERSON 3030-39TH AVENUE, KENOSHA, WI 53144	TRUSTEE 2.00	3,285.	0.	0.
DAVE XANDEGAR 3030-39TH AVENUE, KENOSHA, WI 53144	TRUSTEE 2.00	880.	0.	0.
BRANDON LUEER 3030-39TH AVENUE, KENOSHA, WI 53144	TRUSTEE 2.00	880.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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, attach a statement explaining 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 or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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	N/A	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	N/A	
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		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ RICHARD FISTLER Telephone no ▶ 262-652-3328		
	Located at ▶ 3030-39TH AVENUE, KENOSHA, WI ZIP + 4 ▶ 53144		
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)?		X
	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 of the U S ?		X
	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	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI 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 questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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"
- N/A

(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

Sign Here 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.

Signature of officer: Richard E. Fistler Date: 11-8-10

Type or print name and title: RICHARD E. FISTLER FINANCIAL SECRETARY

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 9/24/10 Check if self-employed: ☐ Preparer's identifying number (See Instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: LEGACY PROFESSIONALS LLP
311 S. WACKER DRIVE, STE. 4000
CHICAGO, IL 60606

EIN: Phone no: 312-368-0500

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
DUES REFUND	397.
OFFICE EXPENSE	607.
LABOR PAPERS	12,010.
ADVERTISING EXPENSE	301.
PROMOTIONAL ITEMS FOR MEMBERS	2,185.
MEETING AND CONFERENCE	759.
INSURANCE EXPENSE	335.
MEETING RAFFLE PRIZES	2,192.
TOTAL TO FORM 990-EZ, LINE 16	18,786.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
MEMBERS LIFE INSURANCE PREMIUMS	0.	3,486.
TOTAL TO FORM 990-EZ, LINE 26	0.	3,486.

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
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DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	181.
LIFE INSURANCE ADMINSTRATIVE FEE	989.
TOTAL TO FORM 990-EZ, LINE 8	1,170.

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 4

AFFILIATE'S NAMEAFFILIATES ADDRESS

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

101 CONSTITUTION AVENUE
NW WASHINGTON, DC 20001PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

54,452.

AFFILIATE'S NAMEAFFILIATES ADDRESS

CHICAGO REGIONAL COUNCIL CARPENTERS

12 EAST ERIE STREET
CHICAGO, IL 60611PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

7,312.

AFFILIATE'S NAMEAFFILIATES ADDRESS

WISCONSIN STATE COUNCIL OF CARPENTERS

115 WEST MAIN STREET
MADISON, WI 53703PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

11,422.

AFFILIATE'S NAMEAFFILIATES ADDRESS

OTHERS < \$5,000 EACH

PURPOSE OF PAYMENTAMOUNT

PER CAPITA TAXES

2,305.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

75,491.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
DONATIONS < \$5,000 EACH	NONE	3,935.
SCHOLARSHIPS < \$5,000 EACH	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,935.