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2010

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

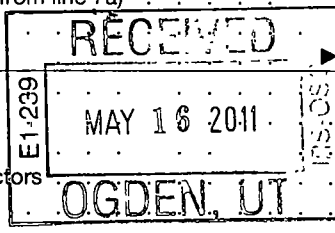
A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: MARQUETTE BUILDERS EXCHANGE. D Employer identification number: 38 1800486. E Telephone number: 906-226-1140. F Group Exemption Number. G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B. I Website: WWW.MQTBX.ORG. J Tax-exempt status: 501(c)(6).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. 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.

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.

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 117088, total expenses is 108509, and net assets at end of year is 43047.



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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	34468	22 43047
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	34468	25 43047
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34468	27 43047

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? **MEMBERSHIP SERVICE PROVIDER**
 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.

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

28 TO PROVIDE A COMMON PLACE WHERE CONSTRUCTION PLANS, SPECIFICATIONS AND RESEARCH INFORMATION ARE AVAILABLE FOR MEMBERS USE TO BID ON CONSTRUCTION PROJECTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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.)

Check if the organization used Schedule O to respond to any question in this 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
BRIAN LARSON 605 ELM ST ISHPEMING, MI 49849	PRESIDENT 5 HR	0	0	0
KURT SIMANDL 706 CHIPPEWA SQ, STE 102, MARQUETTE, MI 49855	1ST VICE PRES 5 HR	0	0	0
JIM JOHNSON 2050 ENTERPRISE ST., MARQUETTE, MI 49855	2ND VICE PRES 5 HR	0	0	0
CARRIE GOODNEY 420 RAIL STREET, NEGAUNEE, MI 49866	TREASURER .5 HR	0	0	0
JANELLE RUFF 161 CO RD 492, MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
BILL MCCABE 101 GENESSE ST., MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
JOE WALES 2342 US 41 WEST, MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
JIM INGLE 1050 WILSON ST., MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
ALAN SWANSON 1021 W BARAGA AVE., MARQUETTE, MI 49855	DIRECTOR 5 HR	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V. []

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35 If the organization had income from business activities... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter. 39a Initiation fees and capital contributions included on line 9. 39b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40e 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. 41 List the states with which a copy of this return is filed. MICHIGAN 42a The organization's books are in care of MARLENE OMBRELLO Telephone no. 906 226-1140 Located at 1229 W WASHINGTON ST, MARQUETTE, MI ZIP + 4 49855-3186 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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. 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

45		✓
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 - a 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)

45a		✓
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 - 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		✓
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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 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

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47		✓
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- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		✓
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
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 - b If "Yes," was the related organization a section 527 organization?

49b		
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- 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 address of each employee paid more than \$100,000	(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."

(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
 Signature of officer: *Carrie Goodney*
 Date: 5-11-11
 Type or print name and title: *Carrie Goodney - Treasurer*

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

MARQUETTE BUILDERS EXCHANGE

Employer identification number

38 1800486

PART 1, LINE 9 OTHER REVENUE

ALONG WITH PROVIDING A PLAN ROOM FOR BUILDERS, WE ALSO PROVIDE OTHER SERVICES TO MEMBERS IN RELATION TO OUR
 PLAN ROOM AND SERVICES TO BUILDERS WE PROVIDE A NEWSLETTER TO OUR MEMBERS AND TO KEEP OUR COST DOWN, WE
 SELL ADS IN THE NEWSLETTER TO LESSEN THE COST OF THE NEWSLETTER (NEWSLETTER ADS \$3,065 00) WE MAINTAIN A SPECIAL
 COPIER TO PHOTOCOPY BUILDING PLANS AND RELATED THERETO SPECIFICATIONS FOR PROJECTS OUR MEMBERS ARE BIDDING
 ON (COPIER FEES \$30,960.00), WE COSPONSOR A BUILDERS SHOW TO ALLOW OUR MEMBERS AND OTHERS TO DISPLAY IN A
 SHOW TYPE SETTING THE SERVICES THAT THEIR BUSINESS PERFORMS IN THE CONSTRUCTION INDUSTRY (BUILDERS SHOW
 \$24,800 00)

ATTACHMENT

Part I

Line 8 Other Revenue:

1. Annual Dinner	773
2. Copier	30960
3. Newsletter Ads	3065
4. Builders Show	24800
5. Miscellaneous Income	441
	<u>60039</u>

Line 16 Other Expenses:

1. Office Supplies	4477
2. Telephone & Internet	2654
3. Annual Dinner	2570
4. Copier Supplies	9856
5. Builders Show	75
6. Travel	0
7. Speaker Gifts & Awards	2650
8. Insurance Coverage	750
9. Payroll Taxes	7787
10. Board Meetings	814
	<u>31633</u>