



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C

Name of organization
UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO 161

Number and street (or P O box, if mail is not delivered to street address)Room/suite
3030-39TH AVENUE

City or town, state or country, and ZIP + 4
KENOSHA, WI 53144

D

Employer identification number

39-0198840

E

Telephone number

(262) 652-3328

F

Group Exemption Number

0143

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 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

\$121,699

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	3119,261
	4	Investment income	4787
	5a	Gross amount from sale of assets other than inventory	5c
	5b	Less cost or other basis and sales expenses	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	6d
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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 exceed \$15,000)	
Expenses	6c	Less direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7c
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	81,651
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9121,699
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	1074,599
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	1228,471
	13	Professional fees and other payments to independent contractors	13240
	14	Occupancy, rent, utilities, and maintenance	143,864
	15	Printing, publications, postage, and shipping	1585
	16	Other expenses (describe in Schedule O)	1620,841
	17	Total expenses. Add lines 10 through 16	17128,100
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18-6,401
	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)	19165,106
	20	Other changes in net assets or fund balances (explain in Schedule O)	200
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21158,705

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	161,892	22	154,520
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	6,700	24	7,232
25	Total assets	168,592	25	161,752
26	Total liabilities (describe in Schedule O)	3,486	26	3,047
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	165,106	27	158,705

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

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 \$ 0) If this amount includes foreign grants, check here ☐

29

(Grants \$) If this amount includes foreign grants, check here ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a)

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

28a0

29a

30a

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
See Additional Data Table				

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 ☐ ☒

		Yes	No
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	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
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	Yes
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 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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
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		
44a	Did the organization maintain any donor advised funds? 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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		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		No

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.
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? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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 "

(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

50(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

51(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

YesNo

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		2012-05-09 Date		
	RICHARD FISTLER FINANCIAL SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	LEGACY PROFESSIONALS LLP	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	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

YesNo

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

2010

Open to Public
Inspection

Name of the organization UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO 161	Employer identification number 39-0198840
--	---

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 787

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 234 DESCRIPTION LIFE INSURANCE ADMINISTRATIVE FEE AMOUNT 1,417 TOTAL TO FORM 990-EZ, LINE 8 1,651

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME UNITED BROTHERHOOD OF CARPENTERS AND JOINERS AFFILIATE ADDRESS 101 CONSTITUTION AVENUE NW WASHINGTON, DC 20001 PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 51,445

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME CHICAGO REGIONAL COUNCIL CARPENTERS AFFILIATE ADDRESS 12 EAST ERIE STREET CHICAGO, IL 60611 PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 7,480

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME WISCONSIN STATE COUNCIL OF CARPENTERS AFFILIATE ADDRESS 115 WEST MAIN STREET MADISON, WI 53703 PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 9,756

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME OTHERS < \$5,000 EACH PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 2,193 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 70,874

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME DONATIONS < \$5,000 EACH AMOUNT GIVEN 2,725

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SCHOLARSHIPS < \$5,000 EACH AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,725

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DUES REFUND AMOUNT 649 DESCRIPTION OFFICE EXPENSE AMOUNT 391 DESCRIPTION LABOR PAPERS AMOUNT 12,248 DESCRIPTION PROMOTIONAL ITEMS FOR MEMBERS AMOUNT 862 DESCRIPTION MEETING AND CONFERENCE AMOUNT 3,529 DESCRIPTION INSURANCE EXPENSE AMOUNT 312 DESCRIPTION MEETING RAFFLE PRIZES AMOUNT 2,457 DESCRIPTION TICKETS AMOUNT 260 DESCRIPTION DEPRECIATION AMOUNT 133 TOTAL TO FORM 990-EZ, LINE 16 20,841

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION UNION CO-OP PUBLISHING BEG OF YEAR AMOUNT 6,700 END OF YEAR AMOUNT 6,700 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 532

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION MEMBERS LIFE INSURANCE PREMIUMS BEG OF YEAR AMOUNT 3,486 END OF YEAR AMOUNT 3,047

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: UNITED BROTHERHOOD OF CARPENTERS AND
JOINERS OF AMERICA LOCAL UNION NO 161

EIN: 39-0198840

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: 39-0198840

Name: UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO 161

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

(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	3,319	0	0
ROGER ZACHARIAS 3030-39TH AVENUE KENOSHA, WI 53144	VICE PRESIDENT - NEW 2 00	3,013	0	0
COREY SEPANSKI 3030-39TH AVENUE KENOSHA, WI 53144	RECORDING SECRETARY 2 00	2,802	0	0
RICHARD FISTLER 3030-39TH AVENUE KENOSHA, WI 53144	FINANCIAL SECRETARY 2 00	3,600	0	0
RICHARD TEKLICS 3030-39TH AVENUE KENOSHA, WI 53144	TREASURER 2 00	3,600	0	0
THOMAS PETERSEN 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
BRANDON LUEER 3030-39TH AVENUE KENOSHA, WI 53144	TRUSTEE 2 00	960	0	0
PATRICK DUNN 3030-39TH AVENUE KENOSHA, WI 53144	VICE PRESIDENT - PAST 2 00	120	0	0
JAMES ANDERSON 3030-39TH AVENUE KENOSHA, WI 53144	TRUSTEE 2 00	5,786	0	0
DAVE XANDEGAR 3030-39TH AVENUE KENOSHA, WI 53144	TRUSTEE 2 00	960	0	0