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A For the 2010 calendar year, or tax year beginning 07-01-2010

PO BOX 790

C Name of organization

JOINERS LOCAL #264

UNITED BROTHERHOOD OF CARPENTERS AND

As Filed Data -

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

DLN: 93492132008462

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For 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

Short Form

Return of Organization Exempt From Income Tax

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

and ending 06-30-2011

Open to Public Inspection

D Employer identification number

39-0667359

E Telephone number

Ir	nitial ret	turn	PO BOX 790		(262)	070 577	7
Terminated		ted	1770			970-577	/
- Amended return			City or town, state or country, and ZIP + 4 PEWAUKEE, WI 530720790		F Group Exemption Number ► 0143		
I A	pplication	on pending					
G A c	count	ting method	Cash Accrual Other (specify) ►				
			ENTERCRAFT COM	н	l Check ▶ 🔽	ıf the o	rganızatıon ıs not
J Tax	-Exem	pt status(check	only one) — 501(c)(3) 501(c)(5) 4(insert no) 4947(a)(1) or 64947(a)(1) or 64947(a)(1)	527	required to at (Form 990, 9		
\$5	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and -EZ or Form 990 return is not required though Form 990-N (e-p to file a return, be sure to file a complete return				
L Add			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ	ıf total assets	(Part II, line 25, cc ► \$	olumn (B)) below) are \$500,000 or 134,527
Pa	art I		e, Expenses, and Changes in Net Assets or Fund B le organization used Schedule O to respond to any question in th		(See the instruc	tions fo	or Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	129,472
	4	Investment	income			4	3,266
	5a	Gross amoui	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		1 1	
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
Re Pe	6	Gaming and	fundraising events				
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		ne from fundraising events (not including \$ _of contributions from line 1) (attach Schedule G if the sum of such gross income and c				
	С	Less direct	expenses from gaming and fundraising events	6с			
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)			8	1,789
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	134,527
	10	Grants and s	similar amounts paid (list in Schedule O)		•	10	85,412
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	45,985
ŝ	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
줎	15	Printing, pub	lications, postage, and shipping			15	1,117
	16	O ther expen	ses (describe in Schedule O)			16	29,356
	17	Total expens	ses. Add lines 10 through 16			17	161,870
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-27,343
Stets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (i	must agree	with		
NetAs		end-of-year	figure reported on prior year's return)			19	289,443
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	0
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		▶	21	262,100

Part II Balance Sheets					
Check if the organization use	d Schedule O to respond to	any question in t	this Part II		<u></u> ∀
(See the instru	ctions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .	scions for Fare II y		296,35	4 22	267,469
23 Land and buildings			290,33	23	207,403
				24	
24 Other assets (describe in Schedule C	,,	•	296,35	+	267,469
26 Total liabilities (describe in Schedule			6,91		5,369
,	,	th line 21)	289,44	-	
27 Net assets or fund balances (line 27 Part IIII Statement of Program			209,44	3 <u> 27 </u> 	262,100 Expenses
Check if the organization use What is the organization's primary exemp	d Schedule O to respond to		this Part III .	(c)	equired for section 501 (3) and 501(c)(4) anizations and section
LABOR UNION Describe what was achieved in carrying o describe the services provided, the numb program title				- 49	47(a)(1) trusts, ional for others)
28 TO ORGANIZE ALL WORKERS FOR T CONDITION AND STATUS (Grants \$ 0)	HE ECONOMIC MORAL AN			28a	0
29	ns amount melades loreign y	grants, eneck ne		200	<u> </u>
(Grants \$) If th	nis amount includes foreign (grants, check he	re ► 厂	29a	
	nis amount includes foreign (grants, check he	re	30a	
	nis amount includes foreign (re ▶ ┌	31a	
32 Total program service expenses (add li				32	
Part IV List of Officers, Directors, Tr				struction	ns for Part IV)
Check if the organization use (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	(d) Contribution d, employee benefit	plans 8	(e) Expense
See Additional Data Table		,			

Pa	rt 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			
а	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 F			
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			
а	Initiation fees and capital contributions included on line 9			
b	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			
b	section 4911, section 4912, section 4955			
	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	40Ь		
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			
е	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		(26	2)970	<u>-5777</u>
	PO BOX 790 Located at PEWAUKEE, WI ZIP + 4	<u> </u>	307207	'90
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		Yes	No
	account)?	42b		No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		No
	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			▶ 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
ь	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			<u> </u>
_	ınstead of Form990-EZ	44b		No
С	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			

Form	990-EZ (2010)							Page 4
							Yes	No
45	Is any related organization a controlled ei 'Yes,' Form 990 and Schedule R must be com			g of section	512(b)(13)? <i>If</i>	45		No
45a	Did the organization receive any payment meaning of section 512(b)(13)? If 'Yes,' F					45a		No
46	Did the organization engage, directly or in candidates for public office? If "Yes," com			n behalf of o	r ın opposition to			
Do.	t VI Section 501(c)(3) organiz				t charitable tr	46 J	mls.	No
Pai	All section 501(c)(3) organiza 47-49b and 52.			_			_	stions
	Check if the organization used Sc	hedule O to respond	l to any question in thi	s Part VI				<u> </u>
							Yes	No
47	Did the organization engage in lobbying a	ctivities? If "Yes," o	complete Schedule C,	Part II		47		
48	Is the organization a school described in	section 170(b)(1)(A	\)(II)? If "Yes," complet	te Schedule E	:	48		
49a	Did the organization make any transfers t	o an exempt non-ch	arıtable related organ	ızatıon?		49a		
b	If "Yes," was the related organization a se	ection 527 organiza	tion?			49b		
50	Complete this table for the organization's							
	employees) who each received more than							
(a) i	naid more than \$100,000	b) Title and average hours per week devoted to position	(c) Compensation	n employ	ontributions to ee benefit plans & ed compensation	a	e) Exper count a rallowa	and
								-
50(f)	Total number of other employees paid o	ver\$100,000 .				<u> </u>		
51	Complete this table for the organization's of compensation from the organization If			ontractors w	ho each received n	nore th	an \$10	000,0
	(a) Name and address of each independer	•		(b) ⊤	ype of service	(c) C	ompen	ation
51(d) Total number of other independent conti	ractors each receivi	ng over \$100,000					
52	Did the organization complete Schedule		ıon 501(c)(3) organıza	ations and 4	947(a)(1) nonexer			
	must attach a completed Schedule A					יו	es 🗆	NO
	penalties of perjury, I declare that I have exa edge and belief, it is true, correct, and compl edge.							
Sign	***** Signature of officer				2012-05-11 Date			
Here	_				Date			
	Preparer's L	I .	Date	Check If	Preparer's taxpay		ıfıcatıon r	umber
Paid	signature LEGACY PROFESSIONALS LLI	P		self- employed 🕨	(See instructions))		
Prepa Use C	nly if self-employed),				EIN Þ			
	address, and ZIP + 4 · 311 S WACKER	DRIVE STE 4000			Phone no 🕨 (3:			
Mav t	he IRS discuss this return with the prepar		e instructions -		<u> </u>			No
	1 a a a return with the prepar					- 1	 '	

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As Filed Data -

DLN: 93492132008462

Employer identification number

39-0667359

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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.

Name of the organization UNITED BROTHERHOOD OF CARPENTERS AND JOINERS LOCAL #264

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 3,266

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION LIFE INSURANCE ADMINSTRATIVE FEE AMOUNT 1,789

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES		AFFILIATE NAME UNITED BROTHERHOOD OF CARPENTERS AND JOINERS AFFILIATE ADDRESS 101 CONSTITUTION AVE NW WASHINGTON, DC 20001 PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 61,606

ldentifier	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 12,276

ldentifier	Return Reference	Explanation
	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME CHICAGO REGIONAL COUNCIL OF CARPENTERS AFFILIATE ADDRESS 12 EAST ERIE STREET CHICAGO, IL 60611 PURPOSE OF PAYMENT PER CAPITA TAXES AMOUNT OF PAYMENT 8,180 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 82,062

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 3,350

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE - GENERAL AMOUNT 626 DESCRIPTION CHRISTMAS EXPENSE AMOUNT 1,156 DESCRIPTION MEETING AND CONVENTION AMOUNT 9,067 DESCRIPTION MEMBERSHIP ACTIVITIES AMOUNT 15,842 DESCRIPTION DUES REFUNDS AMOUNT 1,308 DESCRIPTION RETIREE DUES AMOUNT 1,200 DESCRIPTION OFFICE SUPPLIES AND EXPENSES AMOUNT 157 TOTAL TO FORM 990-EZ, LINE 16 29,356

ldentifier	Return Reference	Explanation
	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL WITHHOLDINGS BEG OF YEAR AMOUNT 2,046 END OF YEAR AMOUNT 1,660 DESCRIPTION MEMBERS LIFE INSURANCE PREMIUMS BEG OF YEAR AMOUNT 4,865 END OF YEAR AMOUNT 3,709

Software ID: Software Version:

EIN: 39-0667359

Name: UNITED BROTHERHOOD OF CARPENTERS AND

JOINERS LOCAL #264

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
ORVILLE COOK PO BOX 790 PEWAUKEE, WI 530720790	PRESIDENT 1 00	1,050	0	0
RICHARD KROENING PO BOX 790 PEWAUKEE, WI 530720790	VICE PRESIDENT 1 00	1,710	0	0
NATHAN ZILLES PO BOX 790 PEWAUKEE, WI 530720790	RECORDING SECRETARY 1 00	8,714	0	0
JAMES KROENING PO BOX 790 PEWAUKEE,WI 530720790	TREASURER 3 00	9,227	0	0
THOMAS DOLESCHY PO BOX 790 PEWAUKEE, WI 530720790	TREASURER-PAST 3 00	720	0	0
CARL BRZYKCY PO BOX 790 PEWAUKEE, WI 530720790	CONDUCTOR 1 00	3,214	0	0
GARY HEITING PO BOX 790 PEWAUKEE,WI 530720790	WARDEN 1 00	780	0	0
ROBERT ZILLES PO BOX 790 PEWAUKEE, WI 530720790	FINANCIAL SECRETARY 1 00	9,044	0	0
MARK SCHWISTER PO BOX 790 PEWAUKEE, WI 530720790	TRUSTEE 1 00	1,710	0	0
PAT JACOBI PO BOX 790 PEWAUKEE,WI 530720790	TRUSTEE 1 00	1,785	0	0
ROBERT HAGNER JR PO BOX 790 PEWAUKEE, WI 530720790	TRUSTEE - NEW 1 00	1,560	0	0