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Short Form
Return of Organization Exempt From Income TaxUnder 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.

11/2
Form No. 106421-130

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		January 1st	, 2011, and ending	December 31st	, 2011
B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		United Brotherhood of Carpenters Local 310 Number and street (or P.O. box, if mail is not delivered to street address) 1530 Lakehurst Road City or town, state or country, and ZIP + 4 Mosinee, WI 54455-9326		39-1590015 E Telephone number 715-457-3103	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ►		J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(1) (f) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$			
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. <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	891.00	1	891.00
	2 Program service revenue including government fees and contracts	5b	0	2	0
	3 Membership dues and assessments	5c	73156.00	3	73156.00
	4 Investment income	6d	230.00	4	230.00
	5a Gross amount from sale of assets other than inventory	6e	0	5c	0
	b Less: cost or other basis and sales expenses	6f	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6g	0		
	6 Gaming and fundraising events	6h	0		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6i	0		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6j	0			
c Less: direct expenses from gaming and fundraising events	6k	0			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6l	0			
7a Gross sales of inventory, less returns and allowances	7a	0	6d	0	
b Less: cost of goods sold	7b	0	7c	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d	0	8	0	
8 Other revenue (describe in Schedule O)	7e	0	9	74276.00	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7f	►	10	4138.00	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	RECEIVED	11	43502.00	
	11 Benefits paid to or for members	12	12	7157.00	
	12 Salaries, other compensation, and employee benefits	13	13	594.00	
	13 Professional fees and other payments to independent contractors	14	14	5856.00	
	14 Occupancy, rent, utilities, and maintenance	15	15	265.00	
	15 Printing, publications, postage, and shipping	16	16	5841.00	
	16 Other expenses (describe in Schedule O)	17	17	67352.00	
	17 Total expenses. Add lines 10 through 16	18	18	6924.00	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	19	74321.00	
	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)	20	20	0	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	21	78056.00	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20				

65
16

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	72471.00	22	79395.00
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	1850.00	24	1850.00
25	Total assets	74321.00	25	81245.00
26	Total liabilities (describe in Schedule O)	3189.00	26	3189.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	71131.00	27	78056.00

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? **NA**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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.)

38 N/A

28a | N/A

29

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

29a | N/A

30

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

30a N/A

31

) If this amount includes foreign grants, check here . . . ►

31a N/A

32

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

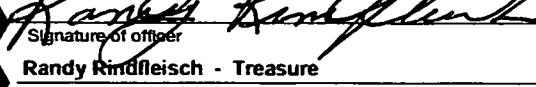
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gerald Yarie 336 Hudson St Antigo Wi 54409	President-1 Hr	1050.00		
Glenn Knoeck 1001 8th Street Marathon Wi 54448	Vice President-1 Hr	525.00		
Mark Kramer 8805 Stettin Drive Wausau Wi 54401	Secretary-1 Hr	1525.00		
Randy Rindfleisch 1530 Lakehurst Road Mosinee Wi 54455	Treasure-1 Hr	1075.00		
Mike Ziemke N 1230 Center Road Merrill Wi 54452	Trustee-1 Hr	825.00		
Mark Stubbe 4009 Howland Ave Schofield Wi 54476	Trustee-1 Hr	825.00		
Lance Neumann H19621 Snowshoe Road Wausau Wi 54403	Trustee-1 Hr	825.00		
William Ulrich N 5186 State Road 86 Ogema Wi 54459	Warden-1 Hr	370.00		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter:	39a	581.00
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40b	✓
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		
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		
41 List the states with which a copy of this return is filed. ► Wisconsin		
42a The organization's books are in care of ► Randy Rindfleisch	Telephone no. ► 715-457-3103	
Located at ► 1530 Lakehurst Road Mosinee, WI	ZIP + 4 ► 54455-9326	
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	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, and complete the tables for lines 50 and 51.		46 <input checked="" type="checkbox"/>																														
Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>																														
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47 <input checked="" type="checkbox"/>																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48 <input checked="" type="checkbox"/>																														
b	If "Yes," was the related organization a section 527 organization?	49a <input checked="" type="checkbox"/>																														
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."	49b <input checked="" type="checkbox"/>																														
<table border="1"> <tr> <td>(a) Name and address of each employee paid more than \$100,000</td> <td>(b) Title and average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																										50 <input type="checkbox"/>
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																												
f	Total number of other employees paid over \$100,000	► None																														
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."	51 <input type="checkbox"/>																														
<table border="1"> <tr> <td>(a) Name and address of each independent contractor paid more than \$100,000</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																51 <input type="checkbox"/>												
(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	► None																														
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	► <input type="checkbox"/> Yes <input type="checkbox"/> 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 Randy Rindfuss - Treasurer Type or print name and title																															
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Date Check <input type="checkbox"/> if self-employed	PTIN Firm's EIN ► Phone no.																													
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																

9:32 PM
07/19/12
Cash Basis

Carpenters Union Local 510
Balance Sheet
As of December 31, 2011

	<u>Dec 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking-Tower Credit Union	57,138.57
Contingency Fund - Savings	350.08
Scholarship Fund Savings	1,586.37
Tower CU - S40	25.00
	<hr/>
Total Checking/Savings	59,100.02
Other Current Assets	
Certificate of Deposit-Tower CU	20,295.14
	<hr/>
Total Other Current Assets	20,295.14
	<hr/>
Total Current Assets	79,395.16
Fixed Assets	
Office Equipment	1,849.95
	<hr/>
Total Fixed Assets	1,849.95
	<hr/>
TOTAL ASSETS	<u>81,245.11</u>
	<i>- 22 B</i>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accrued Fed/FICA Withholding	3,102.88
Accrued Federal Unemployment	110.08
Accrued State Unemployment	(23.61)
	<hr/>
Total Other Current Liabilities	3,189.35
	<hr/>
Total Current Liabilities	3,189.35
	<hr/>
Total Liabilities	3,189.35
	<i>LINE 26 (B)</i>
Equity	
Retained Earnings	52,260.54
Net Income	25,795.22
	<hr/>
Total Equity	78,055.76
	<i>LINE 27 (B) + LINE 21</i>
TOTAL LIABILITIES & EQUITY	<u>81,245.11</u>

9:30 PM
07/19/12
Cash Basis

Carpenters Union Local 310
Profit & Loss
January through December 2011

	<u>Jan - Dec 11</u>
Income	
Dues Income	72,574.49
Fees, Assessments, Work Permits	581.46
Interest & Dividend Income	229.64
Other Receipts	890.89
Total Income	<u>74,276.48</u>
Expense	
940 form	849.07
Bank Service Charges	21.00
Contributions, Gifts & Grants	5,841.00
Dues Expenses	4,138.06
Mileage & Travel Expense	4,171.19
Office & Admin Expense	800.14
Organizing assessments	5,855.76
Payroll Expenses	265.00
Federal Unemployment Expense	301.41
Officer Wage Expense	3,476.29
State Unemployment Expense	20.93
Payroll Expenses - Other	3,357.94
Total Payroll Expenses	<u>7,156.57</u>
Per Capita Tax Expense	43,501.60
Professional Fees	593.50
void	0.00
Total Expense	<u>67,351.89</u>
Net Income	<u>6,924.59</u>