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DLN: 93493132015604

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

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

This

2012

OMB No 1545-0047

Open to Public Inspection

			C Name of organization	07-01-2012 , 2012, and ending 06-	-30-2013	D Employ	ver iden	tification number	
		applicable :hange	NORTH CENTRAL STATES REGIONAL C CARPENTERS	COUNCIL OF			-		
	me cha	-	Doing Business As			39-0/	76395		
	ıal retu	-	Number and street (or P.O. boy if ma	all is not delivered to street address) Room/	cuite				
— Tei	mınate	ed	N2216 BODDE ROAD	all is not delivered to street address) Room,	suite	E Telepho	ne numb	oer	
		return	City or town, state or country, and Zi	IP + 4		(920)	996-2	300	
_		n pendin	KAUKAUNA, WI 54130			G Gross re	acointe ¢	31,921,240	
			F Name and address of princ	cipal officer	H(2)				
			JOHN RAINES	orpan ormedi		Is this a group affiliates?	recurn	⊤Yes <b>√</b> No	
			N2216 BODDE ROAD KAUKAUNA, WI 54130						
			,					led? \( \text{Yes} \( \text{No} \) (see instructions)	
<b>I</b> Ta	x-exer	mpt statı	ıs	nsert no )					
j W	ebsit	e:► W	/WW NORTHCOUNTRYCARPENTE	RORG	H(c)	Group exempt	ion num	nber 🟲	
 <b>К</b> For	n of o	rganızatı	on Corporation Trust Association	Other 🕨	L Year	r of formation 18	81 <b>M</b> S	State of legal domicile WI	
	rt I		mmary		ı			<u> </u>	
	1	Briefly	describe the organization's mission	n or most significant activities					
		TO PR	OMOTE AND PROTECT THE INTE	EREST OF MEMBERS					
Governance									
Ē									
<u>ş</u>	2	Check	this box ► if the organization dis	continued its operations or disposed	l of more th	nan 25% of its	net ass	sets	
ŝ									
<b>න්</b> ග්	l			ng body (Part VI, line 1a)			3	34	
ACTIVITIES &	l		er of independent voting members o		4	<u> </u>			
<u> </u>	l			alendar year 2012 (Part V, line 2a)			5 6	619	
ď	l			ort VIII, column (C), line 12			7a		
				om Form 990-T, line 34			7b		
				,		Prior Year		Current Year	
	8	Con	cributions and grants (Part VIII, lin	e1h)		1,098,6	551	48,000	
量	9 Program service revenue (Part VIII, line 2g)					17,402,9	99	23,600,798	
Revenu	10	Inve	stment income (Part VIII, column		141,3	374	4,937		
	11		er revenue (Part VIII, column (A), l		962,9	60	610,409		
	12			(must equal Part VIII, column (A ), lı	ne	19,605,9	84	24,264,144	
	13		its and similar amounts paid (Part 1		167,0		91,009		
	14	Bene	efits paid to or for members (Part I)	(, column (A), line 4)			0		
46	15			e benefits (Part IX, column (A), lines		10101		44.270.542	
Expenses		5-1	•	l		13,124,2		14,270,543	
≅	16a			column (A), line 11e)	•		0	0	
页	b		fundraising expenses (Part IX, column (D),	,		5,959,216 5,88			
	17 18			nes 11a-11d, 11f-24e) t equal Part IX, column (A), line 25)		19,250,5		5,885,177 20,246,729	
	19			.8 from line 12		355,4	_	4,017,415	
<u>≈ 6</u>	<del></del> -		sapanoso oubcidee inte 1			inning of Curre		· · · · · · · · · · · · · · · · · · ·	
Net Assets or Fund Balances						Year		End of Year	
A 45.	20				-	35,476,6		39,371,767	
1 PM	21					4,341,0	_	4,320,442	
	22			ine 21 from line 20		31,135,6	510	35,051,325	
Unde my k	nowle	alties d dge an		mined this return, including accompa plete Declaration of preparer (other					
		**	***			2014-05-08			
Sigr	1	Sıç	nature of officer			Date			
Her			HN RAINES EXECUTIVE SECRETARY/TREAS	URER					
		Ту	pe or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	PTIN P002940	068	
Paid			Firm's name FCLIFTONLARSONALLEN I	LLP		Firm's EIN ► 41			
	pare		Firm's address ► 220 SOUTH SIXTH STRE	FT SHITTE 300		Phone no (612)	376.45	00	
Use	On	ılv	i iiiii s audiess 🖛 220 SOUTH SIXIH STRE	FL POTIF 200		Trimple IIO (612)	, 2/0-45	00	

MINNEAPOLIS, MN 55402
May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Par		nt of Program Service A chedule O contains a response	ccomplishments to any question in this Part III .							
1	Briefly describe t	he organization's mission								
		OTECT THE INTEREST OF ME RS TO JOIN THE UNION	MBERS BY PROVIDING EDUCA	FION AND TRAINING, JOB P	LACEMENT, AND					
2	the prior Form 99	0 or 990-EZ?	ogram services during the year wh		┌ Yes ┌ No					
		these new services on Schedul								
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe	these changes on Schedule O								
4	expenses Section		omplishments for each of its three nizations are required to report the orogram service reported							
 4а	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
		ION AND TRAINING, JOB PLACEMENT,	R UNIONS ITS PURPOSE IS TO PROMOTE AND ORGANIZING WORKERS TO JOIN THI							
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4d	Other program s (Expenses \$	ervices (Describe in Schedule ( including	•	) (Revenue \$	)					
4e	Total program se	ervice expenses 🗠								

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	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 $I^{\bullet}$	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

GΙΙ	Statements Regarding Other 1R5 Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	ر. No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   28			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	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)?	4a		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N e
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E-		
	Does the organization have applied gross resounts that are normally greater than \$100,000, and did the	5c		N I
4	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	zi vez, maioace die namber er erme ezez med danng die yeur i i i i i i i i i i i i i i i i i i i			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7.		N.
	contract?	7e 7f		N N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		IN
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		_
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	15a		No	
b	15b		Νο	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	organization's exempt status with respect to such arrangements?	TOD		
Se	ection C. Disclosure	100		
Se 17		100		

- - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization PATRICK NILSEN N2216 BODDE ROAD KAUKAUNA, WI (402) 345-3558

Form	990	(2012)	
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	A verage hours per week (list any hours for related (A) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033-M13C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title A verage hours per week (list any hours for related		more t	tion ( han d n is	ne l both	box, an c	heck unless officer stee)		compe from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ited f other sation :he	
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed	
												+			
												+			
						-						+			
1b	Sub-Total							<u> </u>				+			
C	Total from continuation sheet	s to Part VII, S	ection A	٠.	•			•							
d	Total (add lines 1b and 1c) .							<b> -</b>		2,230,788		0	:	1,458,073	
2	Total number of individuals (in						d abov	e) w	ho receive	d more th	nan	•			
	\$100,000 of reportable compe	ensation from th	e organ	izatio	on <b>e</b> t	3									
											Г		Yes	No	
3	On line 1a? If "Yes," complete S					key.	emplo	yee,	or highes,	t compen	sated employee	3		No	
4	For any individual listed on line					mpei	nsatıo	n and	d other co	mpensatı	on from the			No	
	organization and related organ individual											4	Yes		
5	Did any person listed on line 1			•					_	janization	or individual for			<del></del>	
	services rendered to the organ	ii∠ation <i>&lt; 1f "Ye</i> s <sub>,</sub>	, compi	ere S	cnea	uie J	ror su	сп ре	erson .		[	5		No	
Se	ction B. Independent Co	ntractors													
1	Complete this table for your five compensation from the organization												tax vear		
		(A)		4 (1011	101	cire C	arende	ai ye	ar enumy		(B)		(C)		
WILSO	N N MCSHANE MARKET 3001 METRO DR	ame and business RIVE SUITE 500 BLO		N MN	5542	25				Des MARKET R	ECOVERY	+	Compensation 213,777		
	ONLARSONALLEN LLP 220 SOUTH SIXTI						<u> </u>			PROFESSIO		丰		138,188	
												+			

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization F7

Part VIII		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
		Check if Schedule O Contains a resp	onse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514						
(0	1a	Federated campaigns 1	a				314						
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1	b										
Gra mot	c		c										
fts, r A	d	Related organizations 1											
Gil 1ila													
ins, Sin	e		e										
tributio Other	f	All other contributions, gifts, grants, and similar amounts not included above	f 48,000										
trib Ott	g	Noncash contributions included in lines 1a-1f \$			ĺ								
Cont and	h	Total. Add lines 1a-1f		48,000									
			Business Code										
ппе	2a	DUES	900099	23,600,798	23,600,798								
e ve	ь			, ,	, ,								
Se F	С												
erw	d												
ខ	e												
Program Serwce Revenue	f	All other program service revenue											
ξ	g	Total. Add lines 2a-2f		23,600,798									
	3	Investment income (including divide		70,000			70,000						
	4	and other similar amounts)		70,000			70,000						
	5	Royalties											
		(ı) Real	(II) Personal										
	6a	Gross rents 680,820											
	Ь	Less rental 74,533 expenses											
	С	Rental income 606,287 or (loss)											
	d	Net rental income or (loss)		606,287			606,287						
		(ı) Securities	(II) O ther										
	7a	Gross amount from sales of 7,022,503 assets other than inventory	494,997										
	ь	Less cost or other basis and 6,938,662	643,901										
	c	sales expenses Gain or (loss) 83,841	-148,904										
	d	Net gain or (loss)		-65,063			-65,063						
ne		Gross income from fundraising events (not including											
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18	a										
her	ь		b										
ŏ	С	Net income or (loss) from fundraisin											
	9a	Gross income from gaming activities See Part IV, line 19	a										
	ь		b										
	С	Net income or (loss) from gaming ac											
	10a	Gross sales of inventory, less returns and allowances .											
	ь	Less cost of goods sold b											
		Net income or (loss) from sales of in	Lventory ▶										
		Miscellaneous Revenue	Business Code										
	11a	MISCELLANEOUS INCOME	900099	4,122			4,122						
	ь												
	С												
	d	All other revenue											
	e	<b>Total.</b> Add lines 11a-11d		4,122									
	12	<b>Total revenue.</b> See Instructions .		24,264,144	23,600,798	(	615,346						

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u></u> .	<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	91,009			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,813,106			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,342,853			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,041,185			
9	Other employee benefits	1,183,142			
0	Payroll taxes	890,257			
1	Fees for services (non-employees)				
а	Management				
b	Legal	74,050			
C	Accounting	138,188			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	82,868			
2	Advertising and promotion	73,456			
3	Office expenses	614,201			
Ļ	Information technology				
5	Royalties				
5	Occupancy	975,045			
7	Travel	617,267			
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	447,789			
)	Interest				
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,163,525			
3	Insurance	127,750			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PER CAPITA	923,634			
b	MARKET RECOVERY	229,877			
c	ORGANIZING EXPENSES	213,663			
d	DUES AND SUBSCRIPTIONS	89,096			
e	All other expenses	114,768			
5	Total functional expenses. Add lines 1 through 24e	20,246,729			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in thi			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			6,912,623		10,258,729
	2	Savings and temporary cash investments			1,997,406	2	577,969
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,339	4	64,981
ts	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	of		5		
	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	buting employers		6		
4ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10b	8,057,066	23,114,315	10c	23,670,534
	11	Investments—publicly traded securities		3,424,152	11	4,797,040	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		•		13	
	14	Intangible assets			6,823	14	2,514
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			35,476,658	16	39,371,767
	17	Accounts payable and accrued expenses			616,591	17	643,508
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
10	21	Escrow or custodial account liability Complete Part IV of Sch	edule I	D		21	
ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual		ustees,			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		2,684,737	23	2,580,017
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X of	f Schedule <sup>*</sup>			
		D			1,039,720		1,096,917
	26	Total liabilities. Add lines 17 through 25			4,341,048	26	4,320,442
S B S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊽ and	l complete			
an	27	Unrestricted net assets			31,135,610	27	35,051,325
ე ლ	28	Temporarily restricted net assets			28		
Ξ	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	nere 🟲	┌─ and			
2	30	Capital stock or trust principal, or current funds				30	
Ϋ́	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
₹	33	Total net assets or fund balances			31,135,610	33	35,051,325
_	34	Total liabilities and net assets/fund balances			35,476,658	34	39,371,767

	, 550 (2012)				raye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24,2	264,144
2	Total expenses (must equal Part IX, column (A), line 25)	2			246,729
3	Revenue less expenses Subtract line 2 from line 1	3			 017,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			135,610
5	Net unrealized gains (losses) on investments	5			101,700
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		35,0	051,325
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	MODIFIED				
-	Accounting method used to prepare the Form 990 Cash Cash Other CASH  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis  Consolidated basis  Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3 <b>b</b>		

EXECUTIVE COMMITTEE MEMBER

EXECUTIVE COMMITTEE MEMBER

EXECUTIVE COMMITTEE MEMBER

EXECUTIVE COMMITTEE MEMBER

KENNETH D MARTIN

JOSEPH L MROTEK

WAYNE C NORDIN

Software ID: **Software Version:** 

**EIN:** 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF

0

0

0

34

0

53,225

59,139

1.772

86,908

92,079

0

**CARPENTERS** Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wweek an officer and a organizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Former Highest compensated employee Individual to or director hours organizations Institutional 쭚 for employee related organızatıons trustee below Trustee dotted line) 10 00 STEVE P BANYS 0 Х 86,908 53,370 **PRESIDENT** 1 00 MATT J CAMPANARIO 3,391 0 62 VICE PRESIDENT 60 00 0 Х Х 241,145 132,103 EXECUTIVE SECRETARY/TREASU 55 00 MERT L SUMMERS JR Х 135.046 0 Х 115,654 EXECUTIVE DIRECTOR 45 00 PHILIP C ASKVIG Χ 111,920 0 66,187 EXECUTIVE COMMITTEE MEMBER 5 00 GARY B HAWLEY Χ 16,639 0 337 5 00 PATRICK M RODRIGUEZ 17,842 0 Х Χ 12,504 TRUSTEE 5 00 CLAYTON J WRAZIDLO Х Х 15,172 0 332 **TRUSTEE** 45 00 KEITH G KESSLER Х 86,908 0 Х 53,362 WARDEN 1 00 PAUL C FORSLUND Х Х 5.615 0 42 CONDUCTOR 5 00 TOBY R BIEGEL Χ 86,908 0 96,540 EXECUTIVE COMMITTEE MEMBER 1 00 **ERNEST P COLT** Χ 2,023 0 50 EXECUTIVE COMMITTEE MEMBER 45 00 ROBERT A COLTON 0 Х 86,908 53,225 EXECUTIVE COMMITTEE MEMBER 1 00 BRUCE L ERICKSON EXECUTIVE COMMITTEE MEMBER Х 1,009 0 34 45 00 Х 86,908 0 52,962 EXECUTIVE COMMITTEE MEMBER 1 00 MICHAEL J HENDRICKS 0 Х 2.023 45 EXECUTIVE COMMITTEE MEMBER 45 00 CHRISTOPHER M HILL Х 86,908 0 53,225 EXECUTIVE COMMITTEE MEMBER 45 00 CRAIG A JASKULKE Χ 86,908 0 53,225 EXECUTIVE COMMITTEE MEMBER 45 00 MARK D KRAMER 96,661 0 59,139 EXECUTIVE COMMITTEE MEMBER 45 00 JOEL C LASKEY 0 Х 96,478 59,139 EXECUTIVE COMMITTEE MEMBER 1 00 GREGORY A LECKWEE 0 Χ 2,023 45 EXECUTIVE COMMITTEE MEMBER JOSHUA D MANKE

Х

Χ

Х

1 00

45 00

45 00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Estimated amount Average Reportable Reportable more than one box, of other hours compensation compensation unless person is both compensation per from the from related week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (lıst anv

l ·	<b>C</b>		,	 /			] -,,	_,,	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former			related organizations
THOMAS S PERRIER EXECUTIVE COMMITTEE MEMBER	45 00	х					86,908	0	53,225
WILLIAM E POLSON III EXECUTIVE COMMITTEE MEMBER	1 00	х					0	0	0
BRIAN K PYLE EXECUTIVE COMMITTEE MEMBER	45 00	х					86,908	0	53,225
GEORGE G SCHROEDER EXECUTIVE COMMITTEE MEMBER	1 00	х					2,023	0	45
TERRY G SMITH EXECUTIVE COMMITTEE MEMBER	1 00	х					1,009	0	34
ROBERT A VOSS EXECUTIVE COMMITTEE MEMBER	1 00	х					507	0	22
ROBERT A WEILAND EXECUTIVE COMMITTEE MEMBER	1 00	х					1,769	0	39
GREGORY DHEIN EXECUTIVE COMMITTEE MEMBER	1 00	х					92,079	0	59,139
CHARLES JACOBS EXECUTIVE COMMITTEE MEMBER	1 00	х					34,561	0	34,716
JOE KLINE EXECUTIVE COMMITTEE MEMBER	1 00	х					86,908	0	53,225
DAVID LASSERRE EXECUTIVE COMMITTEE MEMBER	1 00	х					29,701	0	45,024
STEVEN MULCAHY EXECUTIVE COMMITTEE MEMBER	1 00	х					86,908	0	53,225
ROBERT NAWROCKI EXECUTIVE COMMITTEE MEMBER	1 00	х					86,908	0	53,225
PATRICK NILSEN EXECUTIVE COMMITTEE MEMBER	1 00	х					96,478	0	59,139
JEFFREY PETERSON EXECUTIVE COMMITTEE MEMBER	1 00	x					2,019	0	19,810

DLN: 93493132015604

### OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (	6) organizations Complete Part III		·		
NOI	me of the organization RTH CENTRAL STATES REGIONA	AL COUNCIL OF			mployer idei	ntification number
	RPENTERS				9-0776395	
ÆЦ		he organization is exempt ı				organization.
1	•	the organization's direct and indire	ct political campaign ac	ctivities in Part	IV	
2 3	Political expenditures				•	\$\$
3	Volunteer hours					
Par	t I-B Complete if t	he organization is exempt ı	under section 501	(c)(3).		
1	Enter the amount of any	excise tax incurred by the organiza	ation under section 495	55	<b>&gt;</b>	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under secti	on 4955	•	\$
3	If the organization incur	red a section 4955 tax, did it file Fo	orm 4720 for this year?	>		┌ Yes ┌ No
4a	Was a correction made?	•				┌ Yes ┌ No
b	If "Yes," describe in Pai					
	•	he organization is exempt ı				01(c)(3).
1		ly expended by the filing organization		•		\$
2	exempt function activities	filing organization's funds contribut es	ed to other organization	ns for section 5	<b>≥</b> /	\$
3	Total exempt function e	xpenditures Add lines 1 and 2 Ent	er here and on Form 11	20-POL, line 1	7b <b>►</b>	\$
4	Did the filing organization	on file <b>Form 1120-POL</b> for this year?				☐ Yes ☐ No
5	organization made paym amount of political conti	sses and employer identification nu nents For each organization listed, ributions received that were prompt nd or a political action committee (P	enter the amount paid f ly and directly delivere	rom the filing o d to a separate	rganızatıon's political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount filing orgai funds If none	nization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	NCSRCC POLITICAL ACTION IMITTEE	700 OLIVE ST ST PAUL, MN 55130	41-1984870			150,964
	WISCONSIN STATE COUNCIL CARPENTERS	115 W MAIN STREET MADISON, WI 53703	39-0716115			10,000

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

	Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).  Each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.				(b)	
For e activ		Yes	No	,	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)	(5), c	or s		
	Warra authorities III (000/ arr magra) duran reactive di mandadu attible but magrabarra 2			-	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?			2	Yes Yes	
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?			2	res	Νο
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	VE) 4			
Fa	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "! line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES AND OTHER INDEPENDENT EXPENDITURES

DLN: 93493132015604

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

**Supplemental Financial Statements** 

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS 39-0776395 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

	Organizations Maintaining Co											ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cr	neck	•		_		_	use of	ıts	
а	Public exhibition		d	Г	Loan	orexc	hange progi	rams				
b	Scholarly research		e	Γ	Other	=						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w the	y furthe	r the	organızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrang		-						es" to Forr			, 140
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribu	tions	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		F					
							-			Amou	ınt	
C	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has b	oeen p	rovided in F	art :	XIII			$\sqcap$
Pa	rt V Endowment Funds. Complete											
		(a)Current year	(b)	<b>)</b> Prior	year	<b>b (c)</b> ⊺	wo years back	(d)	Three years ba	ck (e	)Four ye	ears back
1a	Beginning of year balance							+				
Ь	Contributions							+		_		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balan	ce (lın	e 1g	, colum	n (a))	held as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	d and a	administere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•		•		•		3a(i)		
b	(ii) related organizations							•	· · · [	3a(ii) 3b		
4	Describe in Part XIII the intended uses of the					•		·				
Par	t VI Land, Buildings, and Equipme					LO.						
	Description of property		,	(a)	Cost or s (invest	other	( <b>b)</b> Cost or o		(c) Accumula depreciatio		( <b>d</b> ) Boo	ok value
	Land						3,949	,359		$\dashv$		3,949,359
b	Buildings						14,647		2,662	,509		1,985,430
С	Leasehold improvements											
d	Equipment						4,286	,906	3,410	,398		876,508
e	Other							206	1.00/	450		6,859,237
_			•	1			8,843	,390	1,984	,159		0,033,231

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	<u> </u>	
(a) Description of security or category	( <b>b)</b> Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	_		
	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
			f-year market value
		-	
	_		
Total (Column (h) must equal Form 000, Part V, col (P) line 12.)			
10 tall ( cerami (2) maet equal : em 32 e) : art il, ee (2) mie 10 )	*   T		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descr	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, I  (a) Descr  Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, I  (a) Descr  (b) Descr  Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part	ne 15. ption  5.)  X, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	ne 15. ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part	ne 15. ption  5.)  X, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES	ne 15. ption  5.)  X, line 25.  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES	ne 15. ption  5.)  X, line 25.  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT  VEHICLE LEASE PAYABLE	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463  42,829  113,625		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  DUE TO AFFILIATES  INTEREST RATE SWAP AGREEMENT	ne 15. ption  5.)  X, line 25.  (b) Book value  940,463 42,829		(b) Book value

Рагт	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	ner	Return
		<u> </u>	
1	Total expenses and losses per audited financial statements	1	
1 2	Total expenses and losses per audited financial statements		
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
2 a	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
2 a b	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
2 a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1	
2 a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities	2e	
2 a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2e	
2 a b c d e 3	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2e	
2 a b c d e 3 4	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2e	

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE AS PART OF A GROUP EXEMPTION FOR ALL ORGANIZATIONS AFFILIATED WITH THE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA THE PAC FUNDS ARE SUBJECT TO INCOME TAX ON ITS INVESTMENT INCOME, IF ANY, AS A SEPARATE SEGREGATED FUND UNDER SECTION 527 OF THE INTERNAL REVENUE CODE THE COUNCIL FILES AS A TAXEXEMPT ORGANIZATION THE COUNCIL'S TAX RETURNS ARE OPEN TO EXAMINATIONS FOR THE YEARS ENDED JUNE 30, 2010 THROUGH 2012

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Schedule I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

DLN: 93493132015604

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	STONAL COUNCIL O	F				Employer identii	ication number
NORTH CENTRAL STATES REC CARPENTERS	JIONAL COUNCIL O	r				39-0776395	
	nation on Grants	and Assistance				•	
<ul><li>Does the organization man the selection criteria used</li><li>Describe in Part IV the or</li></ul>	to award the grants	orassistance?		·			F Yes □ I
		Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTH CENTRAL STATES RETIREES COMMITTEE 700 OLIVE STREET ST PAUL,MN 55130	41-1618617	N/A	13,200		0	N/A	FOOD BANK FOR MEMBERS OUT OF WORK
(2) SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS,MN 55405	41-0908458	501(C)(3)	9,200		0	N/A	SUPPORT TRAINING ORGANIZATION OPERATIONS
(3) FOUR DIRECTIONS INC PO BOX 731 CHAMBERLAIN,SD 57325		501(C)(4)	10,000		0	N/A	VOTER REGISTRATION
(4) HEARTLAND WORKERS CENTER 4923 S 24TH ST OMAHA,NE 68107	27-1709471	501(C)(3)	7,500		0 1	N/A	RADIO ADVERTISING

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, lin	e 22.
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental	Information
---------	--------------	-------------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE COUNCIL MAKES VARIOUS CHARITABLE DONATIONS TO LOCAL GROUPS, NO FORMAL MONITORING IS REQUIRED

Schedule I (Form 990) 2012

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DLN: 93493132015604

OMB No 1545-0047

Open to Public

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

**Inspection Employer identification number** 

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

39-0776395 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes." to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	$\overline{}$	(B) Proakdown of	M 2 and/or 1000 MIG	C componention	(C) Poturement and	(D) Nontavable	(E) Total of	(E) Companyation
(A) Name and Title		(i) Base compensation	W-2 and/or 1099-MIS  (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(1)-(D)	( <b>F)</b> Compensation reported as deferred in prior Form 990
(1)JOHN G RAINES EXECUTIVE SECRETARY/TREASU	(i) (ii)	240,365	o 0	780 0	89,242 0	42,861 0	373,248 0	0
(2)MERT L SUMMERS JR EXECUTIVE DIRECTOR	(i) (ii)	134,180	o 0	866 0	70,752 0	<b>44,</b> 902 0	250,700 0	0
(3)PHILIP C ASKVIG EXECUTIVE COMMITTEE MEMBER	(i) (ii)	111,140	0 0	780 0	43,736 0	22,451 0	178,107 0	0
(4)TOBY R BIEGEL EXECUTIVE COMMITTEE MEMBER	(i) (ii)	86,128 0	0	780 0	56,269 0	40,271 0	183,448 0	0
(5)MARK D KRAMER EXECUTIVE COMMITTEE MEMBER	(i) (ii)	95,881 0	0	780 0	38,729 0	20,410 0	155,800 0	0
(6)JOEL C LASKEY EXECUTIVE COMMITTEE MEMBER	(i) (ii)	95,698 0	0	780 0	38,729 0	20,410 0	155,617 0	0
(7)WAYNE C NORDIN EXECUTIVE COMMITTEE MEMBER	(i) (ii)	92,079	0	0	38,729 0	20,410 0	151,218 0	0
(8)GREGORY DHEIN EXECUTIVE COMMITTEE MEMBER	(i) (ii)	91,299	0	780 0	59,139 0	0	151,218 0	0
(9)PATRICK NILSEN EXECUTIVE COMMITTEE MEMBER	(i) (ii)	95,698 0	0	780 0	59,139 0	0	155,617 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF

CARPENTERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees								
(A) Name	(B) Breakdowr	n of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base Compensation	I Incentive I		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
JOHN G RAINES	(I) 240,36 (II)	5 0 0 0	780	89,242 0	42,861	373,248	0	
MERT L SUMMERS JR	(I) 134,18 (II)	0 0	866	70,752 0	44,902	2 2 50,700	0	
PHILIP C ASKVIG	(I) 111,14 (II)	0 0	780	43,736 0	22,451 0	178,107	, 0	
TOBY R BIEGEL	(I) 86,12 (II)	0 0	780	56,269 0	40,271	183,448	, O	
MARK D KRAMER	(I) 95,88 (II)	0 0	780	38,729 0	20,410	155,800	, O	
JOEL C LASKEY	(I) 95,69 (II)	8 0	780	38,729 0	20,410	155,617 0	, O	
WAYNE C NORDIN	(I) 92,07 (II)	9 0	0	38,729 0	20,410	151,218 0	0 0	
GREGORY DHEIN	(I) 91,29 (II)	9 0	780 0	59,139 0	0	151,218	0	
l l	(I) 95,69 (II)	8 0	780	59,139 0	0	155,617	0	

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As Filed Data -

DLN: 93493132015604

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF

 ${\bf Employer\ identification\ number}$ 

CARPENTERS								-077					
	ess Benefit Trar plete if the organizati										40b		
	e of disqualified pers		(b) Relationship between disqualified			(c) Description of transaction				(d) Corrected?			
			person an	d organızat	ion						Yes	No	
												-	
												-	
												•	
												•	
												-	
												_	
2 Enterthe a	amount of tax incurre	ed by organiza	ation mana	aers or dis	qualified pers	ons during the	vearu	ınder	section				
4958 .									<b>&gt;</b> \$				
3 Enterthe	amount of tax, if any,	on line 2, ab	ove, reimb	ursed by th	ne organizatio	n			<b>F</b> \$				
	ans to and/or F												
	mplete if the organiz					line 38a, or Fo	rm 99	0, Par	t IV, lın	ie 26, o	rıfthe		
(a) Name of	ganization reported a (b) Relationship				(e)O rigina	( <b>f</b> )Balance	(a)	) In		.,	T (i)\//	ritten	
interested	with organization		or from		principal	due		ult?				<b>)</b> Written reement?	
person			organizat	ion?	amount	· · ·			by boa	by board or		", ", ", ", ", ", ", ", ", ", ", ", ",	
				1					committee?		<del></del>		
			То	From			Yes	No	Yes	No	Yes	No	
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otal			<b>►</b> \$										
	ants or Assistan												
	mplete if the orga								1.,				
(a) Name of II		lationship bet ted person ai		A mount	of assistance	<b>(d)</b> Type o	tassis	tance	(e)	Purpos	e of as:	sistanc	
perso		organization	ild tile										
		<u> </u>				1							
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Part IV Business Transactions Complete if the organizati			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Cahadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

#### **Additional Data**

Software ID: Software Version:

**EIN:** 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF

CARPENTERS

Form 990, Schedule L, Part IV -	Business Transaction	<u>ns Involving Inter</u>	ested Persons		Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons							
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?								
	organization			Yes	No							
(1) DENNIS PERRIER	FAMILY MEMBER OF OFFICER	86,908	EMPLOYEE COMPENSATION		No							
(2) BRIAN RAINES	FAMILY MEMBER OF OFFICER	86,908	EMPLOYEE COMPENSATION		No							
(3) MARK RAINES	FAMILY MEMBER OF OFFICER	2,023	EMPLOYEE COMPENSATION		No							
(4) MELISSA LASKEY	FAMILY MEMBER OF 13,949 EMPLOYEE COMPENSATION OFFICER		EMPLOYEE COMPENSATION		No							
(5) ADAM SCHROEDER	FAMILY MEMBER OF 1,521 EMPLOYEE COMPENSATION OFFICER		EMPLOYEE COMPENSATION		No							
(6) BRIAN LASSERRE	LASSERRE FAMILY MEMBER OF 2,023 EMPLOYEE COMPENSATION OFFICER			No								
(7) SEAMUS MULCAHY	FAMILY MEMBER OF 180 EMPLOYEE COMPENSATION OFFICER			No								
(8) COLIN MULCAHY	FAMILY MEMBER OF	90	EMPLOYEE COMPENSATION		No							

OFFICER

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 NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

**Employer identification number** 

39-0776395

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS HAD 18,593 MEMBERS AT JUNE 30, 2013 THESE MEMBERS ARE DIVIDED INTO LOCAL UNIONS
	FORM 990, PART VI, SECTION A, LINE 7A	LOCAL UNIONS ELECT DELEGATES FOR THE COUNCIL, BASED ON THE SIZE OF THE LOCAL UNION
	FORM 990, PART VI, SECTION A, LINE 7B	THE NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS IS ORGANIZED IN CONFORMITY WITH THE CONSTITUTION OF THE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA, ITS NATIONA  L AFFILIATE, AND EXERCISES THE POWERS AND PRIVELEGES OF A COUNCIL UNDER THE CONSTITUTION A  ND LAWS OF THE UNITED BROTHERHOOD THE FOLLOWING RIGHTS ARE AMONG THOSE RETAINED BY THE UN ITED BROTHERHOOD 1 TO ESTABLISH, DISSOLVE OR MERGE LOCAL UNIONS OR THE COUNCIL 2 TO ES  TABLISH OR ALTER THE TRADE OR GEOGRAPHICAL JURISDICTION OF LOCAL UNIONS OR THE COUNCIL 3  TO REGULATE AND DETERMINE ALL MATTERS PERTAINING TO THE VARIOUS BRANCHES AND SUBDIVISIONS  OF THE TRADE 4 TO APPROVE ALL CHANGES OR PROPOSED CHANGES IN THE BY LAWS OR TRADE RULES  OF THE COUNCIL 5 TO ESTABLISH SUPERVISION OVER AND TO CONDUCT THE AFFAIRS OF ANY SUBORDI  NATE BODY (INCLUDING THE REMOVAL OF ANY OR ALL OFFICERS OF SUCH SUBORDINATE BODY) TO CORRE  CT FINANCIAL IRREGULARITIES OR TO ASSURE THE PERFORMANCE OF COLLECTIVE BARGAINING AGREEMEN  TS AND THE RESPONSIBILITY OF THE SUBORDINATE BODY AS A BARGAINING AGENT OR TO PROTECT THE INTERESTS AND RIGHTS OF THE MEMBERS THIS RIGHT INCLUDES THE AUTHORITY TO ESTABLISH SUPERVISION OR TO ENACT AND ENFORCE LAWS FOR LOCAL UNION  S, THE COUNCIL AND MEMBERS THEREOF
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO BEING FILED, THE FORM 990 WAS PRESENTED TO THE TRUSTEES FOR REVIEW, THEN TO THE EXECUTIVE COMMITTEE FOR REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS ARE AVAILABLE TO ALL MEMBERS THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS OPEN TO THE GENERAL PUBLIC
EXPLANATION FOR OTHER ACCOUNTING METHOD	FORM 990, PART XI, LINE 1	THE COUNCIL'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON A MODIFIED CASH BASIS OF AC COUNTING THAT INCLUDES RECORDING DEPRECIATION ON CAPITALIZED ASSETS UNDER THIS BASIS, REV ENUE IS RECOGNIZED WHEN COLLECTED FOR DUES, GRANTS, AND RENTAL INCOME RATHER THAN WHEN EAR NED, AND EXPENDITURES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED, WITH THE EXCEPTION OF PROPERTY AND EQUIPMENT PURCHASES AND PAYROLL LIABILITIES