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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning January 1st, 2013, and ending December 31st, 2013**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**United Brotherhood of Carpenters Local 310**

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

Room/suite

1530 Lakehurst Road

City or town, state or province, country, and ZIP or foreign postal code

Mosinee WI 54455-9326**D** Employer identification number**39-1590015****E** Telephone number**715-457-3103****F** Group Exemption Number ▶**G** Accounting Method☒ Cash☐ Accrual

Other (specify) ▶

I Website: ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(25) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other **Membership****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, 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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	79063.88
	4	Investment income	4	529.31
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
6c	Less: direct expenses from gaming and fundraising events	6c	0	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
7b	Less: cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79593.19	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12489.04
	11	Benefits paid to or for members	11	49703.93
	12	Salaries, other compensation, and employee benefits	12	8684.29
	13	Professional fees and other payments to independent contractors	13	708.20
	14	Occupancy, rent, utilities, and maintenance	14	6183.25
	15	Printing, publications, postage, and shipping	15	278.75
	16	Other expenses (describe in Schedule O)	16	2403.30
	17	Total expenses. Add lines 10 through 16	17	80450.76
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	857.57
	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)	19	84591.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	85448.57

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2013)

SCANNED JAN 30 2014

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	87780.00	22 85264.76
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	1850.00	24 1850.00
25 Total assets	89630.00	25 87114.71
26 Total liabilities (describe in Schedule O)	3189.00	26 3189.35
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84591.00	27 85448.57

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?

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)
28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	N/A
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	N/A
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	N/A
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	N/A
32 Total program service expenses (add lines 28a through 31a)	32	N/A

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 title	(b) 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 54409	President-1 Hr	1200.00/Year	0	0
Glenn Knoeck				
1001 8th Street Marathon Wi 54448	Vice Pres.-1Hr	600.00/Year	0	0
Mark Kramer				
8805 Stettin Drive Wausau Wi 54401	Secretary-1Hr	1600.00/Year	0	0
Randy Rindfleisch				
1530 Lakehurst Road	Treasure-1Hr	1900.00/Year	0	0
Mike Ziemke				
N 1230 Center Road Merrill Wi 54452	Trustee-1Hr	1000.00/Year	0	0
Mark Stubbe				
4009 Howland Ave Schofield Wi 54476	Trustee-1Hr	1000.00/Year	0	0
Lance Nuemann				
H19821 Snowshoe Road Wausau Wi 54403	Trustee-1Hr	1000.00/Year	0	0
William Ulrich				
N5186 State Road 86 Ogemaw Wi 54459	Warden-1Hr	400.00/Year	0	0

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 0	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:		
a Initiation fees and capital contributions included on line 9	39a 2197.29	
b Gross receipts, included on line 9, for public use of club facilities	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		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
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 Wisconsin 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		
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	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
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	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input 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."		

(a) Name and title of each employee	(b) 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 ▶

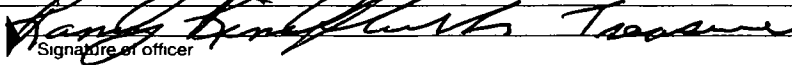
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date <u>1/12/2014</u>
	Randy Rindfleisch Treasurer	1/12/2014
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

8:12 PM
01/11/14
Cash Basis

Carpenters Union Local 310
Balance Sheet
As of December 31, 2013

	<u>Dec 31, 13</u>
ASSETS	
Current Assets	
Checking/Savings	
Certificate of Deposit-Tower CU	40,651.61
Checking-Tower Credit Union	42,638.72
Contingency Fund - Savings	352.19
Scholarship Fund Savings	1,597.24
Tower CU - S40	25.00
Total Checking/Savings	<u>85,264.76</u>
Total Current Assets	85,264.76 - 22B
Fixed Assets	
Office Equipment	<u>1,849.95</u>
Total Fixed Assets	<u>1,849.95</u> - 24B
TOTAL ASSETS	<u><u>87,114.71</u></u> - 27B
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)
Total Other Current Liabilities	<u>3,189.35</u>
Total Current Liabilities	<u>3,189.35</u>
Total Liabilities	3,189.35 - 26B
Equity	
Retained Earnings	65,101.27
Net Income	18,824.09
Total Equity	<u>83,925.36</u> - 27B + 21
TOTAL LIABILITIES & EQUITY	<u><u>87,114.71</u></u>

8:13 PM
01/11/14
Cash Basis

Carpenters Union Local 310
Profit & Loss
January through December 2013

	Jan - Dec 13
Income	
Dues Income	81,261.17
Fees, Assessments, Work Permits	- (2,197.29)
Interest & Dividend Income	158.31
Other Receipts	371.00
Total Income	79,593.19 - 9
Expense	
940 form	1,064.70
Contributions, Gifts & Grants	12,489.04 - 10
Dues Expenses	775.56
Mileage & Travel Expense	472.07
New Check Order	90.97
Office & Admin Expense	1,170.42
Organizing assessments	278.75
Other Disbursements	5,012.83
Payroll Expenses	
Officer Wage Expense	6,464.36
State Unemployment Expense	22.68
Payroll Expenses - Other	2,197.25
Total Payroll Expenses	8,684.29 - 12
Per Capita Tax Expense	49,703.93 - 11
Professional Fees	708.20 - 13
void	0.00
Total Expense	80,450.76 - 17
Net Income	(857.57) - 18