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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Doing business as

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

700 OLIVE STREET

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

ST PAUL, MN 55130

F Name and address of principal officer

JOHN RAINES

700 OLIVE STREET

ST PAUL, MN 55130

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

39-0776395

E Telephone number

(651) 379-0206

G Gross receipts \$ 65,294,609

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NORTHCOUNTRYCARPENTER.ORG

K Form of organization

☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation 1881

M State of legal domicile WI

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND PROTECT THE INTEREST OF MEMBERS			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	396
Revenue	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	216,349	9,517,745
Expenses	9	Program service revenue (Part VIII, line 2g)	29,706,068	32,818,480
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,739	254,011
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	815,391	720,928
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,973,547	43,311,164
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,188,812	347,539
Net Assets or Fund Balances	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,804,789	19,345,878
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,706,889	9,345,310
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,700,490	29,038,727
	19	Revenue less expenses Subtract line 18 from line 12	5,273,057	14,272,437
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	53,017,590	67,270,041
	21	Total liabilities (Part X, line 26)	6,717,794	6,690,086
	22	Net assets or fund balances Subtract line 21 from line 20	46,299,796	60,579,955

Part II Signature Block

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

Sign Here

Signature of officer

2017-04-17

Date

JOHN RAINES EXECUTIVE SECRETARY/TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JOHN TAUER

Preparer's signature

JOHN TAUER

Date

Check ☐ if self-employed

PTIN

P00294068

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300

MINNEAPOLIS, MN 55402

Phone no (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

TO PROMOTE AND PROTECT THE INTEREST OF MEMBERS BY PROVIDING EDUCATION AND TRAINING, JOB PLACEMENT, AND ORGANIZING WORKERS TO JOIN THE UNION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

THE ORGANIZATION GOVERNS SEVERAL LOCAL CARPENTER UNIONS. ITS PURPOSE IS TO PROMOTE AND PROTECT THE INTEREST OF ITS MEMBERSHIP BY PROVIDING EDUCATION AND TRAINING, JOB PLACEMENT, AND ORGANIZING WORKERS TO JOIN THE UNION. FOR THE YEAR ENDED JUNE 30, 2016, THE COUNCIL HAD 24,814 MEMBERS.

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service 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)? 	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 	3	Yes
4 Section 501(c)(3) organizations. 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	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 I 	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	Yes
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? If "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	No
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	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 25a	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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)			
a	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	
c	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V ☐		
		YesNo
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a100	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c
2a 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.	2a396	
b 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).		2bYes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3aNo
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b
4a 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)?		4aNo
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5aNo
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5bNo
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c
6a 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?		6aNo
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b
7 Organizations that may receive deductible contributions under section 170(c).		
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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
b 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.	13b	
c Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14aNo
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b

Part VI 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.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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	1a 35		
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	1b 12		
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		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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			
a 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a Yes	
b 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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a 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	
c 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?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
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	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►TAMI JANSEN 700 OLIVE STREET ST PAUL, MN 55130 (651) 379-0206

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

[illegible]

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d	8,524,880				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	992,865				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			9,517,745			
Program Service Revenue	2a	DUES	Business Code 900099	32,818,480	32,818,480			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			32,818,480			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		300,031			300,031
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
		708,150						
		Less rental expenses						
		119,553						
b		Rental income or (loss)						
c		588,597						
d		Net rental income or (loss)			588,597		588,597	
7a		(i) Securities		(ii) Other				
		20,658,067		1,159,805				
		Less cost or other basis and sales expenses						
		20,505,390		1,358,502				
b		Gain or (loss)						
c		152,677		-198,697				
d		Net gain or (loss)			-46,020		-46,020	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .						
		a						
		b	Less direct expenses					
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19 . . .						
	a							
	b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . .							
	a							
	b	Less cost of goods sold . . .						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS INCOME		900099	132,331			132,331	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			132,331				
12	Total revenue. See Instructions			43,311,164	32,818,480	0	974,939	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	315,617			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	31,922			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,669,250			
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.	9,215,137			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,824,757			
9	Other employee benefits.	1,623,657			
10	Payroll taxes.	1,013,077			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	32,445			
c	Accounting.	164,173			
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).	386,975			
12	Advertising and promotion.	377,254			
13	Office expenses.	877,014			
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,475,059			
17	Travel.	961,020			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	765,576			
20	Interest.	164,334			
21	Payments to affiliates.	1,358,238			
22	Depreciation, depletion, and amortization.	1,327,714			
23	Insurance.	464,219			
24	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).				
a	POLITICAL PASS-THROUGH	479,000			
b	MISCELLANEOUS EXPENSES	351,834			
c	DUES AND SUBSCRIPTIONS	117,180			
d	MARKET RECOVERY	43,275			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	29,038,727			
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 or note to any line in this Part X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		16,014,969	1	14,265,931	
	2	Savings and temporary cash investments		945,101	2	694,984	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		88,758	4	12,932	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	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	10a	45,360,413			
	b	Less: accumulated depreciation	10b	9,174,537	30,500,031	10c	36,185,876
	11	Investments—publicly traded securities		5,331,389	11	15,976,405	
	12	Investments—other securities. See Part IV, line 11		106,200	12	106,200	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		31,142	15	27,713	
16	Total assets. Add lines 1 through 15 (must equal line 34)		53,017,590	16	67,270,041		
Liabilities	17	Accounts payable and accrued expenses		2,446,824	17	1,219,279	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		3,739,746	23	4,913,912	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		531,224	25	556,895	
	26	Total liabilities. Add lines 17 through 25		6,717,794	26	6,690,086	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		46,299,796	27	60,331,795	
	28	Temporarily restricted net assets			28	248,160	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	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		46,299,796	33	60,579,955	
34	Total liabilities and net assets/fund balances		53,017,590	34	67,270,041		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,311,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,038,727
3	Revenue less expenses Subtract line 2 from line 1	3	14,272,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,299,796
5	Net unrealized gains (losses) on investments	5	7,722
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	60,579,955

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other <u>MODIFIED CASH</u> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATT J CAMPANARIO PRESIDENT	1 00 0 00	X		X				5,360	0	1,318
COREY BIALCIK VICE PRESIDENT	1 00 0 00	X		X				28,793	0	16,523
JOHN G RAINES EXEC SECRETARY/TREASURER	60 00 0 10	X		X				252,101	0	104,358
PATRICK M NILSEN EXECUTIVE DIRECTOR	55 00 0 00	X		X				153,570	0	77,914
BRIAN EWING TRUSTEE	10 00 0 00	X		X				98,142	0	58,407
PATRICK M RODRIGUEZ TRUSTEE	50 00 0 50	X		X				107,090	0	65,650
CLAYTON J WRAZIDLO TRUSTEE	10 00 0 00	X		X				14,183	0	3,495
CHARLES SPOEHR JR WARDEN	45 00 0 00	X		X				100,264	0	36,015
ROBERT STEED CONDUCTOR	1 00 0 00	X		X				2,441	0	600
JUAN ALVARADO EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,848

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOBY BIEGLE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	1,483
ERNEST P COLT EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,848
ROBERT DISNEY EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						2,290	0	571
MICHAEL K HARROM EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,444
MICHAEL J HENDRICKS EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	571
JOE KLINE RETIRED EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						62,200	0	37,314
DAVID LASSERRE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						95,065	0	56,848
GREGORY A LECKWEE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						3,096	0	761
JOSHUA D MANKE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						35,185	0	8,777
CHRISTOPHER A MERK EXECUTIVE COMMITTEE MEMBER	50 00 0 00	X						95,065	0	56,848

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY A MILLER EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,056	0	56,577
JOSEPH L MROTEK EXECUTIVE COMMITTEE MEMBER	50 00 0 50	X						103,987	0	61,442
ROBERT NAWROCKI EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	1,483
WAYNE C NORDIN EXECUTIVE COMMITTEE MEMBER	50 00 0 00	X						105,628	0	63,164
JON H NOWAK EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,848
THOMAS S PERRIER EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,713
BRIAN K PYLE EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,425	0	56,796
GEORGE G SCHROEDER EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	571
HARLEY E SIMON EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,786	0	90,495
LANCE L STEINBERG EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						95,065	0	56,848

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYAN J VAKOC EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						576	0	144
ROBERT A VOSS EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	571
PETER R WEBER EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,290	0	571
BRIAN H WILDE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,713	0	1,112
GERALD F YARIE EXECUTIVE COMMITTEE MEMBER	45 00 0 50	X						103,166	0	100,539
BURT JOHNSON LEGAL COUNSEL	55 00 0 00					X		154,126	0	77,959
PHILLIP ASKVIG DIRECTOR OF ORGANIZING	45 00 0 00					X		122,291	0	69,157
CHRISTOPHER M HILL BUSINESS REPRESENTATIVE	45 00 0 00					X		106,028	0	63,108
JOEL LASKEY BUSINESS REPRESENTATIVE	45 00 0 00					X		105,628	0	63,090
JOSHUA MAKARIOS BUSINESS REPRESENTATIVE	45 00 0 00					X		120,900	0	66,677

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Employer identification number 39-0776395
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$ 0
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No	
4a	Was a correction made?	☐ Yes ☐ No	
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$	0
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$	
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NCSRCC MINNESOTA POLITICAL ACTION COMMITTEE	700 OLIVE ST ST PAUL, MN 55130	90-1073364		397,000
(2) MINNESOTA AFL CIO	175 AURORA AVENUE ST PAUL, MN 55103			50,000
CONSTRUCTION TRADES (3) COALITION	PO BOX 130 PEWAUKEE, WI 53072			10,000
(4) WISCONSIN STATE COUNCIL OF CARPENTERS	115W MAIN STREET MADISON, WI 53703			10,000
(5) ASSEMBLY DEMOCRATIC CAMPAIGN COMMITTEE	PO BOX 814 MADISON, WI 53701			6,000
STATE SENATE DEMOCRATIC (6) COMMITTEE	15 N PICKNEY ST SUITE 200 MADISON, WI 53703			6,000

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)	
	Yes	No	Amount
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			
a 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 Other 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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).		
a 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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	PASS THROUGH CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES AND OTHER FUNDS

Additional Data

Software ID:
Software Version:
EIN: 39-0776395
Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Form 990, Schedule C, Part 1-C, Line 5

(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
NCSRCC MINNESOTA POLITICAL ACTION COMMITTEE	700 OLIVE ST ST PAUL,MN 55130	901073364		397000
MINNESOTA AFL CIO	175 AURORA AVENUE ST PAUL,MN 55103			50000
CONSTRUCTION TRADES COALITION	PO BOX 130 PEWAUKEE,WI 53072			10000
WISCONSIN STATE COUNCIL OF CARPENTERS	115W MAIN STREET MADISON,WI 53703			10000
ASSEMBLY DEMOCRATIC CAMPAIGN COMMITTEE	PO BOX 814 MADISON,WI 53701			6000
STATE SENATE DEMOCRATIC COMMITTEE	15 N PICKNEY ST SUITE 200 MADISON,WI 53703			6000

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Employer identification number 39-0776395
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	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? ☐ Yes ☐ No	
6	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? ☐ Yes ☐ No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure
2	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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$
8	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)? ☐ Yes ☐ No
9	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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	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
b	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
(i)	Revenue included on Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	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
a	Revenue included on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		3,819,359		3,819,359
b Buildings		28,036,662	3,944,019	24,092,643
c Leasehold improvements				
d Equipment		4,621,956	2,522,106	2,099,850
e Other		8,882,436	2,708,412	6,174,024
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				36,185,876

Schedule D (Form 990) 2015

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	34,733,008
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	7,722	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	974,677	
e	Add lines 2a through 2d		2e	982,399
3	Subtract line 2e from line 1		3	33,750,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	9,560,555	
c	Add lines 4a and 4b		4c	9,560,555
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	43,311,164

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	29,256,587
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	493,075	
e	Add lines 2a through 2d		2e	493,075
3	Subtract line 2e from line 1		3	28,763,512
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	275,215	
c	Add lines 4a and 4b		4c	275,215
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	29,038,727

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	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 IS SUBJECT TO INCOME TAX ON ITS INVESTMENT INCOME, IF ANY, AS A SEPARATE SEGREGATED FUND UNDER SECTION 527 OF THE INTERNAL REVENUE CODE. SKILLED WISCONSIN, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS 275,215 ASSETS CONTRIBUTED FROM CHICAGO REGION 8,524,880 TEMPORARILY RESTRICTED CONTRIBUTIONS 760,460
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC FUND EXPENSES 279,491 SKILLED WISCONSIN EXPENSES 94,031 RENTAL EXPENSE 119,553
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS 275,215

2015

**Open to Public
Inspection**

39-0776395

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EVENT SPONSORSHIP PAID TO MEMBER	10	8,000	0	N/A	N/A
(2) FAMILY ASSISTANCE	9	23,922	0	N/A	N/A

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE COUNCIL MAKES VARIOUS CHARITABLE DONATIONS TO LOCAL GROUPS AND RELATED UNION ORGANIZATIONS WHICH THEY ARE INVOLVED WITH NO FORMAL MONITORING IS CONSIDERED NECESSARY DUE TO ONGOING INVOLVEMENT WITH THESE ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 39-0776395
Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE TRABAJADORES UNIDOS EN LUCHA 2511 E FRANKLIN AVE MINNEAPOLIS, MN 55406	38-3828696	501(C)(3)	63,000	0	N/A	N/A	GALA SPONSORSHIP
UAW LOCAL 833 RELIEF FUND 5425 SUPERIOR AVENUE SHEBOYGAN, WI 53083	39-0402895	501(C)(5)	42,000	0	N/A	N/A	ANNUAL CONTRIBUTION
NORTH CENTRAL STATES RETIREES COMMITTEE 700 OLIVE STREET ST PAUL, MN 55130	41-1618617	N/A	21,700	0	N/A	N/A	YEARLY RETIREE EXPENSE REQUEST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405	41-0908458	501(C)(3)	17,500	0	N/A	N/A	GOLF CLASSIC SPONSORSHIP
TRAIN TO INSPIRE 351 2ND ST NW APT 101 ALTOONA, IA 50009	47-4582960	501(C)(3)	6,500	0	N/A	N/A	ANNUAL CONTRIBUTION
BUILDING & CONSTRUCTION TRADES COUNCIL OF SOUTH CENTRAL WISCONSIN 1602 S PARK STREET MADISON, WI 53715	39-0189278	501(C)(5)	6,500	0	N/A	N/A	ANNUAL CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APIC MINNESOTA 2626 E 82ND STREET SUITE 270 BLOOMINGTON, MN 55425	51-0208788	N/A	6,000	0	N/A	N/A	FALL CONFERENCE SPONSORSHIP
EAST SIDE FREEDOM LIBRARY 835 6TH STREET E ST PAUL, MN 55106	46-3794535	501(C)(3)	5,000	0	N/A	N/A	ANNUAL CONTRIBUTION
HEARTLAND FARM SANCUTARY INC PO BOX 45746 MADISON, WI 53744	27-0244485	501(C)(3)	5,000	0	N/A	N/A	RESTORATION PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486	41-6042488	501(C)(3)	5,000	0	N/A	N/A	FELLOWSHIP CONTRIBUTION
OSHKOSH PUBLIC MUSEUM 1331 ALGOMA BOULEVARD OSHKOSH, WI 54901	68-0541373	501(C)(3)	5,000	0	N/A	N/A	RESTORATION PROJECT
UI CENTER FOR CONFERENCES 250 CONTINUING EDUCATION FACILITY IOWA CITY, IA 52242	42-6004813	N/A	5,000	0	N/A	N/A	CONFERENCE SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS OUTREACH OF WISCONSIN 2234 NORTHWESTERN AVE RACINE, WI 53404	46-4449307	501(C)(3)	5,000	0	N/A	N/A	VETERANS ASSISTANCE
MINNESOTA BUILDING & CONSTRUCTION TRADES 411 MAIN STREET ROOM 206 ST PAUL, MN 55102	41-0870692	501(C)(5)	5,000	0	N/A	N/A	WORLD FAIR DONATION
WORKER'S RIGHT CENTER 2300 S PARK STREET SUITE 115 MADISON, WI 53713	41-2227413	501(C)(3)	5,000	0	N/A	N/A	DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Employer identification number
39-0776395

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b 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	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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.

Return Reference	Explanation
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Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN G RAINES EXEC SECRETARY/TREASURER	(i)	252,101	0	0	80,007	24,351	356,459	0
	(ii)	0	0	0	0	- 0	- 0	0
1PATRICK M NILSEN EXECUTIVE DIRECTOR	(i)	153,570	0	0	55,549	22,365	231,484	0
	(ii)	0	0	0	0	- 0	- 0	0
2BRIAN EWINGTRUSTEE	(i)	98,142	0	0	39,591	18,816	156,549	0
	(ii)	0	0	0	0	- 0	- 0	0
3PATRICK M RODRIGUEZ TRUSTEE	(i)	107,090	0	0	45,075	20,575	172,740	0
	(ii)	0	0	0	0	- 0	- 0	0
4JUAN ALVARADO EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
5ERNEST P COLT EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
6MICHAEL K HARROM EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,287	18,157	151,509	0
	(ii)	0	0	0	0	- 0	- 0	0
7DAVID LASSERRE EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
8CHRISTOPHER A MERK EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
9JEFFREY A MILLER EXECUTIVE COMMITTEE MEMBER	(i)	95,056	0	0	38,349	18,228	151,633	0
	(ii)	0	0	0	0	- 0	- 0	0
10JOSEPH L MROTEK EXECUTIVE COMMITTEE MEMBER	(i)	103,987	0	0	41,738	19,704	165,429	0
	(ii)	0	0	0	0	- 0	- 0	0
11WAYNE C NORDIN EXECUTIVE COMMITTEE MEMBER	(i)	105,628	0	0	42,754	20,410	168,792	0
	(ii)	0	0	0	0	- 0	- 0	0
12JON H NOWAK EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
13THOMAS S PERRIER EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,415	18,298	151,778	0
	(ii)	0	0	0	0	- 0	- 0	0
14BRIAN K PYLE EXECUTIVE COMMITTEE MEMBER	(i)	95,425	0	0	38,498	18,298	152,221	0
	(ii)	0	0	0	0	- 0	- 0	0
15HARLEY E SIMON EXECUTIVE COMMITTEE MEMBER	(i)	95,786	0	0	54,181	36,314	186,281	0
	(ii)	0	0	0	0	- 0	- 0	0
16LANCE L STEINBERG EXECUTIVE COMMITTEE MEMBER	(i)	95,065	0	0	38,479	18,369	151,913	0
	(ii)	0	0	0	0	- 0	- 0	0
17GERALD F YARIE EXECUTIVE COMMITTEE MEMBER	(i)	103,166	0	0	60,739	39,800	203,705	0
	(ii)	0	0	0	0	- 0	- 0	0
18BURT JOHNSON LEGAL COUNSEL	(i)	154,126	0	0	55,638	22,321	232,085	0
	(ii)	0	0	0	0	- 0	- 0	0
19PHILLIP ASKVIG DIRECTOR OF ORGANIZING	(i)	122,291	0	0	47,613	21,544	191,448	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21CHRISTOPHER M HILL BUSINESS REPRESENTATIVE	(i)	106,028	0	0	42,776	20,332	169,136	0
	(ii)	0	0	0	0	- 0	- 0	0
1JOEL LASKEY BUSINESS REPRESENTATIVE	(i)	105,628	0	0	42,719	20,371	168,718	0
	(ii)	0	0	0	0	- 0	- 0	0
2JOSHUA MAKARIOS BUSINESS REPRESENTATIVE	(i)	120,900	0	0	46,267	20,410	187,577	0
	(ii)	0	0	0	0	- 0	- 0	0

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN RAINES	FAMILY MEMBER OF OFFICER	97,791	EMPLOYEE COMPENSATION		No
(2) MARLENE COLT	FAMILY MEMBER OF OFFICER	28,109	EMPLOYEE COMPENSATION		No
(3) MELISSA LASKEY	FAMILY MEMBER OF OFFICER	49,034	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS

Employer identification number

39-0776395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS HAD 24,814 MEMBERS AT JUNE 30, 2016 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 NATIONAL AFFILIATE, AND EXERCISES THE POWERS AND PRIVILEGES OF A COUNCIL UNDER THE CONSTITUTION AND LAWS OF THE UNITED BROTHERHOOD THE FOLLOWING RIGHTS ARE AMONG THOSE RETAINED BY THE UNITED BROTHERHOOD 1 TO ESTABLISH, DISSOLVE OR MERGE LOCAL UNIONS OR THE COUNCIL 2 TO ESTABLISH 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 BYLAWS OR TRADE RULES OF THE COUNCIL 5 TO ESTABLISH SUPERVISION OVER AND TO CONDUCT THE AFFAIRS OF ANY SUBORDINATE BODY (INCLUDING THE REMOVAL OF ANY OR ALL OFFICERS OF SUCH SUBORDINATE BODY) TO CORRECT FINANCIAL IRREGULARITIES OR TO ASSURE THE PERFORMANCE OF COLLECTIVE BARGAINING AGREEMENTS 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 TO PREVENT SECESSION OR DISAFFILIATION 6 TO ENACT AND ENFORCE LAWS FOR LOCAL UNIONS, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COUNCIL'S GOVERNING DOCUMENTS ARE AVAILABLE TO ALL MEMBERS THE COUNCIL DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS OPEN TO THE GENERAL PUBLIC
FORM 990, PART XI, LINE 1	THE COUNCIL'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON A MODIFIED CASH BASIS OF ACCOUNTING THAT INCLUDES RECORDING DEPRECIATION ON CAPITALIZED ASSETS UNDER THIS BASIS, REVENUE IS RECOGNIZED WHEN COLLECTED FOR DUES, GRANTS, AND RENTAL INCOME RATHER THAN WHEN EARNED, AND EXPENDITURES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED, WITH THE EXCEPTION OF PROPERTY AND EQUIPMENT PURCHASES AND PAYROLL LIABILITIES

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Employer identification number 39-0776395
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NORTH CENTRAL STATES PAC 700 OLIVE STREET ST PAUL, MN 55130 90-1073364	POLITICAL ACTION COMMITTEE	MN	527	N/A	NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Yes	
(2)SKILLED WISCONSIN N2216 BODDE STREET KAUKAUNA, WI 54130 47-3590490	SOCIAL WELFARE & POLITICAL ACTIVISM	WI	501(C)(4)	N/A	NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Yes	
(3)NCSRCC SCHOLARSHIP FOUNDATION N2216 BODDE STREET KAUKAUNA, WI 54130 26-3190992	SCHOLARSHIP FOUNDATION	WI	501(C)(3)	LINE 7	NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

Yes

c

Gift, grant, or capital contribution from related organization(s)

1c

No

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

Yes

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NORTH CENTRAL STATES CARPENTERS PAC	B	275,215	VALUE OF CASH TRANSFERRED

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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