

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

- 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

D Employer identification number
39-0776395

E Telephone number
(651) 379-0200

G Gross receipts \$ 42,300,460

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? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

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)	43
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	489
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	274,359
9 Program service revenue (Part VIII, line 2g)	36,180,120	39,188,599
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	650,823	917,208
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,242,768	1,063,473
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,073,711	41,443,639
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	351,603	418,752
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)	25,140,009	27,423,752
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)	11,223,772	11,983,075
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	36,715,384	39,825,579
19 Revenue less expenses Subtract line 18 from line 12	1,358,327	1,618,060
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	75,507,136	75,953,140
21 Total liabilities (Part X, line 26)	10,616,948	8,541,001
22 Net assets or fund balances Subtract line 21 from line 20	64,890,188	67,412,139

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: ***** Date: 2020-06-07

JOHN RAINES EXECUTIVE SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-06-07 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 Phone no (612) 376-4500
MINNEAPOLIS, MN 55402

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 \$)
See Additional Data

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS requirements.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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		2a	489		
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)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
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)?	4a		No	
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?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
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?	6a		No	
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?					
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?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (43); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (No); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation
List all of the organization's current key employees, if any
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation
List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation
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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

Questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with columns (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like DEJOY OF TRAVEL, ALBRECHT SIGN COMPANY INC, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	274,359		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		274,359			

Program Service Revenue			Business Code			
	2a DUES		900099	39,188,599	39,188,599	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			39,188,599			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			633,973			633,973	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		1,142,997						
		b Less rental expenses						
		199,577						
	c Rental income or (loss)				943,420			
	d Net rental income or (loss)				943,420		943,420	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		22,388	918,091					
		b Less cost or other basis and sales expenses						
		11,643	645,601					
	c Gain or (loss)				272,490			
	d Net gain or (loss)				283,235		283,235	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a							
	b Less direct expenses	b						
	c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS INCOME	900099		71,662			71,662		
b SHARED COSTS REIMBURSEMENT	900099		48,391			48,391		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			120,053					
12 Total revenue. See Instructions			41,443,639	39,188,599	0	1,980,681		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	413,752			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	5,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,191,243			
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.	12,217,028			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,269,202			
9 Other employee benefits.	2,458,541			
10 Payroll taxes.	1,287,738			
11 Fees for services (non-employees)				
a Management.				
b Legal.	72,812			
c Accounting.	120,537			
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).	356,252			
12 Advertising and promotion.	398,335			
13 Office expenses.	1,480,734			
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,570,467			
17 Travel.	2,277,923			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	380,338			
21 Payments to affiliates.	2,014,449			
22 Depreciation, depletion, and amortization.	1,762,594			
23 Insurance.	375,937			
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	518,000			
b MARKET RECOVERY	263,321			
c MISCELLANEOUS EXPENSES	199,030			
d DUES AND SUBSCRIPTIONS	192,346			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	39,825,579			
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	5,685,798	1	5,468,445	
	2 Savings and temporary cash investments	354,127	2	354,607	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	84,483	4	282,107	
	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	58,004,692			
	b Less accumulated depreciation	11,552,605	47,441,330	10c	46,452,087
	11 Investments—publicly traded securities	21,835,198	11	23,289,694	
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	75,507,136	16	75,953,140		
Liabilities	17 Accounts payable and accrued expenses	1,814,858	17	1,183,669	
	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	8,760,979	23	7,227,410	
	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	41,111	25	129,922	
	26 Total liabilities. Add lines 17 through 25	10,616,948	26	8,541,001	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	64,890,188	27	67,412,139	
	28 Temporarily restricted net assets	0	28	0	
	29 Permanently restricted net assets		29		
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	64,890,188	33	67,412,139	
	34 Total liabilities and net assets/fund balances	75,507,136	34	75,953,140	

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	41,443,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,825,579
3	Revenue less expenses Subtract line 2 from line 1	3	1,618,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,890,188
5	Net unrealized gains (losses) on investments	5	903,891
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	67,412,139

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 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	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?		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		

Additional Data

Software ID:

Software Version:

EIN: 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ORGANIZATION GOVERNS 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, 2019, THE COUNCIL HAD 26,659 MEMBERS

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 CAMPANARIO PRESIDENT	1 00 0 10	X		X				1,289	0	945
COREY BIALCIK VICE PRESIDENT	45 00 0 00	X		X				142,803	0	86,842
JOHN RAINES EXEC SECRETARY/TREASURER	60 00 0 10	X		X				269,887	0	124,626
PAT NILSEN EXECUTIVE DIRECTOR	55 00 0 10	X		X				173,206	0	95,192
LEVI BACKHAUS TRUSTEE	45 00 0 00	X		X				110,697	0	73,707
BRIAN EWING TRUSTEE	45 00 0 00	X		X				131,330	0	84,240
PATRICK RODRIGUEZ TRUSTEE	50 00 0 10	X		X				131,565	0	84,240
CLAYTON WRAZIDLO TRUSTEE	5 00 0 00	X		X				12,891	0	9,346
MICHAEL ADAMAVICH EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						114,291	0	73,901
SHAUN COATES EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						114,048	0	74,131

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERNIE COLT EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						113,517	0	70,245
JOSEPH DELGRANDE EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,215	0	968
ROBERT DEVLIN EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,430	0	1,936
ROBERT DISNEY EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,511	0	841
JEFFREY FLOGEL EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,511	0	841
TOBY GRASER EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						113,517	0	70,245
JOSEPH HANSEN EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,223	0	1,482
MIKE HARROM EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						118,246	0	83,447
RAUL HERNANDEZ EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						112,961	0	75,571
CHRIS HILL EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						140,145	0	91,160

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM HORVEI EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,215	0	921
KEN HULING EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						101,297	0	73,707
JAMES KROENING EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						112,156	0	72,744
JACK LANHART EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						607	0	484
DAVID LASSERRE EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						105,347	0	74,602
PATRICK LOEFFLER EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						106,174	0	74,104
THOMAS MADSON EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,512	0	876
STEVE MANN EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						111,332	0	72,289
RICHARD MARSHALL EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						106,328	0	74,965
ROBERT NAWROCKI EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						0	0	0

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			
ROBERT NELSON EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						121,396	0	81,898
WAYNE NORDIN EXECUTIVE COMMITTEE MEMBER	50 00 0 10	X						141,944	0	82,364
JON NOWAK EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						104,587	0	73,707
ROYCE PETERSON EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						109,677	0	71,106
BRIAN PYLE EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						113,517	0	73,707
MATTHEW SCHLEHLEIN EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						2,015	0	1,168
JOSEPH SCHMITZ EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,215	0	921
HARLEY SIMON EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						111,664	0	73,714
CHARLES SPOEHR WARDEN	45 00 0 00	X						117,230	0	72,879
LANCE STEINBERG EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						104,822	0	73,707

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYAN VAKOC EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						911	0	691
PETE WEBER EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						1,215	0	921
ROGER ZACHARIAS EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						113,517	0	73,707
DEREK DUEHR EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						112,812	0	59,175
RICHARD DUSHAW EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						104,268	0	71,106
JACOB RIDLON EXECUTIVE COMMITTEE MEMBER	45 00 0 00	X						113,517	0	70,756
TRAVIS LINZMEIER EXECUTIVE COMMITTEE MEMBER	1 00 0 00	X						304	0	87
BURT JOHNSON LEGAL COUNSEL	55 00 0 00					X		173,206	0	95,192
ADAM DUININCK BUSINESS REPRESENTATIVE	45 00 0 00					X		141,944	0	86,212
JAMES HENDRICKS BUSINESS REPRESENTATIVE	45 00 0 00					X		141,944	0	86,212

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOEL LASKEY BUSINESS REPRESENTATIVE	45 00 0 00					X		131,604	0	82,364	
JEFFREY PETERSON BUSINESS REPRESENTATIVE	45 00 0 00					X		126,696	0	81,154	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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
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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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 0

3 Volunteer hours for political campaign activities (see instructions) 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 STREET ST PAUL, MN 55130	90-1073364		285,000
(2) WISCONSIN CARPENTERS PAC	115 W MAIN STREET MADISON, WI 53703	82-3155119		233,000
3				
4				
5				
6				

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS

Employer identification number
39-0776395

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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 | Yes | No |
| (ii) related organizations | 3a(i) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3a(ii) | |
| | 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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		6,207,229		6,207,229
b Buildings		39,541,722	6,389,977	33,151,745
c Leasehold improvements				
d Equipment		2,987,812	1,779,910	1,207,902
e Other		9,267,929	3,382,718	5,885,211
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				46,452,087

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
MARKET RECOVERY LIABILITY	129,922
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	129,922

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI 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	42,734,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	903,891	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	967,817	
e	Add lines 2a through 2d		2e	1,871,708
3	Subtract line 2e from line 1		3	40,862,614
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	581,025	
c	Add lines 4a and 4b		4c	581,025
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	41,443,639

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	40,442,557
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	1,198,003	
e	Add lines 2a through 2d		2e	1,198,003
3	Subtract line 2e from line 1		3	39,244,554
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	581,025	
c	Add lines 4a and 4b		4c	581,025
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	39,825,579

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0776395

Name: NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PAC FUND REVENUE 733,235 SKILLED WISCONSIN REVENUE 35,005 RENTAL EXPENSES 199,577

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS 581,025

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC FUND EXPENSES 962,481 SKILLED WISCONSIN EXPENSES 35,945 RENTAL EXPENSE 199,577

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS 581,025

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS

Employer identification number
39-0776395

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 8

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEMBERS IN NEED	5	5,000		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)	180,000		N/A	N/A	GALA SPONSORSHIP
SKILLED WISCONSIN INC N2216 BODDE STREET KAUKAUNA, WI 54130	47-3590490	501(C)(4)	15,000		N/A	N/A	DONATION

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
NORTH CENTRAL STATES RETIRES COMMITTEE 700 OLIVE STREET ST PAUL, MN 55130	41-1618617	N/A	14,500		N/A	N/A	YEARLY RETIREE EXPENSE REQUEST
WRTPBIG STEP 3841 W WISCONSIN AVE MILWAUKEE, WI 53208	51-0137037	501(C)(3)	12,000		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
WORKING AMERICA 815 16TH STREET NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	10,000		N/A	N/A	DONATION
NCSRCC FOOD BANK 700 OLIVE STREET ST PAUL, MN 55130	39-0776395	501(C)(5)	6,000		N/A	N/A	DONATION

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
UI CENTER FOR CONFERENCES 250 CONTINUING EDUCATION FACILITY IOWA CITY, IA 52242	42-6004813	N/A	5,000		N/A	N/A	DONATION
BILLIE SUTTON LEADERSHIP INSTITUTE PO BOX 283 BURKE, SD 57523	83-4471383	501(C)(3)	5,000		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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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.</p>	1b				
<p>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?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7				
<p>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.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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.

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				
COREY BIALCIK VICE PRESIDENT	(i)	142,803	0	0	64,022	22,820	229,645	0
	(ii)	0	0	0	0	0	0	0
JOHN RAINES EXEC SECRETARY/TREASURER	(i)	269,887	0	0	99,697	24,929	394,513	0
	(ii)	0	0	0	0	0	0	0
PAT NILSEN EXECUTIVE DIRECTOR	(i)	173,206	0	0	72,341	22,851	268,398	0
	(ii)	0	0	0	0	0	0	0
LEVI BACKHAUS TRUSTEE	(i)	110,697	0	0	53,326	20,381	184,404	0
	(ii)	0	0	0	0	0	0	0
BRIAN EWING TRUSTEE	(i)	131,330	0	0	61,333	22,907	215,570	0
	(ii)	0	0	0	0	0	0	0
PATRICK RODRIGUEZ TRUSTEE	(i)	131,565	0	0	61,333	22,907	215,805	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ADAMAVICH EXECUTIVE COMMITTEE MEMBER	(i)	114,291	0	0	53,520	20,381	188,192	0
	(ii)	0	0	0	0	0	0	0
SHAUN COATES EXECUTIVE COMMITTEE MEMBER	(i)	114,048	0	0	53,628	20,503	188,179	0
	(ii)	0	0	0	0	0	0	0
ERNIE COLT EXECUTIVE COMMITTEE MEMBER	(i)	113,517	0	0	51,548	18,697	183,762	0
	(ii)	0	0	0	0	0	0	0
TOBY GRASER EXECUTIVE COMMITTEE MEMBER	(i)	113,517	0	0	51,548	18,697	183,762	0
	(ii)	0	0	0	0	0	0	0
MIKE HARROM EXECUTIVE COMMITTEE MEMBER	(i)	118,246	0	0	60,757	22,690	201,693	0
	(ii)	0	0	0	0	0	0	0
RAUL HERNANDEZ EXECUTIVE COMMITTEE MEMBER	(i)	112,961	0	0	55,015	20,556	188,532	0
	(ii)	0	0	0	0	0	0	0
CHRIS HILL EXECUTIVE COMMITTEE MEMBER	(i)	140,145	0	0	66,249	24,911	231,305	0
	(ii)	0	0	0	0	0	0	0
KEN HULING EXECUTIVE COMMITTEE MEMBER	(i)	101,297	0	0	53,326	20,381	175,004	0
	(ii)	0	0	0	0	0	0	0
JAMES KROENING EXECUTIVE COMMITTEE MEMBER	(i)	112,156	0	0	52,624	20,120	184,900	0
	(ii)	0	0	0	0	0	0	0
DAVID LASSERRE EXECUTIVE COMMITTEE MEMBER	(i)	105,347	0	0	54,221	20,381	179,949	0
	(ii)	0	0	0	0	0	0	0
PATRICK LOEFFLER EXECUTIVE COMMITTEE MEMBER	(i)	106,174	0	0	53,723	20,381	180,278	0
	(ii)	0	0	0	0	0	0	0
STEVE MANN EXECUTIVE COMMITTEE MEMBER	(i)	111,332	0	0	52,300	19,989	183,621	0
	(ii)	0	0	0	0	0	0	0
RICHARD MARSHALL EXECUTIVE COMMITTEE MEMBER	(i)	106,328	0	0	54,584	20,381	181,293	0
	(ii)	0	0	0	0	0	0	0
ROBERT NELSON EXECUTIVE COMMITTEE MEMBER	(i)	121,396	0	0	59,252	22,646	203,294	0
	(ii)	0	0	0	0	0	0	0

(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				
WAYNE NORDIN EXECUTIVE COMMITTEE MEMBER	(i)	141,944	0	0	61,590	20,774	224,308	0
	(ii)	0	0	0	0	0	0	0
JON NOWAK EXECUTIVE COMMITTEE MEMBER	(i)	104,587	0	0	53,326	20,381	178,294	0
	(ii)	0	0	0	0	0	0	0
ROYCE PETERSON EXECUTIVE COMMITTEE MEMBER	(i)	109,677	0	0	52,409	18,697	180,783	0
	(ii)	0	0	0	0	0	0	0
BRIAN PYLE EXECUTIVE COMMITTEE MEMBER	(i)	113,517	0	0	53,326	20,381	187,224	0
	(ii)	0	0	0	0	0	0	0
HARLEY SIMON EXECUTIVE COMMITTEE MEMBER	(i)	111,664	0	0	53,333	20,381	185,378	0
	(ii)	0	0	0	0	0	0	0
CHARLES SPOEHR WARDEN	(i)	117,230	0	0	53,743	19,136	190,109	0
	(ii)	0	0	0	0	0	0	0
LANCE STEINBERG EXECUTIVE COMMITTEE MEMBER	(i)	104,822	0	0	53,326	20,381	178,529	0
	(ii)	0	0	0	0	0	0	0
ROGER ZACHARIAS EXECUTIVE COMMITTEE MEMBER	(i)	113,517	0	0	53,326	20,381	187,224	0
	(ii)	0	0	0	0	0	0	0
DEREK DUEHR EXECUTIVE COMMITTEE MEMBER	(i)	112,812	0	0	45,120	14,055	171,987	0
	(ii)	0	0	0	0	0	0	0
RICHARD DUSHAW EXECUTIVE COMMITTEE MEMBER	(i)	104,268	0	0	52,867	18,239	175,374	0
	(ii)	0	0	0	0	0	0	0
JACOB RIDLON EXECUTIVE COMMITTEE MEMBER	(i)	113,517	0	0	52,630	18,126	184,273	0
	(ii)	0	0	0	0	0	0	0
BURT JOHNSON LEGAL COUNSEL	(i)	173,206	0	0	72,341	22,851	268,398	0
	(ii)	0	0	0	0	0	0	0
ADAM DUININCK BUSINESS REPRESENTATIVE	(i)	141,944	0	0	63,566	22,646	228,156	0
	(ii)	0	0	0	0	0	0	0
JAMES HENDRICKS BUSINESS REPRESENTATIVE	(i)	141,944	0	0	63,566	22,646	228,156	0
	(ii)	0	0	0	0	0	0	0
JOEL LASKEY BUSINESS REPRESENTATIVE	(i)	131,604	0	0	61,590	20,774	213,968	0
	(ii)	0	0	0	0	0	0	0
JEFFREY PETERSON BUSINESS REPRESENTATIVE	(i)	126,696	0	0	59,031	22,123	207,850	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Employer identification number 39-0776395
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	101,134	EMPLOYEE COMPENSATION		No
(2) MARLENE COLT	FAMILY MEMBER OF OFFICER	883	EMPLOYEE COMPENSATION		No
(3) MELISSA LASKEY	FAMILY MEMBER OF OFFICER	55,125	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

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 26,659 MEMBERS AT JUNE 30, 2019 THESE MEMBERS ARE DIVIDED INTO LOCAL UNIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS

Employer identification number

39-0776395

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 700 OLIVE STREET ST PAUL, MN 55130 26-3190992	SCHOLARSHIP FOUNDATION	WI	501(C)(3)	LINE 7	NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	Yes	
(4) WISCONSIN FREEDOM ALLIANCE INC 2421 LARSON STREET LA CROSSE, WI 54603 81-3229845	ISSUE ADVOCACY FUND	MN	501(C)(4)	N/A	N/A		No

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	518,000	VALUE OF CASH TRANSFERRED

Part VII **Supplemental Information**

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

Return Reference	Explanation