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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

☐ Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
UBCJA - CARPENTERS LOCAL UNION 638

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

3309 WATER TOWER ROAD

City or town, state or country, and ZIP + 4
MARION, IL 62959

D Employer identification number
37-0276632

E Telephone number
(618) 997-4869

F Group Exemption Number
▶ 0143

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I Website:▶ N/A

J Tax-Exempt status(check only one)—☐ 501(c)(3)☒ 501(c)(5) ◀(insert no)☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 97,063

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	87,782
	4	Investment income	4	7,324
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	1,957
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,063
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	48
	12	Salaries, other compensation, and employee benefits	12	39,448
Net Assets	13	Professional fees and other payments to independent contractors	13	1,000
	14	Occupancy, rent, utilities, and maintenance	14	1,765
	15	Printing, publications, postage, and shipping	15	2,641
	16	Other expenses (describe in Schedule O)	16	78,340
	17	Total expenses. Add lines 10 through 16	17	123,242
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,179
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	459,405
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-353,907
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	79,319

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	356,987	22	79,881
23	Land and buildings	91,884	23	0
24	Other assets (describe in Schedule O)	12,448	24	1,625
25	Total assets	461,319	25	81,506
26	Total liabilities (describe in Schedule O)	1,914	26	2,187
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	459,405	27	79,319

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose?		Expenses	
LABOR UNION		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	TO PROVIDE FOR UNION MANAGEMENT AND NEGOTIATE MEMBERS' WAGE RATES, FRINGE BENEFITS, WORK HOURS AND WORKING CONDITIONS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV

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

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

☐
















(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 	36	Yes
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 500		
b	Did the organization file Form 1120-POL for this year?	37b	Yes
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed 		
42a	The organization's books are in care of  MICHAEL CARTER Telephone no  (618) 997-4869 3309 WATER TOWER ROAD Located at  MARION, IL ZIP + 4  62959		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here  and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here	***** Signature of officer	2012-09-11 Date		
	MICHAEL CARTER TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	STEVEN J GESCHKE	Date 2012-09-11	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	WOLFE NILGES NAHORSKI PC 1630 DES PERES RD SUITE 305 ST LOUIS, MO 63131		Preparer's taxpayer identification number (See instructions) P00161710
			EIN	43-1236296 Phone no (314) 835-4400

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number	
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37-0276632

Part I

1

(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2

a

b

C

d

e

Ye

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

5

Did the organization discharge or pay all liabilities in accordance with state laws?

6a

Did the organization have any tax-exempt bonds outstanding during the year?

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c

If 'Yes' to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III

Yes

No

3

4a

4b

5

6a

6b

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	09-30-2011	251,987	CASH VALUE	43-0207790	CARPENTERS DISTRICT COUNCIL OF ST LOUIS AND VICINITY 1401 HAMPTON AVENUE ST LOUIS, MO 63139	501(C)(5)
	LAND, BUILDING AND IMPROVEMENTS	07-01-2011	101,920	CARRYING VALUE OF ASSETS ON THE LOCAL'S BOOKS	43-0207790	CARPENTERS DISTRICT COUNCIL OF ST LOUIS AND VICINITY 1401 HAMPTON AVENUE ST LOUIS, MO 63139	501(C)(5)

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes

No

2a

2b

2c

2d

Part III **Supplemental Information.** Complete to provide the information required by Parts I and II,
and any additional information.

Identifier	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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
UBCJA - CARPENTERS LOCAL UNION 638**Employer identification number**

37-0276632

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 7,324
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION ASSESSMENTS AMOUNT 580 DESCRIPTION EXPENSE REIMBURSEMENTS AMOUNT 825 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 552 TOTAL TO FORM 990-EZ, LINE 8 1,957
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 787 DESCRIPTION OTHER EXPENSES AMOUNT 978 TOTAL TO FORM 990-EZ, LINE 14 1,765
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PER CAPITA TAXES AMOUNT 55,204 DESCRIPTION CONTRIBUTIONS AMOUNT 10,392 DESCRIPTION MEMBER OUTINGS AND EVENTS AMOUNT 5,017 DESCRIPTION PAYROLL AND GENERAL TAXES AMOUNT 4,930 DESCRIPTION MISCELLANEOUS AMOUNT 513 DESCRIPTION PROMOTIONS AMOUNT 2,284 TOTAL TO FORM 990-EZ, LINE 16 78,340
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION CASH TRANSFERRED TO CARPENTERS DISTRICT COUNCIL OF ST LOUIS, FEIN 43-0207790 AMOUNT -251,987 DESCRIPTION LAND AND BUILDING TRANSFERRED TO CDC OF ST LOUIS, FEIN 43-0207790 AMOUNT -101,920 TOTAL TO FORM 990-EZ, LINE 20 -353,907
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 12,448 END OF YEAR AMOUNT 1,625
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAX PAYABLE BEG OF YEAR AMOUNT 1,914 END OF YEAR AMOUNT 2,187

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: UBCJA - CARPENTERS LOCAL UNION 638

EIN: 37-0276632

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 37-0276632
Name: UBCJA - CARPENTERS LOCAL UNION 638

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DARRELL G OSMAN 3309 WATER TOWER ROAD MARION,MO 62959	PRESIDENT 2 00	2,291	0	0
TIM E BENTON 3309 WATER TOWER ROAD MARION,MO 62959	VICE PRESIDENT 1 00	925	0	0
GEORGE E BIRKNER 3309 WATER TOWER ROAD MARION,MO 62959	RECORDING SECRETARY 4 00	5,312	0	0
JOSEPH M HARRIS 3309 WATER TOWER ROAD MARION,MO 62959	CONDUCTOR 2 00	2,639	0	0
DAVID L STACY 3309 WATER TOWER ROAD MARION,MO 62959	WARDEN 1 00	827	0	0
DONOVAN C SMITH 3309 WATER TOWER ROAD MARION,MO 62959	TRUSTEE 2 00	2,300	0	0
TIM W ONDO 3309 WATER TOWER ROAD MARION,MO 62959	TRUSTEE 3 00	3,345	0	0
RANDY E BROWN 3309 WATER TOWER ROAD MARION,MO 62959	TRUSTEE 2 00	2,100	0	0
MIKE J CARTER 3309 WATER TOWER ROAD MARION,MO 62959	TREASURER 5 00	6,741	0	0
DELMUS FRANKLIN 3309 WATER TOWER ROAD MARION,MO 62959	FINANCIAL SECRETARY 8 00	10,707	0	0