



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

F Group Exemption
Number 0143

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

I Website: N/A

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

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. **\$ 144,464**

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	61,368	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	80,083	
	4	Investment income		4	2	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)					
	6	Gaming and fundraising events		6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	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)	6b			
	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)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)		8	3,011		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	144,464		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10		
	11	Benefits paid to or for members		11	35	
	12	Salaries, other compensation, and employee benefits		12	2,328	
	13	Professional fees and other payments to independent contractors		13	1,556	
	14	Occupancy, rent, utilities, and maintenance		14	5,922	
	15	Printing, publications, postage, and shipping		15	8,819	
	16	Other expenses (describe in Schedule O)		16	52,244	
	17	Total expenses. Add lines 10 through 16		17	70,904	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	73,560	
	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	37,249	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-8,185	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	102,624	

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	27,632	22	101,699
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	9,617	24	1,047
25	Total assets	37,249	25	102,746
26	Total liabilities (describe in Schedule O)	0	26	122
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	37,249	27	102,624

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? THE LOCAL UNION PROMOTES BY ALL PROPER MEANS, THE MATERIAL AND INTELLECTUAL WELFARE OF ITS MEMBERS THROUGH EDUCATIONAL AND INTRUCTIVE MEANS AND TO IMPROVE WORKING CONDITIONS		Expenses (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	UNION PROVIDES FOR MANAGEMENT WHO NEGOTIATE MEMBERS' WAGE RATES, VACATION TIME, WORK HOURS AND WORKING CONDITIONS (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	0
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	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 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	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  DALE VERSLUES Telephone no  (573) 636-4600 230 W DUNKLIN Located at  JEFFERSON CITY, MO ZIP + 4  65101		
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	2012-09-04 Date		
	DALE VERSLUES BUSINESS AGENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature STEVEN J GESCHKE	Date 2012-09-03	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00161710
	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		EIN 43-1236296
				Phone no (314) 835-4400

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

Yes No

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.**

▶ **Attach certified copies of any articles of dissolution, resolutions or plans.**

▶ **Attach to Form 990 or 990-EZ.**

2011

Open to Public Inspection

Name of the organization
UBCJA - CARPENTERS LOCAL #945

44-0566075

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

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?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		No
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			

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-		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	No
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	No
b	If "Yes," did the organization provide such notice?	4b	No
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5	No
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	No
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b	No
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			

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

		Yes	No
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?	2a	No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	No
c	Become a direct or indirect owner of a successor or transferee organization?	2c	No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	No
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			

Part III

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 #945**Employer identification number**

44-0566075

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 2
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION ASSESSMENTS AMOUNT 290 DESCRIPTION RENTAL INCOME AMOUNT 2,147 DESCRIPTION MISCELLANEOUS AMOUNT 574 TOTAL TO FORM 990-EZ, LINE 8 3,011
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 381 DESCRIPTION OTHER EXPENSES AMOUNT 5,541 TOTAL TO FORM 990-EZ, LINE 14 5,922
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PER CAPITA TAXES AMOUNT 48,591 DESCRIPTION CONTRIBUTIONS AMOUNT 1,441 DESCRIPTION MEMBER OUTING AND EVENTS AMOUNT 1,976 DESCRIPTION PAYROLL AND OTHER TAXES AMOUNT 81 DESCRIPTION MISC EXPENSE AMOUNT 120 DESCRIPTION BANK CHARGES AMOUNT 35 TOTAL TO FORM 990-EZ, LINE 16 52,244
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION TRANSFER OF LAND AND BUILDING TO CDC OF ST LOUIS FEIN 43-0207790 AMOUNT -8,185
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 9,617 END OF YEAR AMOUNT 1,047
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 122

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: UBCJA - CARPENTERS LOCAL #945

EIN: 44-0566075

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: 44-0566075

Name: UBCJA - CARPENTERS LOCAL #945

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
LARRY LUECKENHOFF 230 W DUNKLIN JEFFERSON CITY,MO 65101	PRESIDENT 2 00	353	0	0
MICHAEL SAPP 230 W DUNKLIN JEFFERSON CITY,MO 65101	VICE PRESIDENT 2 00	150	0	0
BRADLEY GABELSBERGER 230 W DUNKLIN JEFFERSON CITY,MO 65101	RECORDING SECRETARY 2 00	203	0	0
SAMUEL LOVEALL 230 W DUNKLIN JEFFERSON CITY,MO 65101	TREASURER 2 00	150	0	0
SHANE VERSLUES 230 W DUNKLIN JEFFERSON CITY,MO 65101	FINANCIAL SECRETARY 2 00	381	0	0
WILLIAM BORGMAYER 230 W DUNKLIN JEFFERSON CITY,MO 65101	WARDEN 2 00	431	0	0
RALPH WIEBERG 230 W DUNKLIN JEFFERSON CITY,MO 65101	CONDUCTOR 2 00	203	0	0
JASON VERSLUES 230 W DUNKLIN JEFFERSON CITY,MO 65101	TRUSTEE 2 00	329	0	0
BRYAN VERSLUES 230 W DUNKLIN JEFFERSON CITY,MO 65101	TRUSTEE 2 00	0	0	0
RANDY FISCHER 230 W DUNKLIN JEFFERSON CITY,MO 65101	TRUSTEE 2 00	128	0	0