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DLN: 93493087007184

OMB No 1545-0047

2012

# Form **990**

Department of the Treasury Internal Revenue Service

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

Return of Organization Exempt From Income Tax

Open to Public Inspection

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

A Fo	r the	2012 ca	endar year, or tax year beginning	07-01-2012 , 2012, and end	ding 06-30-	2013			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization UNITED BROTHERHOOD OF CARPEN	ΓERS &			D Employ	yer ide	ntification number
☐ Ad	dress ch	nange	JOINERS OF AMERICA SW REGIONAL Doing Business As				95-13	1813	5
∏ Na	me cha	nge	Dolling Business As						
∏ Inı	tıal retu	m	Number and street (or P O box if m		) Room/suite	:	E Telepho	ne num	nber
Гте	rmınate	d	533 SOUTH FREMONT AVENUE NO 5	01			(213)		
✓ Am	nended	return	City or town, state or country, and Z LOS ANGELES, CA 900711712	IP + 4	_		(213)	303-1	1437
Гар	plication	n pending	LOS ANGELES, CA 900/11/12				<b>G</b> Gross re	eceipts :	\$ 199,253,775
			F Name and address of prin	cıpal officer		<b>H(a)</b> Is t	hıs a group	return	
			HAROLD JENSEN 533 SOUTH FREMONT AVE	NUE NO 501		affil	iates?		┌ Yes 🗸 No
			LOS ANGELES, CA 900711	712		<b>H(b)</b> Are	all affiliates	s ınclu	ıded? TYes TNo
			<u> </u>			If"N	No," attach	a lıst	(see instructions)
		npt status	,(-)(-)(-)(-) - (-)	nsert no )   4947(a)(1) or	527	H(c) Gro	oup exempti	ıon nuı	mber ►
J W	ebsite	e:► WV	VW SWCARPENTERS ORG			11(0)	,		
<b>K</b> For	m of or	ganızatıor	Corporation Trust 🗸 Association	Other 🕨	•	<b>L</b> Year of f	formation 18	81 <b>M</b>	State of legal domicile CA
Pa	rt I	Sum	mary						_
			escribe the organization's missio						
	1 4	A LABO	R ORGANIZATION FOR THE BE	TTERMENT AND ADVANCE	MENT OF	ITS MEMB	ERS		
Governance									
Ē	-								
<u>ş</u>	2 (	Check t	his box 🛏 if the organization dis	continued its operations or d	isposed of	more than	25% of its	net as	ssets
	, ,	NI	af water a manage of the gavern	na hadu (Dawi )/T Juna 1a)				د ا	1 10
Activities &			of voting members of the governi of independent voting members of					4	10
¥			mber of individuals employed in c		•			5	1,069
Ę			mber of volunteers (estimate if no					6	0
∢			related business revenue from Pa					7a	0
	1		elated business taxable income fr	, , , , , , ,				7b	0
						Pri	or Year		Current Year
	8	Contr	butions and grants (Part VIII, lir	ne 1 h)				0	0
ā Ē	9	<b>9</b> Program service revenue (Part VIII, line 2g)					49,365,8	328	51,822,023
Revenue	<ul> <li>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li> <li>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</li> <li>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li></ul>						126,6	808	-263,414
ш.							43,6	524	27,681
							49,536,0	060	51,586,290
	13							0	0
	14	Benef	ts paid to or for members (Part I		0			0	
ø	15		es, other compensation, employe	e benefits (Part IX, column (A	A), lines		25 720 5	- 4 0	25 260 462
Expenses	16-	5-10	•	aaluman (A.) luna 11a.)			25,739,5	0	25,269,463
<u>क</u>	16a b		ssional fundraising fees (Part IX,					- 0	
Д	17		indraising expenses (Part IX, column (D) expenses (Part IX, column (A), l	•			26 710 5	577	32,752,767
	18		expenses Add lines 13-17 (mus						
	19		ue less expenses Subtract line :				-2,923,0		58,022,230 -6,435,940
<u>ত</u>						i e	ng of Curre	-	End of Year
Not Assets or Fund Balances							Year		
ASS Ba	20		assets (Part X, line 16)				245,191,6		238,721,168
5 E	21		liabilities (Part X, line 26)				6,473,5		6,479,108
	22		ssets or fund balances Subtract	ine 21 from line 20			238,718,0	פטע	232,242,060
	rt II	_	nature Block	and a distance of the second			1	<b>.</b>	an indicate the second
my k	nowled	dge and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
		****					2014-03-28		
Sign		Sign	ature of officer			1	Date		
Her	е		OLD JENSEN PRESIDENT or print name and title						
		17	Print/Type preparer's name	Preparer's signature	Dat	e la	neck 🗀 ıf	PTIN	
Pai	Н	<u> </u>	RICHARD THIERMANN	. ispais. 5 signature	Dat	se	lf-employed	P0097	
	u pare		Firm's name  LINDQUIST LLP			Fir	m's EIN ► 52	2-23852	.96
	on!		Firm's address ► 600 CITY PARKWAY WE	ST SUITE 300		Ph	one no (714)	) 257-0	100
J 36	, 0111	.,	ORANGE, CA 92868						

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

✓ Yes No

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Раг	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   91		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	<u>}</u>		
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	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		Νo
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).			
	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		
	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			
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
		-		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	] '		
а	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		1
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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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. 

Se	ction A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LORI ZISKA 533 SOUTH FREMONT AVENUE LOS ANGELES, CA (702)667-2246

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) MICHAEL MCCARRON	40 00	х		х				286,685	0	16,089	
EXECUTIVE SEC-TREASURER (2) RUBEN ZUNIGA	40.00				_						
EXECUTIVE BOARD	40 00	x		х				151,825	0	16,089	
(3) MARC FURMAN	40 00	х		х				205,290	0	16,089	
VICE PRESIDENT - PAST								ŕ			
(4) JEFFREY FOSTER TRUSTEE	40 00	×		х				138,985	0	16,089	
(5) HAROLD JENSEN	40 00	×		×				201,362	0	16,089	
PRESIDENT											
(6) RANDY THORNHILL	40 00	×		х				206,283	0	16,089	
VICE PRESIDENT (7) MICHAEL OLDS	40 00	×		X				162,038	0	16,089	
EXECUTIVE BOARD		_ ^		^				102,030	0	10,00	
(8) DANIEL LANGFORD	40 00	х		х				139,069	0	16,089	
EXECUTIVE BOARD  (9) JOSEPH DURAN	40.00										
• •	40 00	×		х				150,427	0	16,089	
EXECUTIVE BOARD - PAST (10) WILLIAM MARTIN	40 00										
	40 00	x		х				148,150	0	16,089	
EXECUTIVE BOARD (11) PATRICK MCGINN	40 00										
EXECUTIVE BOARD		x		х				175,930	0	16,089	
(12) FRANK HAWK	40 00										
EXECUTIVE BOARD		X		х				151,008	0	16,089	
(13) MICHAEL MAGALLANES	40 00							,			
WARDEN				Х				144,320	0	16,089	
(14) BJ HAYDEN	40 00			V				122 204	4	16.000	
TRUSTEE				Х				132,294	0	16,089	
(15) WILLIAM HIRSCHI	40 00			х				92,606	0	16,089	
CONDUCTOR				Ĺ				32,000		10,00	
(16) FERNANDO ROJAS	40 00			x				138,570	0	16,089	
TRUSTEE											
(17) JAMES SALA	40 00					x		156,674	0	16,089	
BUSINESS REPRESENTATIVE	1	i						· ' ' '	=	,	

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensatio from the organization	Report n compens from rel organiza	(E) Reportable compensation from related organizations		) ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	- (W- 2/1 MISC		organiz and re organiz	lated
	USTIN WEIDNER	40 00					x		163,0	)50	0		16,089
	ESS REPRESENTATIVE STEVE MUCHICKO	40 00											
		40 00					х		158,7	748	0		16,089
	JESS REPRESENTATIVE  DANIEL CURTIN	40 00										<u> </u>	
. ,	ESS REPRESENTATIVE						Х		158,9	997	0		16,089
	GORDON HUBEL	40 00											
BUSIN	ESS REPRESENTATIVE						X		215,2	245	0		16,089
						┢							
1b	Sub-Total						<u> </u>					<u> </u>	
	Total from continuation sheets to Part	VII. Section A					►						
d	Total (add lines 1b and 1c)								3,477,556		0		337,869
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more tha	n			
												Yes	No
3	Did the organization list any <b>former</b> office on line 1a? <i>If</i> "Yes," complete Schedule J			e, key •	y em	nplo <sup>.</sup>	yee, o	r hıg	hest compens	ated employe	е 3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual										4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									r individual fo	or • <b>5</b>		No
	ection R. Indonondort Contracts	AFC.											
1	ection B. Independent Contractor  Complete this table for your five highes		ındepe	nden	ıt co	ntra	ctors	that	t received more	than \$100,0	000 of		
	compensation from the organization Re											tax year	

(A)	(B)	(c)					
Name and business address	Description of services	Compensation					
OLTMANS CONSTRUCTION CO 10005 MISSION MILL ROAD WHITTIER CA 90601	CONSTRUCTION	16,876,372					
THE WEITZ COMPANY LLC 5901 THORNTON AVENUE DES MOINES IA 50321	CONSTRUCTION	3,501,522					
THE RULE COMPANY PO BOX 7072 PASADENA CA 91109	INSURANCE	1,184,587					
DECARLO & SHANLEY 533 SOUTH FREMONT 9TH FLOOR LOS ANGELES CA 90071	LEGAL	719,146					
SUTHERLAND GLOBAL SERVICES INC 1160 PITTSFORD-VICTOR ROAD PITTSFORD NY 14534	ACCOUNTING SERVICES	569,526					

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 ►28

Part VI	•••	Statement of Revenue					
		Check if Schedule O contains a respon	nse to any question I		(B)	(C)	<u>.</u>
				<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u se	1a	Federated campaigns 1a					
ant und	b	Membership dues 1b					
ا يِع دَ	c	Fundraising events 1c					
£, ξ	d	Related organizations 1d					
હું ≝	e	Government grants (contributions) <b>1e</b>					
Sin	f	All other contributions, gifts, grants, and <b>1f</b>					
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
a C	h	Total. Add lines 1a-1f	· · · •				
a)			Business Code				
nua.	2a	MEMBER DUES	900099	43,925,480	43,925,480		
Es	b	RENT REVENUE	900099	6,648,615	6,648,615		
9Ce	C	REIMBURSED EXPENSES	900099	1,247,928	1,247,928		
Ser	d						
E	e	A.H					
Program Serwce Revenue	f	All other program service revenue					
_	g	Total. Add lines 2a-2f		51,822,023			
	3	Investment income (including dividen and other similar amounts)		439,327			439,327
	4	Income from investment of tax-exempt bond	l-				
	5	Royalties	🕨				
	6a	(ı) Real Gross rents	(II) Personal				
	b	Less rental					
	c	expenses Rental income					
	d	or (loss)  Net rental income or (loss)					
	u	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	271,909				
	b	than inventory Less cost or other basis and sales expenses  146,680,321	987,164				
	c	Gain or (loss) 12,514	-715,255				
	d	Net gain or (loss)		-702,741			-702,741
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a .					
<b>ქ</b>	b C	Less direct expenses <b>b</b> Net income or (loss) from fundraising	events				
		Gross income from gaming activities See Part IV, line 19	events : : p				
	L	a Local diversit expenses					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .	-				
	L	a land and and b					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of invo	entory <b>p</b> .				
-		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	27,681	27,681		
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d	🕨	27,681			
	12	Total revenue. See Instructions .	🛌	51,586,290	51,849,704	0	-263,414

### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa	Ī			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,793,176			
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	15,213,685			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	4,004,952			
9	Other employee benefits	1,895,975			
.0	Payroll taxes	1,361,675			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	703,667			
С	Accounting	732,284			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	173,889			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	203,719			
2	Advertising and promotion	301,190			
3	Office expenses	2,073,973			
4	Information technology				
5	Royalties				
6	Occupancy	4,556,282			
7	Travel	2,010,292			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,046,533			
0	Interest				
1	Payments to affiliates	8,738,033			
2	Depreciation, depletion, and amortization	3,777,952			
3	Insurance	324,664			
4	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)				
а	REFUND OF RENTAL OVERCH	5,364,970			
b	SETTLEMENT	2,148,999			
c	CONTRIBUTIONS	596,320			
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	58,022,230			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 4,035,068 1 19,896,668 2 2 Savings and temporary cash investments . . . . . . 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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

Assets

Liabilities

Fund Balances

ö

Assets

ž

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,5	586,290
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,0	022,230
3	Revenue less expenses Subtract line 2 from line 1	3			135,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			718,069
5	Net unrealized gains (losses) on investments	5			-40,069
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		232,2	242,060
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other Modified Cash  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?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?	<b>:</b>	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

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DLN: 93493087007184

### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Volunteer hours

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL 95-1318135 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures

<u> </u>	(4) 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	<b>+</b>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$ 		
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	)
h	If "Ves " describe in Part IV				

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 368,999 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3 Did the filing organization file Form 1120-POL for this year?

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) SOUTHWEST REGIONAL COUNCIL OF CARPENTERS PAC	533 S FREMONT AVE LOS ANGELES, CA 90071	95-4468779	368,999	

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the o	rganization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (	election under section 501(h)).

	med form 5700 (election dider section 501(n)).					
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
activ		Yes	No	1	moun	t
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		l			
а	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?					
е	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	O ther 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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>01(c</b>	)(5),	or s	ectio	n
	501(c)(6).					
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).					
а	Current year	2a				
Ь	Carryover from last year	2b				
_	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

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		THE LOCAL SPONSORS PAC ACCOUNTS TO ACCEPT CONTRIBUTIONS OR MAKE POLITICAL EXPENDITURES, OR BOTH, TO INFLUENCE THE SELECTION, NOMINATIONS, ELECTION OR APPOINTMENT OF ANY INDIVIDUALS TO ANY PUBLIC OFFICE OR OFFICE IN A POLITICAL ORGANIZATION

DLN: 93493087007184

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

temal	Rev	enu	e Serv	ice		
Nai	me	of	the	ora	ani	į

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

Open to Public Inspection

NITED BROTHERHOOD OF CARPENTERS &			· · · · · · · · · · · · · · · · · · ·
DINERS OF AMERICA SW REGIONAL COUNCIL			1318135
art I Organizations Maintaining Donor Adorganization answered "Yes" to Form 990		ar Funds	or Accounts. Complete if the
organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts
Total number at end of year			(-)
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<u> </u>		ısed <b>Yes N</b> o
Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene	onor advisors in writing that grant	funds can be	e
conferring impermissible private benefit?	Edda a superior de la companya de l'IV	'a a !! ta	
rt II Conservation Easements. Complete if		es" to Forr	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	or education) Preservation		rically important land area
Preservation of open space			
Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contributio	on in the forr	m of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	Tield at the Lind of the Fedi
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified history	orıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c) acc historic structure listed in the National Register	• •	2d	
Number of conservation easements modified, transfer	red, released, extinguished, or tern	nınated by tl	he organization during
the tax year -	, ,		
· ————			
Number of states where property subject to conservat			
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection	ı, handlıng ot	f violations, and <b>Yes No</b>
Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation	easements (	during the year
Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation ease	ments durin	a the year
► \$	g, and emoterny conservation case	ments aann	g inc year
Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements	of section 1	70(h)(4)(B)(ı) <b>Yes N</b>
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	e footnote to the organization's fina		
the organization's accounting for conservation easeme			la Ciarila Assata
Complete If the organization answered "	es" to Form 990, Part IV, line	8.	
If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, educa	ation, or rese	earch in furtherance of public
If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, educa		
(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii) Assets included in Form 990, Part X			<b>►</b> \$
If the organization received or held works of art, historical following amounts required to be reported under SFAS			
Revenues included in Form 990, Part VIII, line 1	-		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	itori	<u>cai ii</u>	<u>reası</u>	ires, or C	tne	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cł	heck	any of	the foll	owing that	are a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
ь	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furth	er the (	organızatıor	ı's e>	kempt purpose i	ın	
5	During the year, did the organization solicit o									_	_
	assets to be sold to raise funds rather than t		-							┌ Yes	No_
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answere	a "Y	es" to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		or other ass	ets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		_				
									An	nount	
С	Beginning balance							<b>1</b> c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	rovided in F	art :	XIII		Γ
Pa	Tt V Endowment Funds. Complete										
		(a)Current year	(b	<b>)</b> Prior	year	<b>b (c)</b> ⊺	wo years back	(d)	Three years back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance							+			
b	Contributions							+			
С	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 curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	_		that	are hel	d and a	admınıstere	d for		Yes	No
	(i) unrelated organizations							•	3a(	_	<u> </u>
b	(ii) related organizations							•	3a(		<del>                                     </del>
4	Describe in Part XIII the intended uses of th	•				•		•	3.	<u>,                                    </u>	<u> </u>
Par	t VI Land, Buildings, and Equipme					10.					
	Description of property		·		Cost or s (invest		(b)Cost or of basis (other		(c) Accumulated depreciation	(d) Bo	ok value
1a	_and						65,943	,670		6	5,943,670
b I	Buildings						71,501	,664	19,274,875	5 5	2,226,789
c i	_easehold improvements										
d I	Equipment						3,671	,634	2,627,463	3	1,044,171
							29,277	,475	4,276,905	5 2	5,000,570
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (	B), line	10(c).,	)		🕨	14	4,215,200

Part VIII Investments—Other Securities. Se	<u>e Form 990, Part X, line 12.</u>	
(a) Description of security or category	( <b>b</b> )Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2 )Closely-held equity interests		
Other		
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>	
art VIII Investments—Program Related. S	see Form 990. Part X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Beschiption of investment cype	(2) Book value	Cost or end-of-year market value
		·
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	приоп	(b) Book value
		+
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Book value	
Federal Income taxes		
PAYROLL LIABILITIES	67,458	
DEFERRED COMPENSATION LIABILITY	6,411,650	
	1	
	+	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	6,479,108	

Part	XI Reconciliation of Revenue per Audited Financial State	eme	ents	: Wi	th I	₹ev	enue	per	Re	turn
1	Total revenue, gains, and other support per audited financial statements							1	L	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12									
а	Net unrealized gains on investments	<b>2</b> a	a							
b	Donated services and use of facilities	21	ь							
C	Recoveries of prior year grants	20	:							
d	Other (Describe in Part XIII )	20	ı							
e	Add lines 2a through 2d	-							e	
3	Subtract line <b>2e</b> from line <b>1</b>							3	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1									
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4	a							
b	Other (Describe in Part XIII )	41	<b>5</b>							
c	Add lines <b>4a</b> and <b>4b</b>	_						<b>□</b> 4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)						5	5	
Part	XII Reconciliation of Expenses per Audited Financial State	ten	ent	s W	ith	Ex	ens	es pe	er i	Return
1	Total expenses and losses per audited financial statements							1	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25									
а	Donated services and use of facilities	2	2a							
b	Prior year adjustments	2	b							
c	Other losses	2	2c							
d	Other (Describe in Part XIII )	2	2d							
e	Add lines 2a through 2d							2	e.	
3	Subtract line <b>2e</b> from line <b>1</b>							3	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	la							
b	Other (Describe in Part XIII )	4	ŀЬ							
c	Add lines <b>4a</b> and <b>4b</b>							4	k	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18	) .						5	
	YIII Supplemental Information									

Complete this part to 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 ınformatıon

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT OF THE COUNCIL HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COUNCIL AND HAS CONCLUDED THAT, AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE COUNCIL IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO THE FISCAL YEARS PRIOR TO 2010

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DLN: 93493087007184

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL 95-1318135

**Employer identification number** 

26	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		103	140
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	_			
	Compensation committee Written employment contract  Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approvaribly the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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)(1)-(111) 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	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 95-1318135

Name: UNITED BROTHERHOOD OF CARPENTERS &

JOINERS OF AMERICA SW REGIONAL COUNCIL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ			
MICHAEL MCCARRON	(ı) (ıı)	) 0	1	1,463 0	7,093 0	8,996 0	302,774 0	0 0			
RUBEN ZUNIGA	(I) (II)		0 0	2,572 0	7,093 0	8,996 0	167,914 0	0			
MARC FURMAN	(I) (II)		0	1,774 0	7,093 0	8,996 0	221,379 0	0			
JEFFREY FOSTER	(1)		0	940	7,093 0	8,996 0	155,074 0	0			
HAROLD JENSEN	(1)		0	1,338	7,093 0	8,996 0	217,451 0	0			
RANDY THORNHILL	(1)		0	9,169	7,093 0	8,996 0	222,372	0			
MICHAEL OLDS	(I) (II)		0 0	365 0	· .	8,996 0	178,127 0	0			
DANIEL LANGFORD	(I) (II)		0 0	41		8,996 0	155,158 0	0			
JOSEPH DURAN	(I) (II)		0 0	1 30-1	· .	8,996 0	166,516	0			
WILLIAM MARTIN	(I) (II)		0		7,093 0	8,996 0	164,239 0	0			
PATRICK MCGINN	(I) (II)		0		· .	8,996 0	192,019	0			
FRANK HAWK	(I) (II)		0	262 0		8,996 0	167,097 0	0			
MICHAEL MAGALLANES	(ı) (ıı)		0	2,567 0	7,093 0	8,996 0	160,409 0	0			
FERNANDO ROJAS	(I) (II)		0 0	1,553 0	7,093 0	8,996 0	154,659 0	0			
JAMES SALA	(I) (II)	) 0	0 0	290 0	7,093 0	8,996 0	172,763 0	0			
JUSTIN WEIDNER	(ı) (ıı)	) 159,137 ) 0				8,996 0		0			
STEVE MUCHICKO	(I) (II)	) 157,069 ) 0	1	1,679 0		8,996 0	I	0			
DANIEL CURTIN	(I) (II)	) 158,997 ) 0			· '	8,996 0		0			
GORDON HUBEL	(I) (II)	) 214,148 ) 0				8,996, 0		0			

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DLN: 93493087007184

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

Open to Public Inspection

Name of the organization
UNITED BROTHERHOOD OF CARPENTERS &
JOINERS OF AMERICA SW REGIONAL COUNCIL

Employer identification number

95-1318135

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	
	FORM 990, PART VI, SECTION A, LINE 7A	IN ACCORDANCE WITH THE ORGANIZATION'S BY LAWS, OFFICERS OF THE COUNCIL (PRESIDENT, VICE PRE SIDENT, EXECUTIVE SECRETARY-TREASURER, SEVEN EXECUTIVE COMMITTEE MEMBERS, WARDEN, CONDUCTO R AND THREE TRUSTEES) ARE NOMINATED AND ELECTED BY THE DELEGATES OF THE COUNCIL, AND MUST BE WORKING WITHIN THE BARGAINING UNIT REPRESENTED BY THEIR LOCAL UNION, OR EMPLOYED FULL T IME WITHIN THE FRAMEWORK OF THE UNITED BROTHERHOOD OF CARPENTERS TO BE ELIGIBLE
	FORM 990, PART VI, SECTION A, LINE 8B	THE COUNCIL DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION DID NOT PROVIDE ALL MEMBERS OF THE GOVERNING BODY WITH A COPY OF THE FORM 990 THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE AND THE CONTROLLER PRIOR TO FILING WITH THE IRS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 1	THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING TO PREPARE THEIR FORM 990
	FORM 990, PART XII, LINE 2C	IN ACCORDANCE WITH THE ORGANIZATION'S BY LAWS, THE TRUSTEES ARE RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

DLN: 93493087007184

OMB No 1545-0047

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL				<b>Employer id</b> 95-131813	dentification number		
Part I Identification of Disregarded Entities (Com	plete if the organization	n answered "Yes" t	to Form 990, Part	•	-		
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during		the organization a	answered "Yes" t	o Form 990, Pa	art IV, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))		Section (13) co	
(1) SOUTHWEST REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION FUND	POLITICAL ACTION FUND	CA	527		SOUTHWEST REGIONAL COUNCIL OF CARPENTERS	Yes	No.
555 CAPITOL MALL							
SACRAMENTO, CA 958144602 95-4468779							
(2) SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST 533 SOUTH FREMONT AVENUE LOS ANGELES, CA 900711712 95-6042873	HEALTH & WELFARE TRUST	CA	501(C)(9)		SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST		Ne

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Part V	Transactions With Related Organizations (Complete if the organization	n answered "Yes	" to Form	990, Part IV, lin	e 34, 35b, or 36.)					
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No		
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or	more related organ	ızatıons lıst	ted in Parts II-IV?	•					
<b>a</b> Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		No		
<b>b</b> Gift	;, grant, or capital contribution to related organization(s)					1b		No		
<b>c</b> Gıft	, grant, or capital contribution from related organization(s)					1c		No		
<b>d</b> Loa	ns or loan guarantees to or for related organization(s)					1d		No		
<b>e</b> Loa	ns or loan guarantees by related organization(s)					1e		No		
<b>f</b> Divi	idends from related organization(s)					1f		No		
<b>g</b> Sale	e of assets to related organization(s)					<b>1</b> g		No		
<b>h</b> Pur	chase of assets from related organization(s)					1h		No		
i Excl	hange of assets with related organization(s)					<b>1</b> i		No		
j Leas	se of facilities, equipment, or other assets to related organization(s)					1j		No		
<b>k</b> Lea	k Lease of facilities, equipment, or other assets from related organization(s)									
l Performance of services or membership or fundraising solicitations for related organization(s)										
<b>m</b> Perf	formance of services or membership or fundraising solicitations by related organization(s)					1m		No		
<b>n</b> Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		No		
<b>o</b> Sha	aring of paid employees with related organization(s)					10		No		
<b>p</b> Reii	mbursement paid to related organization(s) for expenses					1р		No		
<b>q</b> Reii	mbursement paid by related organization(s) for expenses					1q		No		
r Oth	er transfer of cash or property to related organization(s)					1r	Yes			
<b>s</b> Oth	er transfer of cash or property from related organization(s)					1s		No		
-										
<b>2</b> If th	ne answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, in	cluding cov	ered relationships	and transaction threshold	ls				
	(a) Name of other organization	<b>(b)</b> Transac type (a	ction	(c) Amount involved	(d) Method of determining a	amount	ınvolved			
(1) SOUTHV	WEST REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION FUND	R		368,999	AMOUNT PAID					
(2) SOUTHV	WEST CARPENTERS HEALTH & WELFARE TRUST	R		1,757,788	AMOUNT PAID					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 95-1318135

Name: UNITED BROTHERHOOD OF CARPENTERS &

JOINERS OF AMERICA SW REGIONAL COUNCIL

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)										
			Explanation								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493087007184 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL 95-1318135 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 3,777,952 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 3,777,952 23 For assets shown above and placed in service during the current year, enter the

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Form 4562 (2012) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Elected Basis for depreciation Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) period deduction service basis Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization Code A mortizable A mortization for Description of costs amortization period or this year amount section begins percentage

42 A mortization of costs that begins during your 2012 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2012 tax year

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