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### DLN: 93493128014827

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

**Return of Organization Exempt From Income Tax** 

Interna	al Reveni	ue Servic	се						TIIS	респоп
A Fo	or the 2	015 ca	lendar year, or tax year be	ginning 07-01-2015 , and ending	g 06-30-2016	5				
<b>B</b> Che	ck if app	olicable	C Name of organization UNITED BROTHERHOOD OF	CARPENTERS &			D Emplo	oyer i	identificatio	n number
_ Ac	ldress ch	ange	JOINERS OF AMERICA				36-1	894	832	
	me char	-	Doing business as				-			
I In	itial retur	'n					E Tolonh	ono r		
	nai 'terminat	:ed		box if mail is not delivered to street addre	ss) Room/suit	е	E Teleph			
Am	ended re	eturn	12 EAST ERIE STREET				(312	) 78	7-3076	
App	olication	pending	City or town, state or provin CHICAGO, IL 60611	ce, country, and ZIP or foreign postal code	е					
			·				<b>G</b> Gross	recei	pts \$ 68,933,	439 
			<b>F</b> Name and address of FRANK T LIBBY	principal officer			this a grou		urn for	
			12 EAST ERIE STREET			sul N	bordinates?	)		☐ Yes 🗸
			CHICAGO,IL 60611				e all subord	lınate	es	□Yes □ No
<b>I</b> Ta∶	x-exemp	t status	「501(c)(3) <b>√</b> 501(c)	( 5 ) ◀ (insert no )	527	inc	luded?		ļ	
J W	ebsite:	► ww	/W CARPENTERSUNION	ORG			·		,	structions)
				<u> </u>			oup exemp formation 1		number ►	0143 legal domicile IL
<b>K</b> Forr	n of orga	nızatıon	Corporation 🗸 Trust	Association Other		- L Tear of	Tormation 1	889	M State of 1	legal domicile IL
Pa	rt I	Sum	mary						<u> </u>	
			•	nission or most significant activitie	es					
	LAI	BOR UI	NION							
e Ce										
뙲										
Governance	<b>2</b> Cł	neck th	is box ▶ ┌ if the organiza	tion discontinued its operations or	r disposed of	f more tha	n 25% of it	s ne	t assets	
Ġ J			·					i	•	
	3 Nu	umber d	of voting members of the g	overning body (Part VI, line 1a)				3		13
Activities &			·	nbers of the governing body (Part V				4		0
<u> </u>	<b>5</b> To	tal nur	mber of individuals employ	ed ın calendar year 2015 (Part V,	line 2a) .			5		176
ACI	<b>6</b> To	tal nur	mber of volunteers (estima	ite if necessary)				6		0
				rom Part VIII, column (C), line 12				7a		5,100
	<b>b</b> Net	t unrela	ated business taxable inco	ome from Form 990-T, line 34 .				7t	1	-35,377
						P	rior Year		_	ent Year
Qı	8			butions and grants (Part VIII, line 1h)				0	<del> </del>	0
Rəvenue	9	_	gram service revenue (Part VIII, line 2g)					,304 ,638,	t	52,110,415
č	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)							1,563,896
_	11		rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)    revenue—add lines 8 through 11 (must equal Part VIII, column (A), line					382,133		570,238
	12	10tari	revenue—add imes 8 throt	ign II (must equal Part VIII, colu	imii (A), iine		48,622	,075		54,244,549
	13	Grants	s and similar amounts paid	d (Part IX, column (A), lines 1-3)			236	,691		211,687
	14	Benefi	its paid to or for members	(Part IX, column (A), line 4)				0		0
	15	Saları	es, other compensation, e	es, other compensation, employee benefits (Part IX, column (A), lines						29,371,706
Expenses		5-10)								29,371,700
<b>€</b>	16a	Profes	ssional fundraising fees (P	art IX, column (A), line 11e) .				0		0
꿃	b	Total fu	ındraısıng expenses (Part IX, col	umn (D), line 25) ▶ <u>0</u>						
	17			n (A), lines 11a-11d, 11f-24e) .			16,046	,477		19,750,854
	18		•	.7 (must equal Part IX, column (A)	•		43,477			49,334,247
. 40	19	Reven	ue less expenses Subtrac	ct line 18 from line 12		•	5,144	,641		4,910,302
Se g						Beginning	g of Current	Year	End	d of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				90,637	,974		98,140,593
¥¥ ₽	21		liabilities (Part X, line 26)				3,466	,720		1,629,332
ŽŽ	22	Netas	ssets or fund balances Su	btract line 21 from line 20			87,171	,254		96,511,261
Par	t II	Sign	ature Block							
				eve examined this return, including						
	_		nowledge	nd complete Declaration of prepar	er (other tha	an officer)	is based or	ıanı	niormation	or which
		,	=							
		****					2017-05-08 Date			
Sign			ature of officer				Date			
Here	•		REY ISAACSON 1ST VICE PRESI or print name and title	DENT						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Da	te I		PTI	·N	
Dai.	1		/ICTOR ANCICH	VICTOR ANCICH	ا	10	Check if if if if if if	POO	0201493	
Paid		,   <sub>F</sub>	Firm's name  LEGACY PROFE	SSIONALS LLP			irm's EIN ► 3	-	43599	
	parer	1 -	Firm's address ▶ 311 SOUTH WA	CKER DRIVE SUITE 4000			hone no (31			
use	Only	<b>'</b>	CHICAGO, IL 6	0606						

. ✓Yes No

Par	t IV Checklist of Required Schedules			
	<u> </u>		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	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	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	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		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	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Form 990 (2015)

Yes

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

29

30

31

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 🛸

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9	9	Yes	No	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0			
		$\stackrel{\circ}{\dashv}$			
С	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	, <sub>6</sub>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Ŭ 2b	Yes		
-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
_	(FBAR)	<u> </u>			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No	
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
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	6a	Yes		
	organization solicit any contributions that were not tax deductible as charitable contributions?	_			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	.s 6b	Yes		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	file Form 8282?	<b>7</b> c		No	
a	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79			
	Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b			
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	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 )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the				
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	. 13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	_			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 13 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 Enter the number of voting members included in line 1a, above, who are Ω ındependent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 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 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Nο

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

10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a		Νo
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	<b>12</b> c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b>15</b> a	Yes	
b	Other officers or key employees of the organization	<b>15</b> b	Yes	
	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?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

#### Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

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)

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? . . . . . . . . . . . . . . . . . .

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, address, and telephone number of the person who possesses the organization's books and records ▶FRANK T LIBBY 12 EAST ERIE STREET CHICAGO, IL 60611 (312) 787-3076

16b

Part VII

# 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) JOHN CLEARWATER	40 00							202 074		04.506	
EXEC COMM /MARKETING DIRECTOR	0 50	×						203,874	0	94,596	
(2) ZORAN MARKOVICH - PAST  EXEC COMM /NORTH REGION DIRECTOR	40 00	х						180,831	0	73,602	
(3) THOMAS RYAN JR  EXEC COMM /BUS REP /ORGANIZER	40 00	х						163,564	0	85,080	
(4) JAMES SANFILIPPO EXEC COMM /BUS REP / ORGANIZER	40 00 0 50	х						154,968	0	81,726	
(5) BRUCE WERNING EXEC COMM / WESTERN REGION DIRECTOR	40 00 0 50	х						151,186	0	75,057	
(6) RONALD CULBERTSON  WARDEN/EXEC COMM /BUS REP /ORGANIZER	40 00 0 50	х		×				153,760	0	81,726	
(7) JOSEPH PASTORINO  TRUSTEE/EXEC COMM /BUS REP /ORGANIZING COMMITTEE	40 00	x		×				169,438	0	85,728	
(8) ROBERT N GERMAN - NEW EXEC COMM /SOUTH REGION DIRECTOR	40 00 0 50	х						0	0	0	
(9) FRANK T LIBBY PRES /EXEC SEC -TREAS	40 00			×				348,040	0	123,616	
(10) JEFFREY ISAACSON 1ST VICE PRESIDENT	40 00 1 00			×				285,119	0	111,141	
(11) GARY PERINAR JR  2ND VICE PRESIDENT	40 00			×				281,703	0	115,518	
(12) JOSEPH HEILGEIST BUSINESS REPRESENTATIVE	1 00 40 00 0 50			x				216,454	0	95,538	
(13) ROBERT LID BUSINESS REPRESENTATIVE	40 00			×				218,018	0	95,538	
(14) MARK MAHER BUSINESS REPRESENTATIVE	40 00			x				218,424	0	95,538	

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

	T							T	T		
(A) Name and Title	(B) Average hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(15) RICHARD ALBRECHT	40 00			×				210,949		0 95,538	
TRUSTEE/BUS REP/ORGANIZER								210,513		33,330	
(16) DANIEL MCMAHON - PAST TRUSTEE/BUS REP /ORGANIZER	40 00			х				140,528		0 81,727	
(17) ALBERTO JOTAUTAS	1 00										
CONDUCTOR				Х				2,200		0	
(18) PAUL BROWN - NEW	40 00										
TRUSTEE/BUS REP/ORGANIZER				Х				109,989		0 75,984	
(19) JOHN JARGER	40 00				×			206,341		0 95,538	
MARKETING DIRECTOR								200,011		33,330	
(20) JAMES COOPER ASSISTANT TO THE PRESIDENT	40 00					×		210,651		0 95,538	
(21) PETER DIRAFFAELE	40 00										
CHIEF OF STAFF-DIRECTOR OF OPERATIONS						×		254,522		0 105,103	
(22) KEITH JUTKINS ASSISTANT TO THE PRESIDENT	40 00					×		203,622		0 95,538	
(23) ANTHONY JANOWSKI	40 00										
DIRECTOR OF SUSTAINABILITY						X		169,080		0 87,775	
(24) DENNIS SEXTON	40 00										
ASSISTANT TO THE PRESIDENT						X		190,928		0 88,546	
1b Sub-Total				<b>▶</b>						•	
c Total from continuation sheets to Part VII	, Section A .			▶							
d Total (add lines 1b and 1c)			<u> </u>	▶			4,4	44,189	0	2,035,691	
Total number of individuals (including but n \$100,000 of reportable compensation from				bove	e) w	ho red	eiv	ed more than			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contracto	Section	B. Inde	pendent	Contractor
----------------------------------	---------	---------	---------	------------

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITFIELD MCGANN & KETTERMAN	LEGAL SERVICES	1,742,560
111 EAST WACKER DRIVE SUITE 2600 CHICAGO, IL 60601		
	AUDITING AND ACCOUNTING SERVICES	829,092
311 SOUTH WACKER DRIVE SUITE 4000 CHICAGO, IL 60606		

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

Form 99		•						Page <b>9</b>
Part V	***	Statement o						<u></u> -
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ıes <b>1b</b>					
. Gr.	С	Fundraising ev	ents <b>1c</b>					
fts.	d	Related organiz	zations 1d					
i5 ia⊓	e	Government grant	s (contributions) 1e					
Sin	f	_						
uti rer	'	similar amounts no						
를 물	g	Noncash contributi 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	S, FEES AND FINES	900099	51,009,491	51,009,491		
.¥.	b	RENT FROM AFFIL	LATED ORGANIZATION	900099	867,828	867,828		
<del>-</del> د	С	PER CAPITA TAX		900099	167,840	167,840		
ξĒ	d	PERMITS		900099	43,206	43,206		
Ē	е	GRADUATION EXP	REIMB - AFFILIAT	900099	22,050	22,050		
ogra	f	All other progra	am service revenue					
ďΣ	g	Total. Add line:	s 2a-2f	>	52,110,415			
	3		ome (including dividen		1,403,356			1,403,356
	4		ar amounts) stment of tax-exempt bond	-	_,,			
	5			` ▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	268,079					
	ь	Less rental	0					
	c	expenses Rental income	268,079					
	d	or (loss) Net rental inco	me or (loss)		268,079	268,079		
	"	Net remainines	(i) Securities	(II) Other	,	,		
	7a	Gross amount from sales of assets other	14,849,430	(1)				
	ь	Less cost or other basis and	14,688,890					
	c	sales expenses Gain or (loss)	160,540					
	d	Net gain or (los	ss)		160,540			160,540
e E	8a	events (not inc	from fundraising luding					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18						
ē	ь	Less direct ex	apenses b					
<b>₽</b>	С		· (loss) from fundraising	events <b>&gt;</b>				
	9a		from gaming activities					
		See Part IV, Iir	ne 19 <b>a</b>					
	ь	Less direct ex	penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		<b>&gt;</b>				
	_		a					
	b		oods sold b	entory				
	С	Miscellaneou	(loss) from sales of inv s Revenue	Business Code				
	11a	OTHER MISC	uc	900099	90,745	90,745		
		REIMBURSEM	ENTS AND RE					
	b	PROPERTY TA	X REFUNDS	900099	81,457	81,457		
	С	REIMBURSEM FOR VARIO	ENTS FROM UBC	900099	52,071	52,071		
	d	All other reven	ue		77,886	72,786	5,100	
	e	Total. Add lines	s 11a-11d	•	302,159			
	12	Total revenue.	See Instructions .			F0 475	=	. =====
					54,244,549	52,675,553	5,100	1,563,896

# Part IX Statement of Functional Expenses

Section	501(c)(3)	) and $501(c)(4)$ o	rganizations must cou	mnlete all columns	All other organizations	must complete column (A)

 	\			\	~ //		٠.	9								•			•	• • •	-		• • • •		• •		,	٠.	•	<i>,</i>	 •	٠.	 •	· · · ·	P	 	٠	(	• /_			
Che	ckı	fSc	he	dul	e C	) (	on	ita	ıns	a	re	sp	or	ıse	9 0	rr	ot	te t	0	an	уl	ın	e ı	n t	his	s P	ar	t I	X													

		1			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	domestic governments see rait IV/ime 21 I I I I	211,687			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
6	key employees	4,990,799			
	described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,104,989			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,422,629			
9	Other employee benefits	2,630,523			
10	Payroll taxes				
		1,222,766			
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,023,702			
c	Accounting	812,563			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	152,979			
q	Other (If line 11g amount exceeds 10% of line 25, column (A)	·			
•	amount, list line 11g expenses on Schedule O)	415,034			
12	Advertising and promotion	232,013			
13	Office expenses	1,297,530			
14	Information technology				
15	Royalties				
16	Occupancy	944,922			
17	Travel	585,229			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170,321			
20	Interest				
21	Payments to affiliates	1,912,541			
22	Depreciation, depletion, and amortization	1,951,723			
23	Insurance	1,405,631			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	27.112			
а	DUES CHECKOFF REBATE TO	2,690,050			
b	TRANSFERS TO POLITICAL	2,600,000			
c	BUILDING MAINTENANCE	1,014,803			
d	ASSISTANCE TO AFFILIATE	296,215			
e	All other expenses	1,245,598			
25	Total functional expenses. Add lines 1 through 24e	49,334,247			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	, = ,,=			

Part X	Bal	lan	се	SI	1e

34

Total liabilities and net assets/fund balances . . . . . . . . . .

Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or note to any l	ine in this Pai	rt X	(A)		· · · · · · · · · · · · · · · · · · ·
					Beginning of year		End of year
	1	Cash-non-interest-bearing			6,766,627	1	7,553,412
	2	Savings and temporary cash investments			568,167	2	239,754
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		•		4	
	5	Loans and other receivables from current and former off key employees, and highest compensated employees. Schedule L			5		
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	(c)(3)(B), and section 501(	d [c)(9)		-	
SS (						6	
Ä	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D	10a	43,355,384			
	ь	Less accumulated depreciation	10b	15,965,186	30,722,237	<b>10</b> c	27,390,198
	11	Investments—publicly traded securities			52,390,116	11	61,713,182
	12	Investments—other securities See Part IV, line 11 .		•		12	1,052,326
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			190,827	15	191,721
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		90,637,974	16	98,140,593
	17	Accounts payable and accrued expenses			2,400,000	17	540,000
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
46	21	Escrow or custodial account liability Complete Part IV	of Schedule [			21	
abilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and d		ustees,			
ide		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third	d parties .			23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related thi	rd parties,			
				•	1,066,720	25	1,089,332
	26	Total liabilities. Add lines 17 through 25		•	3,466,720	26	1,629,332
seo		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ► 🔽 and	d complete			
ılar	27	Unrestricted net assets			87,171,254	27	96,511,261
æ	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here 🕨	and			
ets	30	Capital stock or trust principal, or current funds				30	
\$\$6	31	Paid-in or capital surplus, or land, building or equipment	t fund			31	
ن ک	32	Retained earnings, endowment, accumulated income, or	other funds			32	
Š	33	Total net assets or fund balances			87,171,254	33	96,511,261

90,637,974

34

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

	1	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses		

		7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,4	29,70	5
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,5	11,26	1
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		 	. Г	
			Yes	No	

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Both consolidated and separate basis

☐ Both consolidated and separate basis

Nο

2a

2b

2c

3a

Yes

Yes

Page **12** 

54,244,549

49,334,247

4,910,302

87,171,254

Νo

**Employer identification number** 

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

Department of the

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Treasury Internal Revenue Service

Name of the organization

UNITED BROTHERHOOD OF CARPENTERS &

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations
   Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III

JO	INERS OF AMERICA			36-1894832	2						
Pai	rt I-A Complete if th	ne organization is exempt u	nder section 501	(c) or is a section 52	7 organization.						
1	Provide a description of	the organization's direct and indirec	t political campaign ac	ctivities in Part IV							
2	Political expenditures			<b>&gt;</b>	\$						
3	Volunteer hours										
Pai	rt I-B Complete if th	ne organization is exempt u	inder section 501	(c)(3).							
1	Enter the amount of any	excise tax incurred by the organizat	tion under section 495	i5 <b>▶</b>	\$						
2	Enter the amount of any	excise tax incurred by organization	managers under section	on 4955 <b>&gt;</b>	\$						
3	If the organization incurr	ed a section 4955 tax, did it file Fo	rm 4720 for this year?	•	☐ Yes ☐ No						
4a	Was a correction made?				⊤Yes						
ь	If "Yes," describe in Pari	t IV									
Pai	rt I-C Complete if th	ne organization is exempt u	ınder section 501	(c), except section 50	01(c)(3).						
1	Enter the amount directly	y expended by the filing organization	n for section 527 exem	npt function activities 🕨	\$						
2	Enter the amount of the feet exempt function activities	filing organization's funds contribute es	ed to other organization	ns for section 527	\$						
3	Total exempt function ex	penditures Add lines 1 and 2 Ente	er here and on Form 11	20-POL, line 17b ►	¢						
4	Did the filing organization fileForm 1120-POL for this year?										
5	organization made payme amount of political contri	ses and employer identification nun ents For each organization listed, e ibutions received that were promptl' d or a political action committee (P)	enter the amount paid for y and directly delivered	rom the filing organization's d to a separate political org	funds Also enter the anization, such as a						
	(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-						
	CHICAGO & NORTHEAST IL DISTRICT COUNCIL OF CARP POLITICAL ACTION COMMITTEE	12 E ERIE STREET CHICAGO,IL 60611	36-4381804		2,600,00						
2											
3											
4											
5											
6											
For	Paperwork Reduction Act No	 tice, see the instructions for Form 990	or 990-EZ.	Cat No 50084S Schedule C	 (Form 990 or 990-EZ) 2015						

Subtract line 1f from line 1c If zero or less, enter -0-

•	rage Z									
P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and fi under section $501(h)$ ).	led Form 5768	3 (election					
	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated gexpenses, and share of excess lobbying expenditures)	roup member's na	me, address, EIN					
	Check	•	If the filing organization checked box A and "limited control" provisions apply							
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
	Total I	obb	ying expenditures to influence public opinion (grass roots							

		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence publi lobbying) Total lobbying expenditures to influence a leg			
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	nt from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	line 1f)		
h	Subtract line 1g from line 1a If zero or less, e	enter - 0 -		

j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	1h or line 1i, did the	_	Form 4720  Y e s									
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)												
	Lobbying Expenditures During 4-Year Averaging Period												
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total							
2a	Lobbying nontaxable amount												
b	Lobbying ceiling amount (150% of line 2a, column(e))												
СС	Total lobbying expenditures												
d	Grassroots nontaxable amount												
е	Grassroots ceiling amount (150% of line 2d, column (e))												
f	Grassroots lobbying expenditures												
				Sche	dule C (Form 990	or 990-EZ) 2015							

Return Reference

PART I-A, LINE 1

Pa		nplete if the organization is exempt under section 501(c)(3) and has N d Form 5768 (election under section 501(h)).	IOT				
or e		se on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
ctiv		se on lines 1a through 11 below, provide in Fact 1v a decaned description of the lobbying	<b>V</b>	No		Mour	ıt
1		r, did the filing organization attempt to influence foreign, national, state or local luding any attempt to influence public opinion on a legislative matter or referendum, e of	Yes				
а	Volunteers?				]		
b	Paid staff or ma	anagement (include compensation in expenses reported on lines 1c through 1i)?			]		
C	Media advertis	ements?					
d	Mailings to me	mbers, legislators, or the public?					
е	Publications, o	r published or broadcast statements?					
f	Grants to other	r organizations for lobbying purposes?					
g	Direct contact	with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demon	strations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activitie	57					
j	Total Add line	s 1c through 1ı					
2a	Did the activiti	es in line 1 cause the organization to be not described in section 501(c)(3)?			]		
	•	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 org	anization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par		plete if the organization is exempt under section 501(c)(4), section 5 (c)(6).	<b>01</b> (c	)(5), (	or s		
				_		Yes	No
1		ially all (90% or more) dues received nondeductible by members?		⊢	1	Yes	<b>—</b>
2	5	ration make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	Yes	<b>.</b>
3		ration agree to carry over lobbying and political expenditures from the prior year?			3		Νo
ar	501	<pre>nplete if the organization is exempt under section 501(c)(4), section 5 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " 3, is answered "Yes."</pre>					
1		nents and similar amounts from members	1				
2	` `	) nondeductible lobbying and political expenditures (do not include amounts of political which the section 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from	last year	2b				
C	Total		2c				
3	00 0	ount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?	4				
5		nt of lobbying and political expenditures (see instructions)	5				
Pa		plemental Information					
		tions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou ), and Part II-B, line 1  Also, complete this part for any additional information	p list)	, Part II	-A,I	ınes 1	and

Explanation

POLITICAL OFFICES WHO PROMOTE THE INTEREST OF LABOR

TRANSFERS TO CHICAGO & NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE - TO SUPPORT CANDIDATES FOR STATE AND LOCAL

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

OMB No 1545-0047

DLN: 93493128014827

Open to Public **Inspection** 

Intern	nal Revenue Service	`		Ziiopeedioii
UNI	me of the organization TED BROTHERHOOD OF CARPENTERS & NERS OF AMERICA		-	oyer identification number 894832
Pa	rt I Organizations Maintaining Donor	· Advised Funds or Other Similar F		
		ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pai	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	n Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, train	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year <b>▶</b>			
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring, inspection, hand easements it holds?	dling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	ervation easements during the
	<b>&gt;</b>			
7	A mount of expenses incurred in monitoring, insper \$\black\$\$	ecting, handling of violations, and enforcing co	onserva	tion easements during the year
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		se statement, and
Par	<b>Complete if the organization answere</b>	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_\_

	edule D (Form 990) 2013									Page Z
Pai	t III Organizations Maintaining Collect (continued)	ions of Art,	Historic	al Tre	easures, or	Othe	er Similar <i>i</i>	Asse	:ts	
3	Using the organization's acquisition, accession, an collection items (check all that apply)	nd other records	, check ar	y of th	e following tha	t are a	a significant u	se of	ıts	
а	Public exhibition		d $ egin{array}{c c c c c c c c c c c c c c c c c c c $	Loan o	r exchange pr	ogram	ıs			
b	Scholarly research		e	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collecting Part XIII	ons and explain	how they	further	the organizati	on's e	xempt purpos	e in		
5	During the year, did the organization solicit or rece assets to be sold to raise funds rather than to be r							es	┌ No	
Pa	rt IV Escrow and Custodial Arrangeme Complete if the organization answered Part X, line 21.		m 990, F	art IV	, line 9, or r	eport	ed an amou	ınt or	n Forn	า 990,
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?	other intermed	ary for co	ntributi	ons or other a	ssets	not <b>Y</b>	es	┌ No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the	followina	table		Г	Aı	mount		
c	Beginning balance				:	ıc				
d	Additions during the year				1	.d				
e	Distributions during the year				1	.e				
f	Ending balance				-	lf				
<b>2</b> a	Did the organization include an amount on Form 99	0, Part X, line 2	21, for esc	row or	custodial acco	ount li	ability? <b>\_Y</b>	es	□No	
									,	
ь	If "Yes," explain the arrangement in Part XIII Che									
Pa	rt V Endowment Funds. Complete if the									
		rent year (	Prior year	Ь (	<b>(c)</b> Two years bac	(d)	Three years back	(e)	Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye	ear end balance	(line 1g, c	olumn	(a)) held as	-				
а	Board designated or quasi-endowment									
ь	Permanent endowment ►									
c	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c should ed	Jual 100%								
<b>3</b> a	Are there endowment funds not in the possession	of the organizati	on that ar	e held a	and administe	ed for	the			
	organization by						Г	>- (:)	Yes	No
	(i) unrelated organizations				• •			Ba(i) Ba(ii)	$\vdash \vdash \vdash$	
ь	If "Yes" on 3a(II), are the related organizations lis		on Schedu	٠٠. le R?				3b		
4	Describe in Part XIII the intended uses of the orga	•					<u> </u>			
Pa	rt VI Land, Buildings, and Equipment.									
	Complete if the organization answered  Description of property	d 'Yes' to Form	n 990, Pa (a)		line 11a.See	Forr	n 990, Part Accumulated		ne 10. (d)Book	v value
	Description of property		Cost or oth	er basıs		asıs	(c)depreciation		(4)500	· value
<b>1</b> a	Land				5,833	,899			5	5,833,899
b	Buildings				24.262	124	11 020 4	00	4.0	1 171 611
•	Leasehold improvements	• •			31,263	,134	11,838,4	· JU		9,424,644
	Equipment				3,055	,905	2,748,4	06		307,499
	Other				1 2,233		_, , ,			.,
					l	اميد		ا مما		004455

27,390,198

See Form 990, Part X, line 12  (a) Description of security: (including name of sec (includi	ir category urity)  i) line 12 )	(b)Boo	( value	(c)Method of valuation Cost or end-of-year market val
(3)Other  Total. (Column (b) must equal Form 990, Part X, col. (t)  Part VIII Investments—Program R Complete if the organization  (a) Description of investments  Total. (Column (b) must equal Form 990, Part X, col. (t)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col. (t)  Part IX Other Liabilities. Complete if the See Form 990, Part X, line 25  1. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (b) Total. (Column (b) must equal Form 990, Part X, col (a) Description of investigation (a) Description of investigation (b) must equal Form 990, Part X, col (b) Part IX Other Assets. Complete if the See Form 990, Part X, line 25 (a) Description of liability Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  1. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Liabilities. Complete See Form 990, Part X, line 25  L. (a) Description of liability  Gederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	elated.			
Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the  See Form 990, Part X, line 25  (a) Description of Investigation  Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  AYROLL WITHHOLDINGS	elated.			
Complete if the organization  (a) Description of investigation  (a) Description of investigation  (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the See Form 990, Part X, Inc. 25  (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	e <b>lated.</b> answered 'Yes' on Forn	•		
(a) Description of Investigation  Total. (Column (b) must equal Form 990, Part X, col (B)  Part IX Other Assets. Complete if the See Form 990, Part X, line 25  (a) Description of liability  Tederal Income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE		n 990, Part IV,	line 11c. <sub>See</sub>	Form 990, Part X, line 13.
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Tederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE		<b>(b)</b> Boo		(c) Method of valuation Cost or end-of-year market val
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Tederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				, , , , , , , , , , , , , , , , , , , ,
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Tederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  ederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Tederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part IX Other Assets. Complete if the  Total. (Column (b) must equal Form 990, Part X,  Part X Other Liabilities. Complete See Form 990, Part X, line 25  (a) Description of liability  Tederal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Total. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS EMPLOYER BOND PROCEEDS PAYABLE	Inc. 12.)	<b>•</b>		
Part X Other Liabilities. Complete See Form 990, Part X, line 25  1. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE			art IV , line 11	Ld See Form 990, Part X, line 15
Part X Other Liabilities. Complete See Form 990, Part X, line 25  1. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE	(a) Description			(b) Book value
Part X Other Liabilities. Complete See Form 990, Part X, line 25  1. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Part X Other Liabilities. Complete See Form 990, Part X, line 25 L. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS EMPLOYER BOND PROCEEDS PAYABLE				
See Form 990, Part X, line 25  L. (a) Description of liability  Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE				
Federal income taxes  PAYROLL WITHHOLDINGS  EMPLOYER BOND PROCEEDS PAYABLE		wered 'Yes' on I	Form 990, Pa	art IV, line 11e or 11f.
AYROLL WITHHOLDINGS  MPLOYER BOND PROCEEDS PAYABLE	(b) Book	value		
MPLOYER BOND PROCEEDS PAYABLE				
MPLOYER BOND PROCEEDS PAYABLE		79,148		
DUE TO AFFILIATE		990,773		
		19,411		
Total. (Column (b) must equal Form 990, Part X, col (B		,089,332		

Net unrealized gains (losses) of	on investments	2a		]	
Donated services and use of fa					
Recoveries of prior year grants		2c			
Other (Describe in Part XIII )					
Add lines <b>2a</b> through <b>2d</b>				2e	
Subtract line $\mathbf{2e}$ from line $1$ .				3	
Amounts included on Form 990	0, Part VIII, line 12, but not on line <b>1</b>				
Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
Other (Describe in Part XIII )		4b			
Add lines <b>4a</b> and <b>4b</b>				4c	
				5	
				s per	Return.
Total expenses and losses per	audited financial statements			1	
A mounts included on line 1 but	t not on Form 990, Part IX, line 25				
Donated services and use of fa	acılıtıes	2a			
Prior year adjustments		<b>2</b> b			
Other losses		20			
Other (Describe in Part XIII )		<b>2</b> d			
Add lines <b>2a</b> through <b>2d</b>				2e	
Subtract line ${f 2e}$ from line ${f 1}$ .				3	
Amounts included on Form 990	0, Part IX, line 25, but not on line 1:				
Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	. 4a			
Other (Describe in Part XIII )		4b			
Add lines <b>4a</b> and <b>4b</b>				4c	
Total expenses Add lines <b>3</b> an	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18	)	5	
XIII Supplemental Info	ormation				
V, line 4, Part X, line 2, Part XI,					de any additional
Return Reference	Explanation				
	INTERNAL REVENUE CODE AS PART O LOCALS AFFILIATED WITH THE UNITE AMERICA, EXCEPT ON NET INCOME DITHE YEAR ENDED JUNE 30, 2016, THE DUE FROM ITS UNRELATED BUSINESS INCOME TAXES HAS BEEN RECORDED FORM 990, RETURN OF ORGANIZATIO EXEMPT ORGANIZATION BUSINESS IN	FAG DBRO ERIVI COUI ACTI IN TI N EXE	ROUP EXEMPTION FOR DTHERHOOD OF CARPE ED FROM UNRELATED BUTTEN BY THE STATE OF THE STATE OF THE STATEM INCOME TARE TAX RETURN THE CO	RALL CENTER BUSINI D THAT Y, NO LENTS AX ANI	COUNCILS AND S AND JOINERS OF ESS ACTIVITIES FOR I NO INCOME TAX IS PROVISION FOR THE COUNCIL FILES D FORM 990-T, IL'S RETURNS ARE
	Donated services and use of far Recoveries of prior year grants Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not included the Complete in Part XIII) Add lines 4a and 4b Total revenue Add lines 3 and XII Reconciliation of Excomplete if the organ Total expenses and losses per Amounts included on line 1 but Donated services and use of far Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 . Amounts included on Form 990 Investment expenses not included the Complete in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and XIII Supplemental Information of the Complete in Part XIII and the descriptions required for V, line 4, Part X, line 2, Part XI, mation	Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements	Donated services and use of facilities	Donated services and use of facilities	Donated services and use of facilities

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

Total revenue, gains, and other support per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015		Page <b>5</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
		_		

efile GRAPHIC print - DO NOT PROCESS DLN: 93493128014827 As Filed Data -OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNITED BROTHERHOOD OF CARPENTERS & 36-1894832 JOINERS OF AMERICA General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

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

PART I, LINE 2 THE EXECUTIVE COMMITTEE CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE COMMITTEE'S DUE DILIGENCE THE COMMITTEE PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF DONATIONS AND GRANTS ALL RECORDS REGARDING DISBURSEMENTS OF FUNDS ARE MAINTAINED AT THE COUNCIL'S OFFICE

#### **Additional Data**

Software ID: Software Version:

**EIN:** 36-1894832

Name: UNITED BROTHERHOOD OF CARPENTERS &

JOINERS OF AMERICA

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	( <b>f</b> ) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EXHIBITION INDUSTRY RESEARCH 12700 PARK CENTRAL DRIVE SUITE 308 DALLAS,TX 75251	75-1621967	501(C)(6)	7,200				GENERAL SUPPORT
CHICAGO FEDERATION OF LABOR 130 E RANDOLPH STREET SUITE 2600 CHICAGO,IL 60601	36-0899610	501(C)(5)	5,050				GENERAL SUPPORT
CHICAGO WOMEN IN TRADES 2444 W 16TH STREET SUITE 3E CHICAGO,IL 60608	36-3256699	501(C)(3)	10,000				GENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHOOSE CHICAGO 45-4847768 501(C)(3) 10,000 GENERAL SUPPORT FOUNDATION 301 E CERMAK ROAD CHICAGO, IL 60616 PORT

GREATER PEORIA ECONOMIC DEVELOPMENT COUNCIL 100 SW WATER STREET PEORIA,IL 61602	37-1104504	501(C)(6)	10,000		GENERAL SUPPORT
ILLINOIS AFL-CIO REGISTRATION & EDUCATION FUND	36-2388785	501(C)(5)	19,306		GENERAL SUPPORT

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

534 SOUTH SECOND STREET 200

SPRINGFIELD, IL 62701

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 23-7026774 501(C)(3) 10,000 SPECIAL OLYMPICS GENERAL SUPPORT CHICAGO 541 N FATRBANKS COURT

4TH FLOOR CHICAGO, IL 60611 501(C)(3) 15,500 UNION SPORTSMEN'S 27-2345009 ALLIANCE

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

GENERAL SUPPORT 235 NOAH DRIVE SUITE 200 FRANKLIN, TN 37064

DLN: 93493128014827

# OMB No 1545-0047

#### Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public

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

Treas	ury ial Revenue Service	,	•			Insp	ectio	n
Na	me of the organı	zation			Employer identificati	on nui	nber	
	TED BROTHERHOOD NERS OF AMERICA	O OF CARPENTERS &			36-1894832			
Pa	rt I Ouest	ions Regarding Compensation	1		30 1034032			
	(						Yes	No
<b>1</b> a		ropiate box(es) if the organization prov Section A, line 1a Complete Part III						
	<b>✓</b> First-clas	ss or charter travel		Housing allowance or residence fo	r personal use			
	Travel for	companions	Ė	Payments for business use of pers	•	İ	İ	İ
	Tax idem	Tax idemnification and gross-up payments Health or social club dues or initiation fees					İ	Ì
	Discretio	nary spending account		Personal services (e g , maid, cha	uffeur, 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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		•					
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			2	Yes			
3	organization's	, if any, of the following the filing orgar CEO/Executive Director Check all th ted organization to establish compens	at apply	Do not check any boxes for metho	ds			
		ation committee		Written employment contract				ļ
	·	ent compensation consultant		Compensation survey or study				ļ
	Form 990	of other organizations	<b>▽</b>	Approval by the board or compens	ation committee		 	ļ
4	During the yea or a related org	r, did any person listed on Form 990, ganization	Part VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control ¡	payment	?		4a		No
b	Participate in,	or receive payment from, a supplemen	ntal nonq	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item	ın Part III			
5	For persons lis	), 501(c)(4), and 501(c)(29) organizat ited on Form 990, Part VII, Section A contingent on the revenues of		·	any			
а	The organization	on?				5a		<u> </u>
b	Any related or	<del>-</del>				5b		
	•	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				<b>6</b> a		
b	Any related or	ganızatıon?				6b		
	•	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 67 If "Yes," d			on-fixed	7		
8		unts reported on Form 990, Part VII, p initial contract exception described in				8		

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

age Z									
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title	(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation in				

(A) Name and Title	(B) Breakdown of	n of W-2 and/or 1099-MISC compensation		(C) Retirement and	( <b>D</b> ) Nontaxable	` '	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation THE COUNCIL'S EXPENSE REIMBURSEMENT GUIDELINES POLICY PROVIDES THAT THE "PRESIDENT/EXECUTIVE SECRETATY-TREASURER

Schedule J (Form 990) 2015

## Software ID: **Software Version:**

**EIN:** 36-1894832

Name: UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA

Form 990, Schedule J, Part I		- Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compen	sated Employees	!s			
(A) Name and Title			W-2 and/or 1099-MIS	·	(C) Retirement and	(D) Nontaxable	(E) Total of columns			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990		
1JOHN CLEARWATER	(1)	202,965	0	909	70,520	24,076	298,470	0		
EXEC COMM /MARKETING DIRECTOR	(11)	0	0	0	0		-	0		
1ZORAN MARKOVICH - PAST	(1)	177,342	0	3,489	54,479	19,123	254,433	0		
EXEC COMM /NORTH REGION DIRECTOR					31,175					
	(11)	U	0	0	0	- 0	- 0	0		
2THOMAS RYAN JR EXEC COMM /BUS	(1)	163,054	0	510	61,004	24,076	248,644	0		
REP /ORGANIZER	(11)	0	0	0	0			0		
3JAMES SANFILIPPO	(1)	151,097	0	3,871	57,650	24,076	236,694	0		
EXEC COMM /BUS REP /ORGANIZER	(11)	0	0	0	0			0		
4BRUCE WERNING	(1)	149,637	0	1,549	58,766	16,291	226,243	0		
EXEC COMM /WESTERN REGION DIRECTOR	1 1									
	(11)	Ü	0	0	0	- 0	- 0	0		
5RONALD CULBERTSON WARDEN/EXEC COMM /BUS	(1)	149,306	0	4,454	57,650	24,076	235,486	0		
REP / ORGANIZ	(11)	0	0	0	0			0		
6JOSEPH PASTORINO	(1)	168,947	0	491	61,652	24,076	255,166	0		
TRUSTEE/EXEC COMM /BUS REP /ORGANI	(11)	0	0	0	0			0		
7FRANK T LIBBY	(1)	336,955				0	0			
PRES /EXEC SEC -TREAS		330,933	0	11,085	99,540	24,076	471,656	0		
	(11)	0	0	0	0	0	0	0		
8JEFFREY ISAACSON 1ST VICE PRESIDENT	(1)	281,413	0	3,706	87,064	24,077	396,260	0		
	(11)	0	0	0	0	-	-	0		
<b>9</b> GARY PERINAR JR	(1)	277,514	0	4,189	92,632	22,886	397,221			
2ND VICE PRESIDENT	1									
	(11)	U	0	0	0	- 0	- 0	0		
10JOSEPH HEILGEIST BUSINESS REPRESENTATIVE	(1)	213,026	0	3,428	71,461	24,077	311,992	0		
BUSINESS REPRESENTATIVE	(11)	0	0	0	0			0		
11ROBERT LID	(1)	213,062	_			0	0			
BUSINESS REPRESENTATIVE	(1)	213,062	0	4,956	71,461	24,077	313,556	0		
	(11)	0	0	0	0	_ 0	- 0	0		
12MARK MAHER BUSINESS REPRESENTATIVE	(1)	212,952	0	5,472	71,461	24,077	313,962	0		
BOSINESS NEI NESENTATIVE	(11)	0	0	0	0			0		
13RICHARD ALBRECHT	(1)	205,865		F 004	71.161	0	0			
TRUSTEE/BUS REP /ORGANIZER		203,803	0	5,084	71,461	24,077	306,487	0		
THE TOTAL WILLIAM	(11)	0	0	0	0	- 0	- 0	0		
14DANIEL MCMAHON - PAST TRUSTEE/BUS	(1)	140,192	0	336	57,650	24,077	222,255	0		
REP /ORGANIZER	(11)	0	0	0	0		-	0		
15PAUL BROWN - NEW	(1)	109,660	0	329	51,907	24,077	185,973	0		
TRUSTEE/BUS REP /ORGANIZER	(11)	0	0		0					
		-	0	0	0	0	0			
<b>16</b> JOHN JARGER MARKETING DIRECTOR	(1)	203,023	0	3,318	71,461	24,077	301,879	0		
	(11)	0	0	0	0		-	0		
17JAMES COOPER	(1)	203,124		7.57	74.464	0	0			
ASSISTANT TO THE PRESIDENT		203,124		7,527 	71,461	24,077 	306,189			
	(11)	0	0	0	0	0	0	0		
<b>18</b> PETER DIRAFFAELE CHIEF OF STAFF-DIRECTOR	(1)	252,602	0	1,920	81,026	24,077	359,625	0		
OF OPERATION	(11)	0	0	0	0			0		
19KEITH JUTKINS	(1)	202,962	n	660	71,461	24,077	299,160	n		
ASSISTANT TO THE PRESIDENT	(11)	0			, 1, 1, 1, 1					
	\/\ 		0	0	0	0	0			

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (ii) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 21ANTHONY JANOWSKI 165,948 3,132 63,698 24,077 256,855 DIRECTOR OF

19,217

66,356

22,190

279,474

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

171,711

SUSTAINABILITY	
1 DENNIS SEXTON	

ASSISTANT TO THE PRESIDENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule L

(Form 990 or 990-EZ)

# **Transactions with Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493128014827 OMB No 1545-0047

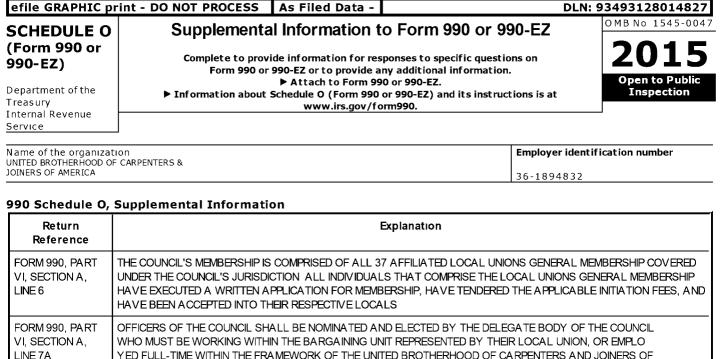
2015

Department of the Treasury  Internal Revenue Service    Name									Open to Public Inspection						
Name of the or	ganization HOOD OF CARPENTER	RS &						<b>nploye</b> 5-189		ficatio	n number	r			
	ess Benefit Tr						)(29)	organı	zations		101				
	olete if the organi ne of disqualified					<u>15a or 25b, or</u> fied person and			Z, Part ' cription	-	40b (d) Corr	ected?			
				organization				trans	saction		Yes	No			
							_								
2 Enter the a	amount of tax incl	urred by organ	nızatıon ma	nagers or dis	qualified pers	ons during the	year 	under	section <b>&gt;</b> \$						
<b>3</b> Enter the a	amount of tax, If a	ny, on line 2,	above, reii	mbursed by t	he organizatio	n			<b>&gt;</b> \$						
Part II Lo	ans to and/o	r From Int	erested	Persons.											
	mplete if the orga janization reporte					line 38a, or Fo	rm 99	0, Par	t IV , lin	e 26, d	or if the				
(a) Name of interested person	with Purpose of c		(d) Loan to or from the organization	ie	(e)O riginal principal amount	<b>(f)</b> Balance due	(g) In default?		(h) A pproved by board or committee?		(i)Written agreement?				
			То	From			Yes	No	Yes	No	Yes	No			
												1			
		_													
Total Part III Gra	ants or Assist	► \$	fitina In	terested F	Persons.										
Co	mplete if the or	ganızatıon a	answered	"Yes" on Fo	orm 990, Pa										
(a) Name of perso		Relationship) erested perso organizat	on and the	(c) A mount	of assistance	e <b>(d)</b> Type (	of assı	stance	e (e)	Purpos	se of ass	ıstance			
									+						
				1											

Return Reference

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zation's
				Yes	No
1) JOHN SCHEIDT	BROTHER-IN-LAW OF GARY PERINAR JR	141,269	COMPENSATION		No
2) PATRICK RYAN	BROTHER OF THOMAS RYAN, JR	122,564	COMPENSATION		No

**Explanation** 



AMERICA TO BE ELIGIBLE

990 Schedule O, Supplemental Information

Return

VI. SECTION A.

Reference FORM 990, PART THE COUNCIL. BY MAJORITY VOTE OF THE DELEGATES PRESENT. EITHER IN REGULAR OR SPECIAL SESSION. SHALL HAVE THE AUTHORITY TO ADOPT OPERATING PROCEDURES TO GOVERN THE COUNCIL. AND TO ENACT ALL

Explanation

LINE 7B MEASURES, RESOLUTIONS, TRADE RULES, INSTRUCTION TO MEMBERS AND LOCAL UNIONS AND ALL OTHER ACTIONS THAT MAY BE NECESSARY TO FURTHER THE OBJECTIVES AND PURPOSES OF THE COUNCIL

FORM 990, PART THE COUNCIL DOES NOT HAVE A SEGREGATED COMMITTEE WHICH ACTS ON BEHALF OF THE EXECUTIVE COMMITTEE VI. SECTION A. (GOVERNING BODY) LINE 8B

Return Reference Explanation FORM 990. PART VI. THE FORM 990 HAS BEEN PROVIDED TO THE ENTIRE EXECUTIVE COMMITTEE (GOVERNING BODY) FOR THEIR

990 Schedule O, Supplemental Information

OFOTION D. LINE 44

SECTION B. LINE 15

SECTION B, LINE 11	RETURN
EORM 990 PART VI	SALARY POLICIES A DE SET IN A COORDANCE WITH THE COLINICIL'S CONSTITUTION AND RYLAWS SALARIES

ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information Return Reference Explanation

LINE 19	COUNCIL'S OFFICE
FORM 990, PART XI, LINE 9	TRANSFER OF NET ASSETS FROM MID-CENTRAL ILLINOIS REGIONAL COUNCIL OF CARP 12,356,921

TRA

NSFER OF NET ASSETS TO NORTH CENTRAL STATES REGIONAL COUNCIL OF CARP -7.927.216

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493128014827 OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury

UNITED BROTHERHOOD OF CARPENTERS &

(Form 990)

▶ Attach to Form 990.

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

Internal Revenue Service Name of the organization **Employer identification number** 

JOINERS OF AMERICA 36-1894832 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1) CHICAGO & NORTHEAST IL DC OF CARP POLITICAL ACTION COMMITTEE TO SUPPORT CANDIDATES ΙL 527 NOT APPLICABLE No 12 E ERIE ST FOR STATE AND LOCAL OFFICES CHICAGO, IL 60611 36-4381804

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile controlling incor (state or entity ur foreign excl country) ta	/ Legal Direct domicile controlling (state or entity foreign	mary activity Legal domicile (state or foreign		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No			
											$\vdash$			
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

No

No

No

No

Yes

1a

1b

Part V	Transactions With Related Organizations	Complete if the organization answered	i "Yes" on Form 990, Part IV,	line 34, 35b, or 36.

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

<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r Ye	s
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including c	overed relationships	and transaction threshol	lds	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involv	ved
1)CHICAGO & NORTHEAST IL DISTRICT COUNCIL OF CARP POLITICAL ACTION COMMITTEE	R	2,600,000	TO FULFILL PRIMARY ACTIVIT	Υ	
			1		

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment 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 sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

