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Form 990-EZ

## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

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

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2016 calendar year, or tax year beginning</b>		January 1	, 2016, and ending	December 31	, 2016
<b>B Check if applicable</b>		<b>C Name of organization</b> <span style="border: 1px solid black; padding: 0 2px;">?</span>		<b>D Employer identification number</b> <span style="border: 1px solid black; padding: 0 2px;">?</span>	
<input type="checkbox"/> Address change		Carpenters Helping Hands Inc.		521241116	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 0 2px;">?</span>		E Telephone number	
<input type="checkbox"/> Initial return		101 Constitution Ave NW 10th Flr		202-546-6206	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F Group Exemption Number</b> ► <span style="border: 1px solid black; padding: 0 2px;">?</span>	
<input type="checkbox"/> Amended return		Washington DC, 20001			
<input type="checkbox"/> Application pending					

G Accounting Method:  Cash  Accrual Other (specify) ► \_\_\_\_\_

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527K Form of organization.  Corporation  Trust  Association  Other 501 (c) 3

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 672.04

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?Check if the organization used Schedule O to respond to any question in this Part I ? 

	Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	5a Gross amount from sale of assets other than inventory . . . . .	5b Less: cost or other basis and sales expenses . . . . .	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6c Less: direct expenses from gaming and fundraising events . . . . .	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	7a Gross sales of inventory, less returns and allowances . . . . .	7b Less: cost of goods sold . . . . .	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8 Other revenue (describe in Schedule O) . . . . .	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ► \$ 672.04	1
															2 Program service revenue including government fees and contracts . . . . .
3 Membership dues and assessments . . . . .	3														
4 Investment income . . . . .	4														
5a Gross amount from sale of assets other than inventory . . . . .	5c														
5b Less: cost or other basis and sales expenses . . . . .	5c														
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c														
6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6d														
6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6d														
6c Less: direct expenses from gaming and fundraising events . . . . .	6d														
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d														
7a Gross sales of inventory, less returns and allowances . . . . .	7c														
7b Less: cost of goods sold . . . . .	7c														
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c														
8 Other revenue (describe in Schedule O) . . . . .	8														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ► \$ 672.04	9														
Expenses		10 Grants and similar amounts paid (list in Schedule O) . . . . .	10												
		11 Benefits paid to or for members . . . . .	11												
		12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 0 2px;">?</span> . . . . .	12												
		13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 0 2px;">?</span> . . . . .	13												
		14 Occupancy, rent, utilities, and maintenance . . . . .	14												
		15 Printing, publications, postage, and shipping . . . . .	15												
		16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 0 2px;">?</span> . . . . .	16												
		17 Total expenses. Add lines 10 through 16 . . . . . ► \$ MAY 16 2017	17												
Net Assets		18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18												
		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19												
		20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20												
		21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ► \$ 378,826.80	21												
SCANNED JUN 15 2017															

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)

**Part II Balance Sheets (see the instructions for Part II)**

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

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	434,326.88	<b>22</b> 378,826.80
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	434,326.88	<b>25</b> 378,826.80
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	434,326.88	<b>27</b> 378,826.80

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

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

What is the organization's primary exempt purpose? See attached

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## **Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Attached

?(Grants \$ 55,000.00) If this amount includes foreign grants, check here . . . ►  28a 55,000.00 ?

(Grants \$  ) If this amount includes foreign grants, check here    **29a**

30

(Grants \$  ) If this amount includes foreign grants, check here   **30a**

31 Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  31a 1,172.12

32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 56,172.12

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
See Attached				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33	33	✓
34	34	✓
35a	35a	✓
b	35b	N/A
c	35c	N/A
36	36	✓
37a	37a	
b	37b	N/A
38a	38a	✓
b	38b	
39	39a	
a	39b	
40a	40a	
b	40b	✓
c	40c	
d	40d	
e	40e	✓
41	41	
42a	42a	Telephone no. ► 702-938-1111 Located at ► 212 Carpenters Union Way, Las Vegas, NV ZIP + 4 ► 89119
b	42b	✓
c	42c	✓
43	43	► <input type="checkbox"/>
44a	44a	✓
b	44b	✓
c	44c	✓
d	44d	N/A
45a	45a	✓
b	45b	✓

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .

Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

Did the organization file Form 1120-POL for this year? . . . . .

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

Section 501(c)(7) organizations. Enter:

Initiation fees and capital contributions included on line 9 . . . . .

Gross receipts, included on line 9, for public use of club facilities . . . . .

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ►

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ►

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

List the states with which a copy of this return is filed ►

The organization's books are in care of ► Loreen Ziska  
Located at ► 212 Carpenters Union Way, Las Vegas, NV

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►  and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

Did the organization receive any payments for indoor tanning services during the year? . . . . .

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

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

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes	No
46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Yes	No
47	✓
48	✓
49a	✓
49b	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A There were no paid employees				

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

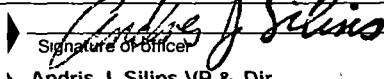
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

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

Sign Here <input type="checkbox"/>	 Signature of officer Andris J. Silins VP & Dir Type or print name and title	Date 5/15/2017
------------------------------------	--	-------------------

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
InspectionName of the organization  
Carpenters Helping Hands Inc.Employer identification number  
52-1241116**CARPENTERS HELPING HAND, INC.**  
**FORM 990**  
**December 31, 2016****Part 1 #10 Grant Allocations & Part III #28**

<u>PURPOSE</u>	<u>RECIPIENT</u>	<u>AMOUNT</u>
Donation	Kaleb Minnix	\$ 5,000.00
Donation	Jared Dorsey	\$ 10,000.00
Donation	Augustin Torres	\$ 10,000.00
Donation	Ray Chamberlain	\$ 10,000.00
Donation	Jose Guerra	\$ 10,000.00
Donation	Michelle Wagner	\$ 5,000.00
Donation	Jennifer Emenheiser	\$ 5,000.00
	Total	<u>\$ 55,000.00</u>

**Part 1 #16 Other Expenses & Part III #31**

<u>PURPOSE</u>	<u>RECIPIENT</u>	<u>AMOUNT</u>
Bank Service Charges		\$ 663.12
DC Treasurer		\$ 80.00
CT Corp		\$ 429.00
	Total	<u>\$ 1,172.12</u>

**Part 3 Organization purpose**

The organization seeks to provide charitable aid to poor and distressed or underprivileged carpenters, joiners, related trades and occupations and their families and dependents, without regard to race, color, creed, sex or national origin. The organization also provides contributions to worthy organization's Board of Directors or their designated officers or agents, to determine whether the donation furnished is likely to aid them. The amount and nature of the aid provided is in the organization's discretion on a case-by-case basis. For example, since its inception, a beneficiary of the organization's aid was a carpenter's six-year old adopted daughter who is severely handicapped born with a bilateral cleft face (without eyes, nose, mouth, palate). She has incurred at least a dozen operations since birth and will require continuing surgery and medical costs greatly exceeding the family's resources; the organization has assisted in paying the hospital and physician's bills.

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2016**► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

Name of the organization

Carpenters Helping Hands Inc.

Employer identification number  
52-1241116**CARPENTERS HELPING HAND, INC.**  
**FORM 990**  
**December 31, 2016**

Tax ID #52-1241116

**PART IV List of Officers**

(A) <u>Name &amp; Address</u>	(B)	(C) <u>Title</u>	(D) <u>Helping Hands Compensation</u>	Related <u>UBC 35-0723065 Compensation</u>	Related <u>UBC 35-0723065 Contribution</u>
Douglas J. McCarron 101 Constitution Ave NW Washington, DC 20001		President & Director	-0-	\$ 418,210.00	\$ 138,152.53
Douglas J. Banes 101 Constitution Ave NW Washington, DC 20001		Vice President & Director	-0-	\$ 339,795.00	\$ 118,548.87
Andris J. Silins 101 Constitution Ave NW Washington, DC 20001		Vice President & Director	-0-	\$ 339,795.00	\$ 118,548.87

The total compensation, contributions, and expenses were paid by the United Brotherhood of Carpenters and Joiners of America EIN:350723065. The above amounts represent compensation for services rendered to the United Brotherhood of Carpenters and Joiners of America and not for services rendered to the Carpenters Helping Hand Inc. This information is reported, as required by the 2016 instructions to Form 990.