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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

▶ 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.

OMB No. 1545-1150

2016**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **?**
Carpenters Helping Hands Inc.

Number and street (or P.O. box, if mail is not delivered to street address) **?** Room/suite
101 Constitution Ave NW 10th Flr **10**

City or town, state or province, country, and ZIP or foreign postal code
Washington DC, 20001

D Employer identification number **?**
521241116

E Telephone number
202-546-6206

F Group Exemption Number ▶ **?**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶

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

K 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	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	672.04
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	672.04	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	55,000.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits ?	12	
	13	Professional fees and other payments to independent contractors ?	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) ?	16	1,172.12
	17	Total expenses. Add lines 10 through 16 ▶	17	56,172.12
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-55,500.08
	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	434,326.88
	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 ▶	21	378,826.80

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED JUN 15 2017

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 ☐

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 <input checked="" type="checkbox"/>	Expenses
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Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

[illegible]

[illegible]

31	Other program services (describe in Schedule O)		
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32	Total program service expenses (add lines 28a through 31a)	32	56,172.12
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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 ☒

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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 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	N/A
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 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	40b	✓
c 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Loreen Ziska</u> Telephone no. ▶ <u>702-938-1111</u> Located at ▶ <u>212 Carpenters Union Way, Las Vegas, NV</u> ZIP + 4 ▶ <u>89119</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c 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: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

- 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	Signature of officer <i>Andris J. Silins</i>		Date <i>5/15/2017</i>	
	Andris J. Silins VP & Dir			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name		Firm's EIN	
	Firm's address		Phone no	
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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.

OMB No. 1545-0047

2016**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

Part 1 #10 Grant Allocations & Part III #28

<u>PURPOSE</u>	<u>RECEIPT</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>RECEIPT</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)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
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OMB No. 1545-0047

2016**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 & Address</u>	(B)	(C) <u>Title</u>	(D) <u>Helping Hands Compensation</u>	Related (E) <u>UBC 35-0723065 Compensation</u>	Related (F) <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.