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Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open tố Public

Α	For th	ne 2016 cale	ndar year, or tax year beginning , 2016, and ending		,	
В	Check (f applicable	C Name of organization UTAH BUILDING AND CONSTRUCTION TRADE	S D Employ	er identif	ication number
	Ac	dress change	Doing business as		01189	999
	HN	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho		
	Н	itial return	2261 SOUTH REDWOOD ROAD	(80	11 97	2-5714
	H	nal return/terminated	City or town, state or province, country, and ZIP or foreign postal code	(80.	L) 3/	2-3/14
	\vdash			ء ا	_	
	\vdash	mended return	SALT LAKE CITY UT 84119	G Gross re		
	∐ Ar	oplication pending	The state of the s	•		
			MIKE MCDONALD 2261 S REDWOOD ROAD SALT LAKE CITY UT 84119	e all subordinates No,' attach a list (:	included? see instru	ctions) Yes No
<u>_</u>	Tax-	exempt status	501(c)(3) X 501(c) (5) (insert no) 4947(a)(1) or 527			
1	We	bsite: ► N	·	oup exemption nu	mber 🟲	
K		of organization	X Corporation Trust Association Other L Year of formation 1	902 M s	tate of leg	gal domicile UT
Pa	irt()*	Summa	ry			
	1	Briefly descr	be the organization's mission or most significant activities PROVIDE UNIO	N SAFETY	TRA	INING
ø		TO COOR	DINATE AND HARMONIZE THE ACTIVITIES, FUNCTIONS AND	INTEREST	'S	
ä		OF THE	AFFILIATED LOCAL UNIONS AND TO PROMOTE THE GROWTH A	AND DEVEL	OPME	NT
Ě	}	OF ALL	LOCAL BUILDING AND CONSTRUCTION UNIONS.			-
Activities & Governance	2	Check this b			sets	
ص مع			oting members of the governing body (Part VI, line 1a)		3	24
S	l .		dependent voting members of the governing body (Part VI, line 1b)		4	21
ij	5		r of individuals employed in calendar year 2016 (Part V, line 2a)		5	
듕	70		r of volunteers (estimate if necessary)		6 7a	0
⋖			ed business revenue from Part VIII, column (C), line 12		7b	0.
		Net unrelate	d business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·		76	0.
		Contribution	a and grants (Part VIII June 1h)	Prior Year	47	Current Year
e	8		s and grants (Part VIII, line 1h)	170,7	4/.	<u>153,471.</u>
Ē	9 10	_	vice revenue (Part VIII, line 2g)	 		
Revenue	11		ncome (Part VIII, column (A), lines 3, 4, and 7d)		9.	9.
	12		e — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,7	56	153,480.
	13		similar amounts paid (Part IX, column (A), lines 1-3)	75,C		61,305.
	14				00.	01,303.
	ļ		to or for members (Part IX, column (A), line 4D FOEVED	21 1	$\frac{1}{2}$	21 472
es	15		er compensation, employee benefits (Part IX-column-(A), lines-5-10)	31,1	64.	31,473.
Expenses	16a		Tundraising fees (Part IX, Column (A), line 11e) APR 0 5 2017			
×	ь	Total fundra	ising expenses (Part IX, column (D), line 25)	. It is	[<u>-</u>
ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	72,1	87.	56,517.
	18	Total expens	ses Add lines 13-17 (must equal Part IX, column (A) line 25)	178,3	51.	149,295.
	19	Revenue les	s expenses Subtract line 18 from line 12	7,5	95.	4,185.
ծ 8			Beg	inning of Currei		End of Year
Net Assets Fund Balanc	20	Total assets	(Part X, line 16)	202,5		206,628.
Age	21	Total liabilitie	es (Part X, line 26)		42.	1,808.
ž	22	Net assets of	or fund balances Subtract line 21 from line 20	200,6		204,820.
_	irt II		ire Block	20070	,,,,	201/0201
_				knowledge and be	allef it is t	nue correct and
com	plete D	eclaration of prep	eclare that I have examined this return, including accompanying schedules and statements, and to the best of my arer (other than officer) is based on all information of which preparer has any knowledge	ration long of the Di	J. 101, 11 13 1	ruo, corroct, aria
		7	Michael Mc oneld			
Si	an	Signa	ture of officer	Date	, 1	1
He	re	мт	KE MCDONALD	3-1	1 - ص	(
_			or print name and title			
_		Print/Type	preparer's name Preparer's agnature	Check	ıf	PTIN
Pa	id	ROVE	Rasmussen CPA Ty Symulau 03/22/17	self-employ	'	P00224189
	nu epar			3		- 0022 1 1 0 0
	e Or			Firm's EIN	9 7-	-0421326
_ •	•	, and add	SALT LAKE CITY UT 84107	Phone no	(801	
Ma	v the I	IRS discuss H	his return with the preparer shown above? (see instructions)	Trione no	1001	. X Yes No
_			Reduction Act Notice, see the separate instructions. TEEA0101	11/16/16		Form 990 (2016)
		wpuittuin				1 01111 000 (2010)

_	990 (2016) UTAH BUILDING AND CONSTRUCTION TRADES	87-0118999	Page 2
Par	III [™] Statement of Program Service Accomplishments		
	* Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	· · · · ·
1	Briefly describe the organization's mission		
	PROVIDE UNION SAFETY TRAINING	 -	
	TO COORDINATE AND HARMONIZE THE ACTIVITIES, FUNCTIONS AND INTEREST	STS	-
	See Form 990, Page 2, Part III, Line 1 (continued)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	· · · · · · · Yes	X No
	If 'Yes,' describe these new services on Schedule O	. —	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o and revenue, if any, for each program service reported	as measured by expens thers, the total expense	es s,
4 a	(Code) (Expenses \$ 146,295. including grants of \$ 61,305.) (F	Revenue \$)
	TO PROVIDE SAFETY TRAINING FOR MEMBERS OF AFFILIATED UNIONS.		
	TO COORDINATE AND HARMONIZE THE ACTIVITIES, FUNCTIONS AND INTERE	STS OF	
	THE AFFILIATED LOCAL UNIONS AND TO PROMOTE THE GROWTH AND DEVELO	PMENT	
	OF ALL LOCAL BUILDING AND CONSTRUCTION UNIONS. TO FOSTER, DEVELO		-
	ADVANCE APPRENTICESHIP TRAINING AND TO COORDINATE WITH STATE AND	~ 	-
	AGENCIES PROMOTING THE INTERESTS OF APPRENTICESHIP TRAINING.		
			-
			-
4 b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
	· · · · · · · · · · · · · · · · · · ·		
			
			-
			
			 -
			 -
			 -
			-
4 c	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
_	· · · · · · · · · · · · · · · · · · ·	·	
4 1	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 146, 295.		
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Χ 3 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. Χ 5 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, Χ 6 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 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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 Χ 9 10 -1 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e 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 . . . 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Χ 14a Χ 14b Х 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х

Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a Χ b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, X 22 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 Χ 23 Χ 24a 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 24c ${f d}$ 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 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b 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? Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV 28b Х 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ 32 Schedule N. Part II 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 X 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2016)

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Pa	rt 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			. Г
_			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			<u> </u>
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		. 1	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		-
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	_^	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a 3 b		$\vdash $
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O· · · · · · · · · · · · · · · · · · ·	3 B		-
	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country	. 1		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ļ		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		 -
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		-
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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		L
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			l
	a 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)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		'	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
	a is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand		'	1
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	h If 'Yes.' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14 b	$\overline{}$	

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	, and	d for	
	a 'No' response to line 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			. X
Sec	ction A. Governing Body and Management			11
	Months de la management		Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	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	1		
I	b Enter the number of voting members included in line 1a, above, who are independent 1 b 21	ŀ		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			'
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_ X
6	Did the organization have members or stockholders?	6	Х	<u> </u>
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_ [
	members of the governing body?	7 a		X
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Χ	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Co	ode)	· · · · · ·
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	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?	10 ь		
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
1	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	40.		
4.5	Schedule O how this was done	12 c		77
13		13		X
14	_ ' '	14	Х	
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?	[
	a The organization's CEO, Executive Director, or top management official	15 a		X
	b Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	$\neg \uparrow$		ļ
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	· <u>-</u> 1		
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	lo		
20		11. (972-	5714
	- DIRD DULUUU INAUGA - ZZOLA NGUWUUU NUMU AMULUANG ULLI UL 04117 — (OV	1 1	,,,,	ノ・エリ

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	(C)									
(A) Name and Title	(B) Average hours per	director/trustee)				s perso and a ee)	מי	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RICK_CLARK	3.00	Х						0.	0.	0.
(2) CASEY TIBBS DIRECTOR	3.00	Х						0.	0.	0.
(3) RICH_CARR	3.00	Х						0.	0.	0.
_(4)_RUSSELL_LAMOREAUX DELEGATE	3.00	Х						0.	0.	0.
(5) DAVID JOSPEH DELEGATE	3.00	Х						0.	0.	0.
(6) MIKE MCDONALD SECRETARY/TREASURER/DELEGATE	3.00	Х		Х				0.	0.	0.
_(7)_ROB_NELSON	_3.00	Х						0.	0.	0.
(8) DIANE LEWIS DELEGATE	_3.00	Х						0.	0.	0.
(9) BRANDON DEW DELEGATE	3.00	x						0.	0.	0.
(10) BRANDT GOBLE DELEGATE	3.00	Х						0.	0.	0.
VICE PRESIDENT/DELEGATE	3.00	х		Х				0.	0.	0.
(12) MOISES RUIZ DELEGATE	3.00	Х						0.	0.	0.
(13) JOHN WADLOW DELEGATE	3.00	х		Х				0.	0.	0.
(14) KRISTOPHER WINGET DELEGATE	_3.00	х						0.	0.	0.

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Form 990 (2016)

Part VII Section A. Officers, Directors,	(B)	<u>∖ey</u> ⊺	Eml	(C)	ees,	and	Hignest Con	ipensated Emp	loyees	(continue
(A) Name and title	Average hours per week	box	not che , unless cer and	Positio eck mo s perso l a dire	ore than o on is both octor/trust	an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) timated nt of other pensation
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	employee	Former	ine organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	nensation om the nization related nizations
(15) JIM JACKETTA DELEGATE	3.00_	X					0.	0.		
(16) DAN WALKER DELEGATE	3.00_	X					0.	0.		
(17) FLAVIO PENA DELEGATE	3.00	x					0.	0.		
(18) BRANDI MORRIS DELEGATE	3.00_	x					0.	0.		
(19) ROY ADAMS DELEGATE	3.00	х					0.	0.		
(20) ROBERT PATTERSON DELEGATE	3.00	x					0.	0.		
(21) JOHN STEVENSON DELEGATE	3.00	X					0.	0.		
(22) TONY ERICKSON DELEGATE	3.00	Х					0.	0.		
(23) ROBERT COCHRAN DELEGATE	3.00	x					0.	0.		
(24)										
(25)										
1 b Sub-total	Section A	 				>	0.	0.		
d Total (add lines 1b and 1c)						eive	0 . d more than \$100	0. ,000 of reportable co	mpensa	tion
from the organization •										Yes I
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su									. 3	
4 For any individual listed on line 1a, is the sum the organization and related organizations greaters.	ater than \$150	,0007	If 'Ye	es, ' c	omplet	er co e Sc	mpensation from chedule J for		. 4	
 such individual	rue compensat	tion fi	rom a	ny ur	relate					
Section B. Independent Contractors 1 Complete this table for your five highest comp							•			
compensation from the organization. Report co	ompensation fo	r the	caler	ndar	year er	iding	with or within the	organization's lax y		
Name and business	address						Description		Compe	C) insation
2 Total number of independent contractors (inclu	•	mited	to th	ose I	sted a	bove	e) who received m	ore than		
\$100,000 of compensation from the organization	On -	TEEA	0108	11/16/	16		.		Form	990 (20

		Check if Schedule O contains a response or note to any lin	e in this Part VIII .	<u>_.</u>	<u></u> . <u></u>	<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts Its	1 a	Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 92,166.				
Ω, E		Fundraising events 1 c				
fts, A		Related organizations 1 d				
Gř ilai						
in,	θ	Government grants (contributions) 1 e 61,305.				
io	f	All other contributions, gifts, grants, and				
함		All other contributions, gifts, grants, and similar amounts not included above	,			
رةٍ قِ	a	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	153,471.			
		Business Code	133,471.			
Program Service Revenue	2 a					
e						
eВ	b					
Š	С					
ģ	d					
E	е					
gra	f	All other program service revenue				
S.		Total. Add lines 2a-2f · · · · · · · · · · · · · · · ·				
 -			<u> </u>			
	3	Investment income (including dividends, interest and other similar amounts)				
		·	9.	0.	0.	9.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
l		(i) Real (ii) Personal		,		
	6 a	Gross rents				
	b	Less rental expenses		,		
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
		(1) Somethon (1) Other				
	7 a	Gross amount from sales of assets other than inventory				
		, <u> </u>				
	b	Less cost or other basis				
		and sales expenses				
		Gain or (loss)				
	d	Net gain or (loss)				
Φ	8 a	Gross income from fundraising events				
		(not including. \$				
Ş		of contributions reported on line 1c)				
æ		See Part IV, line 18 a				
Other Revent	b	Less direct expenses b				
チ		Net income or (loss) from fundraising events		j		
O		· · · · · · · · · · · · · · · · · · ·				
	9 a	Gross income from gaming activities See Part IV, line 19				
	l .	Less: direct expenses b	-	-		_
	C	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		Gross sales of inventory, less returns and allowances		[
	b	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code		 		
	11 a		,			
	Ι.			 		
	þ	' 		 	 	
	o ا			ļ	ļ	
	-	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	153,480.	0.	0.	9.
_						

	t IX Statement of Functional Expen			 	<u>.</u>
Sect	ion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a res				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	61,305.	61,305.		
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 key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,285.	18,285.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_	· ·	588.	588.		
9	Other employee benefits	9,567.	9,567.		
10	Payroll taxes	3,033.	3,033.		
11	` ' ' '				
	Management				
	Degal	4,904.	4,904.	 	
	; Accounting	2,220.	2,220.		
	Lobbying				
	Professional fundraising services See Part IV, line 17 Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,476.	1,476.		
13	Office expenses	299.	299.		
14	Information technology				
15	Royalties				
16	Occupancy	8,879.	8,879.		
17	Travel		8,762.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	987.	987.		
20	Interest				
21	Payments to affiliates	1,000.	1,000.		
22	Depreciation, depletion, and amortization	8,132.		· · · · · · · · · · · · · · · · · · ·	
23	Insurance	1,306.			<u> </u>
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)				
á	CHARITABLE DONATIONS	7,730.			
	TRANSFERS TO PAC FUND	3,000.			
	UNION ORGANIZING ACTIVITIES	3,803.			
	PARTNERSHIP K-1	2,134.			
	All other expenses	1,885.			
25	Total functional expenses Add lines 1 through 24e	149,295.	121,305.		
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)				

(A) (B) End of year Beginning of year 17.452 1 19,374. 2 2 49,313 49,109. 3 3 4 5 Loans and other receivables from current and former officers, directors, rustees, key employees, and highest compensated employees Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 75,617. 10 c 29,799. 37,932 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 97,880 15 108,346. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 202,577 206,628. 17 17 1,942 1,808 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 25 26 942 26 808 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 200,635 204,820. Net? 33 33 200,635 204,820. 34 202,577 34 206,628.

BAA

Part X

Balance Sheet

LOIII	1990 (2016) UTAH BUILDING AND CONSTRUCTION TRADES 8/-0118999	_	Pa	ge 12
Pa	t XI_ Reconciliation of Net Assets			
	. Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,4	80.
2	Total expenses (must equal Part IX, column (A), line 25)	1	49,2	95.
3	Revenue less expenses Subtract line 2 from line 1		4,1	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	00,6	35.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	_		
Da	t XII Financial Statements and Reporting	2	04,8	<u>320.</u>
Га	•			_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · ·	للن
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			:
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>
	Were the organization's financial statements audited by an independent accountant?	2 b	<u></u>	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
	basis, consolidated basis, or both Separate basis Both consolidated and separate basis			
				1
(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?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			, ,
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
	o 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	3 b	<u> </u>	
BAA	· —— · —— · · —— · · —— · · —— · · · —— · · · · —— ·	Form	990 (2016)

TEEA0112 11/16/16

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

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

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

If the organization answered 'Yes,' 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

• 5	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer identifica	ation number
	AH BUILDING AND CON			87-011899	
Par	t I-A. Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1		ganization's direct and indirect political camp of 'political campaign activities')	aign activities in Part I	V	
2	Political campaign activity exp	enditures (see instructions)		. > \$	
3_	Volunteer hours for political ca	impaign activities (see instructions)	<u> </u>		
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
		e tax incurred by the organization under secti			
2	Enter the amount of any excis-	e tax incurred by organization managers und	er section 4955		
3		section 4955 tax, did it file Form 4720 for this			
4 a	Was a correction made?				· · · · Yes No
	If 'Yes,' describe in Part IV				
		rganization is exempt under section			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	ivities · · · · · · ► \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	inizations for section 5	27 exempt ► \$	
3		tures Add lines 1 and 2 Enter here and on F			
4	Did the filing organization file I	Form 1120-POL for this year?			· · · Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of all For each organization listed, enter the amount is received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing of elivered to a separate :	organization's funds. Also political organization, suc	enter the
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization (f none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Schedula C (Form 900 or 900 E7) 201	6			07.011	gaa Page 2
Schedule C (Form 990 or 990-EZ) 201 Part II-A Complete if 1 section 501(he organizatio	on is exempt under se		87-011 filed Form 5768 (e	<u> </u>
<u>_</u>		ngs to an affiliated group (an	id list in Part IV each affilia	ated group member's na	me
	-	I share of excess lobbying ex		g.oupozo. o	
		ked box A and 'limited contro			
(The term		ring Expenditures ans amounts paid or incur	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lobby	/ing) - · · · · · · · ·		
b Total lobbying expenditur	es to influence a le	gislative body (direct lobbyin	g)		
c Total lobbying expenditur	es (add lines 1a an	d 1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose exp	penditures (add line	es 1c and 1d)	[
f Lobbying nontaxable amo	ount Enter the amo	unt from the following table	ın 		-
If the amount on line 1e, colu	mn (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 exces	s over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	s 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 ar	mount (enter 25% c	f line 1f)			
h Subtract line 1g from line	1a If zero or less,	enter -0			
i Subtract line 1f from line	1c If zero or less, e	enter -0			
		er line 1h or line 1i, did the o			Yes No
		4-Year Averaging Period			
(Some		at made a section 501(h) e elow. See the separate ins			
	Lob	bying Expenditures During	g 4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·	, ,				
c Total lobbying expenditures					
d Grassroots nontaxable amount					

f Grassroots lobbying expenditures · · · · · · · BAA

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

Schedule C (Form 990 or 990-EZ) 2016

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

and Washington and Incode the Market A. holour arounds up Don't IV and stailed described	(6)	(b)
r each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

F

			Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Х	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

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 www.irs.gov/form990.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	UTAH BUILDING AND CONSTRUCT	ION TRADES	87-0118999
Par	t Organizations Maintaining Dono	r Advised Funds or Other Sin	nilar Funds or Accounts.
<u>. 41</u>	Complete if the organization answer	ered '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 are the organization's property, subject to the organization's	advisors in writing that the assets held	in donor advised funds
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing that grant the donor or donor advisor, or for any c	funds can be used only ther purpose confering
			Yes No
Par	t II Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., recr	eation or education) Pres	ervation of a historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
	Preservation of open space		
2		held a qualified conservation contribution	on in the form of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
	a Total number of conservation easements		
	o Total acreage restricted by conservation easeme		
	Number of conservation easements on a certified	• •	
•	d Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and not on a	historic 2 d
3	Number of conservation easements modified, tra		<u> </u>
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy regain	_	handling of violations
	and enforcement of the conservation easements	it holds?	Yes No
6	•		enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enfor	cing conservation easements during the year
8	Does each conservation easement reported on land section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	s conservation easements in its revenu ne organization's financial statements tl	e and expense statement, and balance sheet, and nat describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treas ered 'Yes' on Form 990, Part IV	ures, or Other Similar Assets. line 8
1:	all f the organization elected, as permitted under S art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its financia	eld for public exhibition, education, or re	esearch in furtherance of public service, provide,
	b If the organization elected, as permitted under S historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to report in its reve or public exhibition, education, or resea	enue statement and balance sheet works of art, irch in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lin		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other similar ass	
	a Revenue included on Form 990, Part VIII, line 1		
	b Assets included in Form 990, Part X		

Part Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	r Other Similar Asse	ets (continued)
 Using the organization's acquisition items (check all that apply) 	n, accession, a	nd other records, check	any of the following that	are a significant use of its	collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future genera	tions				
4 Provide a description of the organi Part XIII	zation's collect	ions and explain how the	ey further the organization	on's exempt purpose in	
5 During the year, did the organizati to be sold to raise funds rather tha	ın to be maınta	ined as part of the organ	ization's collection?		Yes No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangem mount on Fo	ients. Complete if thorm 990, Part X, line	ne organization ans e 21 	wered 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, trusto on Form 990, Part X?	ee, custodian o	r other intermediary for c	contributions or other as	sets not included	Yes No
b If 'Yes,' explain the arrangement in	n Part XIII and	complete the following ta	ıble		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					· · · · · · · · · · · · · · · · · · ·
2 a Did the organization include an an				· · · · · · · · · · · · · · · · · · ·	_ —
b If 'Yes,' explain the arrangement in	n Part XIII Che	ck here if the explanation	n has been provided on	Part XIII	
Dort Vis Endowment Europe C	Complete of t	ho organization one	wored 'Vee' on Feri	m 000 Dort IV line 10	<u> </u>
Part V. Endowment Funds. C	1				
1 a Reginning of year balance	(a) Current	year (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance	-				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	L	<u> </u>	<u> </u>		<u></u>
2 Provide the estimated percentage			g, column (a)) held as		
a Board designated or quasi-endow		 &			
b Permanent endowment		•			
c Temporarily restricted endowment	-				
The percentages on lines 2a, 2b,	and 2c should	equal 100%			
3 a Are there endowment funds not in organization by	the possession	n of the organization that	t are held and administe	red for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the relate	ed organization	s listed as required on Se	chedule R?		3b
4 Describe in Part XIII the intended	uses of the org	anization's endowment f	funds		
Rart VI Land, Buildings, and Complete if the organization			990, Part IV, line 1	la. See Form 990, Pa	rt X, line 10
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		4,065.			4,065.
b Buildings		32,886.		24,607.	8,279.
c Leasehold improvements					
d Equipment		68,465.		51,010.	17,455.
e Other		22,733.			
Total. Add lines 1a through 1e (Column		al Form 990, Part X, colu	mn (B), line 10c.) · · ·		29,799.
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	(b) Book value	(c) Method of valuation Cost or end-of-ye	ar market value
(1) Financial derivatives			
2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			<u></u>
(B)			
<u>(C)</u>			
(<u>D)</u>	·		
(<u>E)</u>			
(<u>F)</u>			
(G)		· · · · · · · · · · · · · · · · · · ·	
(H)			
(I)			<u> </u>
Total (Column (b) must equal Form 990, Part X, column (B) line 12) > Part VIII Investments — Program Related.		<u> </u>	
Complete if the organization answered "	Yes' on Form 990, P	Part IV, line 11c See Form 990, Par	rt X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-	
(1)			· -
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) •			
Complete if the organization answered '	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I: (2) (3) (4)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9)	scription	Part IV, line 11d See Form 990, Pa	(b) Book value
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10)	escription NTEREST		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	escription NTEREST		(b) Book value 108, 346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on I	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) I Part X Other Liabilities.	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	Inne 15)		(b) Book value 108, 346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes	Inne 15)		(b) Book value 108, 346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) and the part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) i Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Inne 15)		(b) Book value 108,346
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Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) i Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) I Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Inne 15)		(b) Book value 108,346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) I Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Inne 15)		rt X, line 15 (b) Book value 108, 346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Inne 15) Form 990, Part IV, line 1 (b) Book value		(b) Book value 108, 346
Complete if the organization answered ' (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) I Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Inne 15) Form 990, Part IV, line 1 (b) Book value	le or 11f. See Form 990, Part X, line 25	108,346

Schedule D (Form 990) 2016 UTAH BUILDING AND CONSTRUCTION TRADES	87-0118999	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	
a Investment expenses not included on Form 990, Part VIII, line 75 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	· · · 4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	1	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 е	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V ine 4. Part X, line 2. Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b, Also complete this part to provide any ac	/, dditional information	

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Schedule D (Form 990) 2016

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2016

OMB No 1545-0047

Employer identification numb

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

≗ □ Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 87-0118999 Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Partily General Information on Grants and Assistance UTAH BUILDING AND CONSTRUCTION TRADES

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OPERATING ENGINEERS JATC 1958 WEST NORTH TEMPLE SALT LAKE CITY UT 84116 9	94-1640988		26,235.				SAFETY TRAININ
LABORERS TRUST DANNON WAY CITY UT 84081	91-1283259		24,300.				SAFETY TRAININ
(3)							
		• ,					
(4)							
(5)							
(6)							
(7)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government organ	izations listed in the	line 1 table				
1 4	see the Instructions			TEEA3901 11/03/16	11/03/16	Schedu	Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

SNTG.TTIIR HATTI (8100) (1900) Helinberts	THE RITTING AND CONSTRICTION TRADES	TION TRADES		. ω	87-0118999 Page 2
E Se	Domestic Individuce is needed.	ials. Complete if th	e organization ansv	vered 'Yes' on Form 990	Part IV, line 22 Part III
(a) Type of grant or essistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
r un					
ي					
7					
Partival Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I, II	ne 2, Part III, colun	n (b), and any other add	itional information.

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

e of the organization	Employer identification number
AH BUILDING AND CONSTRUCTION TRADES	87-0118999
VI, Line 11b FORM 990 IS MADE AVAILABLE TO AND REVIEWED AT ALL GOVERNING RECORDS, DOCUMENTS AND FINANCIA	
VI, Line 19 AT THE UNION OFFICE UPON WRITTEN REQUEST MEMBERSHIP IS RESTRICTED TO BUILDING AND CONS	EMPLICATON ADVOCE TOCVI
UNIONS IN GOOD STANDING WITH THE NATIONAL UNI	IONS AFFILIATED WITH THE
NATIONAL BUILDING AND CONSTUCTION TRADES DEPA DELEGATES REPRESENTED FROM EACH LOCAL AFFILIA	
NUMBER OF MEMBERS WITHIN THAT AFFILIATE. DELE	
THEIR OWN LOCAL UNION. THESE ELECTED DELEGAT	TES COMPRISE THE GOVERNING
VI, Line 6 BODY OF THIS UNION.	