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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

Open to Public Inspection

|            | FOL                     | tne           | 2016 Calendar year, or tax year beginning JUL 1, 2016 and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ending U      | UN 30, 2017                   |                               |
|------------|-------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|-------------------------------|
| В          | Check                   | k if          | C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | D Employer identification     | ation number                  |
|            |                         |               | UNITED BROTHERHOOD OF CARPENTERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ł             |                               |                               |
|            | Ad                      | dress<br>ange | JOINERS OF AMERICA LOCAL UNION NO. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -             |                               |                               |
| Ĺ          | Na                      | ame<br>ange   | Doing business as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 92-00                         | 13107                         |
| [          | lni                     | tial<br>turn  | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Room/suite    | E Telephone number            |                               |
| Ī          |                         | nal<br>turn/  | 25 TIMBERLAND DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>      | 907 4                         | 52-3862                       |
| _          | ter                     | rmin-<br>ed   | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·             | G Gross receipts \$           | 192,129.                      |
| ſ          | An                      | nende<br>turn |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | H(a) Is this a group ret      |                               |
| Ī          |                         | plica         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | for subordinates?             |                               |
| _          |                         | nding         | SAME AS C ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | H(b) Are all subordinates inc |                               |
| _          | Tay.                    |               | mpt status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or 527        | 1                             | st. (see instructions)        |
| -          |                         |               | $\begin{array}{c} \text{in trial control} \\ \text{or } \\ \text{in } \\ \text{or } \\ \text$ | 0, 02,        | H(c) Group exemption          |                               |
| _          |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OR I Vear     |                               | State of legal domicile: AK   |
|            | Part                    |               | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | O1q L Tour    | OF TOT MARKON. I JOJEN        | Otate of legal dofficile. ALL |
| L          | $\top$                  |               | Briefly describe the organization's mission or most significant activities LABC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R INTO        | )NT                           |                               |
|            | Activities & Governance |               | bieny describe the organization's mission of most significant activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IL OHIC       |                               |                               |
|            | تا م                    |               | Check this box I if the organization discontinued its operations or disposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sed of more   | than 25% of its not ass       | ote                           |
|            | Yer                     |               | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or more       | 3                             | 10                            |
|            | <u> </u>                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                               |                               |
| •          | <u>بر</u> م             |               | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | 4                             | 0                             |
| :          |                         |               | Total number of individuals employed in calendar year 2016 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 5                             | <u>2</u>                      |
| :          | בּן בַּ                 |               | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | 6                             |                               |
| •          | ଥ   7                   |               | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 7a                            | 0.                            |
| _          | +                       | ÞΓ            | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                               | 0.                            |
|            | _                       |               | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b> </b>      | Prior Year 0.                 | Current Year                  |
|            | 9   E                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>ଅଧା 🗀</u>  |                               | 170 020                       |
|            | Revenue                 |               | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 181           | 199,020.                      | 170,829.                      |
|            |                         |               | nvestment income (Part VIII, column (A), lines 3, 4 aid 7d) 116 2 9 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8             | 10 570                        | 0.                            |
| <u></u>    |                         |               | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12: H         | 18,570.                       | 21,300.                       |
| 2012       |                         |               | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·             | 217,591.                      | <u>192,129.</u>               |
| <b>©</b>   | 1:                      |               | Grants and similar amounts paid (Part IX, column (人), lines 13前中に関する                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 0.                            | 0.                            |
|            | 1.                      |               | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>      | 0.                            | 0.                            |
| •          | တ္မွ 1                  |               | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>      | 46,911.                       | 48,348.                       |
| SEP        | Expenses                |               | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _  -          | 0.                            | <u> </u>                      |
| S          | Š.                      | b T           | Fotal fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.            |                               |                               |
| NNED       | <b>"</b>   1            | 7 (           | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _             | 132,079.                      | 136,571.                      |
| 2          | 1.                      | 8             | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _             | 178,990.                      | <u> 184,919.</u>              |
| 3          | 1                       | 9 F           | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | <u>38,601.</u>                | 7,210.                        |
| لوگي ا     | 58                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Be            | ginning of Current Year       | End of Year                   |
| <b>7.5</b> | [종 2                    | 0 7           | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 627,161.                      | <u>634,371.</u>               |
| Ā          | [월] 2                   | 1 1           | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _             | <u>26.</u>                    | <u>26.</u>                    |
| ž          |                         |               | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | 627,135.                      | 634,345.                      |
|            | Part                    |               | Signature Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                               | · <del>-</del>                |
|            |                         |               | lties of perjury, I declare that I have examined this return, including accompanying schedul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                               | knowledge and belief, it is   |
| <u>tr</u>  | ue, co                  | rrect         | t, and complete. Declaration of preparer (other than officer) is based on all information of v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | vhich prepare | r has any knowledge.          | 1/                            |
|            |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | 08/0                          | 4/2017                        |
| S          | ign                     | 1             | Signature of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Date /                        | /                             |
| ۲          | lere                    |               | ARTHUR SUTTON, FINANCIAL SECRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                               |                               |
| _          |                         |               | Type or print name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | Deta -                        |                               |
|            |                         |               | Print/Type preparer's name  Preparer's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1             | Date Check                    | PTIN                          |
|            | aid                     |               | DON A CURTIS DON A CURTIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (             | 08/07/17 self-employed        |                               |
|            | repare                  |               | Firm's name DON A CURTIS & ASSOCIATES PLLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | Firm's EIN                    | 26-4388619                    |
| U          | lse On                  | ly            | Firm's address P.O. BOX 7359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                               |                               |
| _          |                         |               | COVINGTON, WA 98042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | Phone no. <b>25</b> 3         | 3.631.2106                    |
| <u>N</u>   | Aay th                  | ne IF         | S discuss this return with the preparer shown above? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                               | Yes No                        |
| 6          | 32001                   | 11-1          | 1-16 LHA For Paperwork Reduction Act Notice, see the separate instruct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tions.        |                               | Form <b>990</b> (2016)        |

# JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107 Page 2 Form 990 (2016) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OPERATION OF UNION HALL FOR THE BENEFIT OF MEMBERS IN THE CARPENTER TRADE IN THE AREA Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Revenue \$ ) (Expenses \$ including grants of \$ OPERATION OF UNION HALL FOR THE BENEFIT OF MEMBERS IN THE CARPENTER TRADE IN THE AREA ) (Revenue \$ \_\_\_\_\_ ) (Expenses \$ \_ including grants of \$ \_\_\_ Other program services (Describe in Schedule O) ) (Revenue \$ including grants of \$ (Expenses \$ Total program service expenses

UNITED BROTHERHOOD OF CARPENTERS AND

Form 990 (2016)

Form 990 (2016) JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107 Page 3
Part IV Checklist of Required Schedules

|     |                                                                                                                                                                                                                 |          | 3.5                                              |               |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------|---------------|
| _   | le the appropriate described in section E01(a)(2) as 40.47(a)(1) (ather these a private facindation)?                                                                                                           |          | Yes                                              | No            |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                             | 1        |                                                  | v             |
| _   | If "Yes," complete Schedule A                                                                                                                                                                                   | 2        |                                                  | X             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for |          |                                                  |               |
| 3   |                                                                                                                                                                                                                 | 3        |                                                  | x             |
|     | public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                          |          |                                                  |               |
| 4   | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                     | 4        |                                                  | 1             |
| _   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                                    |          | _                                                |               |
| 5   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                  | 5        |                                                  | X             |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                       |          | -                                                |               |
| 0   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                    | 6        |                                                  | x             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                       |          | _                                                |               |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                            | 7        | ĺ                                                | Х             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                    |          |                                                  |               |
| ٥   | Schedule D, Part III                                                                                                                                                                                            | 8        |                                                  | x             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                                                                                   |          |                                                  |               |
| Ū   | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                       |          |                                                  |               |
|     | If "Yes," complete Schedule D, Part IV                                                                                                                                                                          | 9        |                                                  | x             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                                                                                   |          |                                                  |               |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                                                          | 10       |                                                  | x             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X                                                                                |          |                                                  |               |
|     | as applicable                                                                                                                                                                                                   |          |                                                  |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                     |          |                                                  |               |
|     | Part VI                                                                                                                                                                                                         | 11a      | X                                                |               |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                                                                                     |          |                                                  |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                     | 11b      |                                                  | X             |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                      |          |                                                  |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                    | 11c      |                                                  | X             |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                                                    |          |                                                  |               |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                         | 11d      |                                                  | X             |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                           | 11e      | Х                                                | 1             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                         |          |                                                  |               |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                          | 11f      |                                                  | X             |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                             |          |                                                  | ٠,,           |
|     | Schedule D, Parts XI and XII                                                                                                                                                                                    | 12a      |                                                  | X             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                       |          |                                                  | 3.7           |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                           | 12b      |                                                  | X             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                               | 13       |                                                  | X             |
| 14a |                                                                                                                                                                                                                 | 14a      |                                                  |               |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                         |          |                                                  |               |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                      | 14h      |                                                  | х             |
| 4-  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                               | 14b      | <del> </del>                                     |               |
| 15  |                                                                                                                                                                                                                 | 15       |                                                  | x             |
| 40  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                  | <u> </u> | <del>                                     </del> |               |
| 16  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                     | 16       |                                                  | x             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                         | ··       | <del> </del>                                     | <u></u>       |
| 17  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                              | 17       |                                                  | x             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                    | <u> </u> |                                                  | <u> </u>      |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                               | 18       |                                                  | X             |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                          |          |                                                  | <del></del> _ |
|     | complete Schedule G, Part III                                                                                                                                                                                   | 19       |                                                  | X             |
|     |                                                                                                                                                                                                                 | •        | 990                                              | (2016)        |

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Form 990 (2016) JOINERS OF AMERICA
Part IV Checklist of Required Schedules (continued)

|     | •                                                                                                                                                                                    |      | Yes   | No          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                          | 20a  |       | X           |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                         | 20b  |       |             |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                          |      |       |             |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                    | 21   |       | X           |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                        |      |       |             |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                          | _22  |       | X           |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                                           |      |       |             |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                       |      |       |             |
|     | Schedule J                                                                                                                                                                           | _23  |       | X           |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                              |      |       |             |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                   |      |       |             |
|     | Schedule K. If "No", go to line 25a                                                                                                                                                  | 24a  |       | X           |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                    | 24b  |       | <b> </b>    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                 |      |       |             |
| _   | any tax-exempt bonds?                                                                                                                                                                | 24c  | _     | <u> </u>    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                              | 24d  |       | ļ           |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                         |      |       |             |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                        | 25a  |       | $\vdash$    |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                           |      |       | 1           |
|     | 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                                             | 051  |       | 1           |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or                                                                | 25b  |       |             |
| 20  | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."                                                               |      |       | 1           |
|     | complete Schedule L, Part II                                                                                                                                                         | 26   |       | х           |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                                                 | 20   |       |             |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                                                  |      |       |             |
|     | of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                     | 27   |       | х           |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                    |      |       | <del></del> |
|     | instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                           |      |       |             |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                              | 28a  |       | х           |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                           | 28b  |       | X           |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                                                      |      |       |             |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                               | 28c  |       | X           |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                             | 29   |       | X           |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                          |      | -     |             |
|     | contributions? If "Yes," complete Schedule M                                                                                                                                         | 30   |       | _X_         |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                         |      |       |             |
|     | If "Yes," complete Schedule N, Part I                                                                                                                                                | 31   |       | <u>X</u>    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                     |      | ľ     |             |
| 22  | Schedule N, Part II                                                                                                                                                                  | 32   |       | _X_         |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I |      |       | v           |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                            | 33   |       | <u>X</u>    |
| •   | Part V, line 1                                                                                                                                                                       | 34   |       | <u>x</u>    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                              | 35a  |       | X           |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                            | 004  |       |             |
| _   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                              | 35b  |       |             |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                           |      |       |             |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                        | 36   |       |             |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                     |      |       |             |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                         | 37   | j     | X           |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                       |      |       |             |
|     | Note. All Form 990 filers are required to complete Schedule O                                                                                                                        | 38   | Х     |             |
|     |                                                                                                                                                                                      | Form | 990 c | 2016)       |

Form 990 (2016)

JOINERS OF AMERICA LOCAL UNION NO. 1243

92-0013107

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Part V Statements Regarding Other IRS Filings and Tax Compliance

|    | Check if Schedule O contains a response of note to any line in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                               |            |          | لِل |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|----------|-----|
| 4. | Enter the number reported in Boy 2 of Form 1006. Enter 0 of not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | οΓ                                     |            | Yes      | No  |
|    | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W 2C year under in the 1st February 0 of not conflict the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                      |            |          | I   |
|    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |            |          | ı   |
| C  | (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | '''''g                                 | 4.         |          |     |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 1c         |          |     |
| Za |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                      |            |          |     |
| h  | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |            | v        |     |
| D  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                      | 2b         | Х        |     |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |            |          | v   |
|    | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                      | 3a         |          | X   |
|    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | 3b         |          |     |
| 70 | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , a                                    | 4-         |          | х   |
| h  | If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                      | <u>4</u> a |          |     |
|    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |            |          |     |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <b>5</b> 0 |          | v   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                      | 5a<br>5b   | -        | X   |
|    | A CONTRACTOR OF THE CONTRACTOR | -                                      | 5c         |          |     |
|    | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n solicit                              | 30         |          |     |
| •  | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tr Solicit                             | 6a         | I        | X   |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                               | . Oa       |          |     |
| _  | were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 6b         |          |     |
| 7  | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F                                      |            | -        |     |
| а  | D 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | to the payor?                          | 7a         |          | X   |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 7b         |          |     |
|    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |            |          |     |
|    | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | 7c         |          | X   |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |            |          |     |
| е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 7e         | ]        |     |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | 7f         |          |     |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | equired?                               | 7g         |          |     |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Foi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rm 1098-C?                             | 7h         |          |     |
| 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | l          |          |     |
|    | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                                      | 8          |          |     |
| 9  | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |            | }        |     |
| а  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                      | 9a         |          |     |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                               | 9b         |          |     |
| 10 | Section 501(c)(7) organizations. Enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | İ                                      |            |          |     |
|    | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | l          |          |     |
|    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |            |          |     |
| 11 | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |            | İ        |     |
|    | Gross income from members or shareholders 11a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |            |          |     |
| Þ  | Gross income from other sources (Do not net amounts due or paid to other sources against                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |            |          |     |
| •  | amounts due or received from them.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |            |          |     |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F                                      | 12a        |          |     |
|    | If "Yes," enter the amount of tax exempt interest received or accrued during the year  [12b]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |            |          |     |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | 40-        |          |     |
| а  | Note. See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                      | 13a        |          |     |
| h  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |            |          |     |
| Ø  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |            |          |     |
| _  | organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  136                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |            |          |     |
|    | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | 14a        | +        | X   |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | 14a<br>14b | $\dashv$ |     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |            | 990      |     |

Form 990 (2016)

JOINERS OF AMERICA LOCAL UNION NO. 1243

92-0013107

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 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                                                                                                                                        |          |                                       |            |          | $\mathbf{x}$ |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|------------|----------|--------------|
| Sec      | tion,A. Governing Body and Management                                                                                                                                                                              |          |                                       |            |          |              |
|          |                                                                                                                                                                                                                    |          |                                       |            | Yes      | No           |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | 1a       | 1                                     | 0          |          |              |
|          | If there are material differences in voting rights among members of the governing body, or if the governing                                                                                                        |          |                                       |            |          |              |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                                                                                              |          |                                       |            |          |              |
| b        | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                 | 1b       |                                       | 0          |          |              |
| 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          |          | х            |
| 3        | Did the organization delegate control over management duties customarily performed by or under the                                                                                                                 | direc    | t supervision                         |            |          |              |
|          | of officers, directors, or trustees, or key employees to a management company or other person?                                                                                                                     |          |                                       | 3          |          | X            |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 9                                                                                                                | 90 wa    | s filed?                              | 4          |          | X            |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's ass                                                                                                             | ets?     |                                       | 5          |          | X            |
| 6        | Did the organization have members or stockholders?                                                                                                                                                                 |          |                                       | 6          | X        |              |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or ap                                                                                                                 | point    | one or                                |            |          |              |
|          | more members of the governing body?                                                                                                                                                                                |          |                                       | 7a         | X        |              |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                                                                                                               | tockho   | olders, or                            |            |          | ,            |
|          | persons other than the governing body?                                                                                                                                                                             |          |                                       | 7b         | X        |              |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                                                                                                    | r by th  | e following:                          |            |          |              |
| а        | The governing body?                                                                                                                                                                                                |          |                                       | 8a         | X        |              |
| b        | Each committee with authority to act on behalf of the governing body?                                                                                                                                              |          |                                       | 8b         | X        |              |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                                                                                                         | ched a   | at the                                |            |          |              |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                            |          |                                       | 9          | <u> </u> | X            |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Re                                                                                                               | venue    | Code.)                                |            |          |              |
|          |                                                                                                                                                                                                                    |          |                                       |            | Yes      | No           |
| 10a      | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                 |          |                                       | 10a        |          | X            |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such ch                                                                                                            | apter    | s, affiliates,                        | ļ          |          |              |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                    |          |                                       | 10b        |          |              |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                                                                                                | / befo   | re filing the form?                   | 11a        | X        |              |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                       |          |                                       |            |          |              |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                            |          |                                       | 12a        | ļ        | _ X          |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                                                                              |          |                                       | 12b        | ļ        |              |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo                                                                                                             | es," de  | escribe                               |            |          |              |
|          | in Schedule O how this was done                                                                                                                                                                                    |          |                                       | 12c        |          | <u> </u>     |
| 13       | Did the organization have a written whistleblower policy?                                                                                                                                                          |          |                                       | 13         |          | X            |
| 14       | Did the organization have a written document retention and destruction policy?                                                                                                                                     |          |                                       | 14         | <u> </u> | _X_          |
| 15       | Did the process for determining compensation of the following persons include a review and approva                                                                                                                 | ıl by ır | dependent                             |            | İ        |              |
|          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                  |          |                                       | ١          |          | ٠,,          |
| a        | The organization's CEO, Executive Director, or top management official                                                                                                                                             |          |                                       | 15a        | -        | _ <u>X</u> _ |
| ь        | Other officers or key employees of the organization                                                                                                                                                                |          |                                       | 15b        | -        | _X_          |
| 40-      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                |          | م ماند.                               |            |          |              |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.            | nent v   | /itin a                               | 40-        |          | v            |
|          | taxable entity during the year?                                                                                                                                                                                    |          | articipation                          | 16a        | +        | <u>X</u>     |
| D        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat<br>in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ |          | · · · · · · · · · · · · · · · · · · · |            |          |              |
|          | exempt status with respect to such arrangements?                                                                                                                                                                   | iizatio  | 11.5                                  | 106        | ]        |              |
| Sec      | tion C. Disclosure                                                                                                                                                                                                 |          | <del></del>                           | 16b        | Ь        |              |
|          | List the states with which a copy of this Form 990 is required to be filed NONE                                                                                                                                    | _        | <del></del>                           |            |          |              |
| 17<br>18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T                                                                                                               | (Sect    | ion 501(c)(3)s col                    | \ availal  |          |              |
| 10       | for public inspection. Indicate how you made these available. Check all that apply                                                                                                                                 | COECI    | 50 r(c)(5)3 Offis                     | , avallal  | J16      |              |
|          | Own website Another's website X Upon request Other (explain                                                                                                                                                        | ın Sol   | nedule (1)                            |            |          |              |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor                                                                                                                 |          | •                                     | nd finer   | ncial    |              |
| 19       | statements available to the public during the tax year                                                                                                                                                             |          | . artorest policy, d                  | ina iiilal | ·oiai    |              |
| 20       | State the name, address, and telephone number of the person who possesses the organization's bo                                                                                                                    | nks ar   | nd records                            |            |          |              |
| 20       | ARTHUR SUTTON - 907 452-3862                                                                                                                                                                                       | ono al   |                                       |            |          |              |
|          | 25 TIMBERLAND DRIVE, FAIRBANKS, AK 99701                                                                                                                                                                           | _        |                                       |            |          |              |

Form 990 (2016) JOINERS OF AMERICA LOCAL UNION NO. 1243

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

| ,,,               |                       |                     |                  |
|-------------------|-----------------------|---------------------|------------------|
| Check if Schedule | O contains a response | or note to any line | in this Part VII |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 n | or any related                                   | d organization compensate      |                       |          |              |                              | nsate    | ated any current officer, director, or trustee |                 |                           |  |  |
|----------------------------------------------|--------------------------------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|------------------------------------------------|-----------------|---------------------------|--|--|
| (A)                                          | (B)                                              | (C)                            |                       |          |              |                              |          | (D)                                            | (E)             | (F)                       |  |  |
| Name and Title                               | Average                                          |                                |                       |          | Position     |                              |          | Reportable                                     | Reportable      | Estimated                 |  |  |
|                                              | hours per                                        | Ďох,                           | , unle                | ss pe    | rson i       | is bot                       | h an J   | compensation                                   | compensation    | amount of                 |  |  |
|                                              | week                                             | -                              | er an                 | aaa      | recto        | r/trus                       | tee)     | from                                           | from related    | other                     |  |  |
|                                              | (list any                                        | recto                          |                       |          |              |                              |          | the                                            | organizations   | compensation              |  |  |
|                                              | hours for                                        | - <del>-</del>                 | 8                     |          |              | ated                         |          | organization                                   | (W-2/1099-MISC) | from the                  |  |  |
|                                              | related                                          | l ste                          | trust                 |          | es.          | Deil's                       |          | (W-2/1099-MISC)                                |                 | organization              |  |  |
|                                              | organizations<br>below                           | na tr                          | lonal                 |          | ploy         | ទីខ្ល                        | _        |                                                |                 | and related organizations |  |  |
|                                              | line)                                            | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Ботше    |                                                |                 | Organizations             |  |  |
| (1) EDWARD PUGLIESE                          | 2.00                                             |                                |                       |          |              |                              |          |                                                |                 |                           |  |  |
| PRESIDENT                                    |                                                  |                                |                       | X        |              |                              |          | 762.                                           | 0.              | 379.                      |  |  |
| (2) DONALD EVANS                             | 2.00                                             |                                |                       |          |              |                              |          |                                                |                 | _                         |  |  |
| VICE PRESIDENT                               |                                                  |                                |                       | X        |              | <u> </u>                     |          | 0.                                             | 0.              | 0.                        |  |  |
| (3) ARTHUR SUTTON                            | 2.00                                             | }                              |                       |          |              |                              | ł        | _                                              | _               | _                         |  |  |
| RECORDING SECRETARY                          |                                                  |                                |                       | X        |              | ļ                            |          | 0.                                             | 0.              | 0.                        |  |  |
| (4) LAIRD GRANTHAM                           | 2.00                                             |                                |                       |          |              | Ì                            |          |                                                |                 |                           |  |  |
| FINANCIAL SECRETARY                          |                                                  |                                | <u> </u>              | X        | ļ            | <u> </u>                     |          | 0.                                             | 0.              | 0.                        |  |  |
| (5) AARON EMERICK                            | 2.00                                             |                                |                       |          |              |                              |          |                                                | _               |                           |  |  |
| TREASURER                                    |                                                  | -                              | -                     | X        |              |                              | <u> </u> | 0.                                             | 0.              | 0.                        |  |  |
| (6) CHRIS STANKIEWICZ                        | 2.00                                             | 1                              |                       |          |              | 1                            |          | •                                              |                 |                           |  |  |
| CONDUCTOR                                    | ļ                                                |                                | -                     | X        | <u> </u>     | <b> </b>                     | <u> </u> | 0.                                             | 0.              | 0.                        |  |  |
| (7) MATTHEW HACKENMILLER                     | 2.00                                             | -                              |                       |          |              |                              |          |                                                |                 |                           |  |  |
| WARDEN                                       |                                                  | <u> </u>                       | <b>├</b> -            | X        | <u> </u>     | <b>├</b>                     | -        | 0.                                             | 0.              | 0.                        |  |  |
| (8) JOSHUA BOLTON                            | 2.00                                             | -                              |                       |          |              |                              |          |                                                |                 |                           |  |  |
| TRUSTEE                                      |                                                  |                                | ├                     | X        |              | 1                            | _        | 0.                                             | 0.              | 0.                        |  |  |
| (9) JESSE PEARSON                            | 2.00                                             | -                              |                       |          |              |                              |          |                                                |                 |                           |  |  |
| TRUSTEE                                      | ļ- <u>-</u> -                                    | _                              | _                     | X        |              | _                            | ļ        | 0.                                             | 0.              | 0.                        |  |  |
| (10) WILLIAM WOOD                            | 2.00                                             |                                | ļ                     |          | 1            |                              |          |                                                |                 |                           |  |  |
| TRUSTEE                                      | - <del></del>                                    | -                              | <u> </u>              | X        |              |                              | -        | 0.                                             | 0.              | 0.                        |  |  |
|                                              | -                                                | -                              |                       |          | ŀ            |                              | j        |                                                |                 |                           |  |  |
|                                              | <del>                                     </del> | <del> </del>                   | -                     | $\vdash$ | ├            | +                            |          |                                                |                 |                           |  |  |
|                                              |                                                  | 1                              |                       |          |              | 1                            |          |                                                |                 |                           |  |  |
|                                              |                                                  |                                |                       |          |              |                              |          |                                                |                 |                           |  |  |
|                                              |                                                  | 1                              |                       | <u> </u> |              |                              |          |                                                |                 |                           |  |  |
|                                              | <u> </u>                                         | -                              | 1                     | ľ        |              |                              |          |                                                |                 |                           |  |  |
|                                              | <u> </u>                                         | -                              | -                     | ļ        |              | <del> </del>                 | ╁        |                                                |                 |                           |  |  |
|                                              |                                                  | ┨                              | ĺ                     |          | l            |                              |          |                                                |                 |                           |  |  |
|                                              |                                                  |                                | 1                     |          |              | 1                            | 1        |                                                |                 |                           |  |  |
|                                              |                                                  | 1_                             |                       | <u> </u> |              |                              | <u> </u> |                                                |                 |                           |  |  |
|                                              |                                                  |                                |                       |          |              |                              |          |                                                |                 |                           |  |  |
|                                              | .1                                               | 1                              | <u> </u>              |          | <u> </u>     |                              | <u> </u> |                                                | L               | 5 000 (224.6)             |  |  |

. . . . . . .

JOINERS OF AMERICA LOCAL UNION NO. 1243

92-0013107

\$100,000 of compensation from the organization

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2016) JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107
Part VIII Statement of Revenue

|                                                        |      | Check if Schedule O cont                | ains a response                       | or note to any line | in this Part VIII    |                                        |                                         |                                                        |
|--------------------------------------------------------|------|-----------------------------------------|---------------------------------------|---------------------|----------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------|
|                                                        |      |                                         |                                       |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts si                                                  | 1 a  | Federated campaigns                     | 1a                                    |                     |                      |                                        |                                         |                                                        |
| Contributions, Gifts, Grants and Other Similar Amounts |      |                                         | 1b                                    |                     |                      |                                        |                                         |                                                        |
| ا ڳي                                                   | С    | Fundraising events                      | 1c                                    |                     |                      |                                        |                                         |                                                        |
| # is                                                   | d    | Related organizations                   | 1d                                    |                     |                      |                                        |                                         |                                                        |
| S E                                                    | e    | Government grants (contribut            |                                       |                     |                      |                                        |                                         | ŀ                                                      |
| ē                                                      | f    | All other contributions, gifts, gran    | · —                                   |                     |                      |                                        |                                         | į                                                      |
| E E                                                    |      | similar amounts not included abo        | · I I                                 |                     |                      |                                        |                                         | ·                                                      |
| ΞĎ                                                     | g    | Noncash contributions included in lines |                                       |                     |                      |                                        |                                         |                                                        |
| a S                                                    | _    | Total. Add lines 1a-1f                  |                                       | <b>•</b>            |                      |                                        |                                         |                                                        |
|                                                        |      |                                         |                                       | Business Code       |                      |                                        |                                         |                                                        |
| يو                                                     | 2 a  | REBATES/REIMB -                         | PNRCC                                 | 900099              | 80,418.              | 80,418.                                |                                         |                                                        |
| اھ ₹                                                   | b    | CONTINGENCY FUN                         |                                       | 900099              | 2,293.               | 2,293.                                 |                                         |                                                        |
| Program Service<br>Revenue                             | С    | REIMBURSED EXPE                         |                                       | 900099              | 1,762.               | 1,762.                                 |                                         |                                                        |
|                                                        | d    |                                         |                                       |                     | •                    |                                        | `                                       |                                                        |
|                                                        | е    |                                         | · · · · · · · · · · · · · · · · · · · |                     |                      |                                        |                                         |                                                        |
| ፈ                                                      | f    | All other program service reve          | enue                                  | 900099              | 86,356.              | 86,356.                                |                                         |                                                        |
|                                                        | g    |                                         |                                       | <b></b>             | 170,829.             |                                        |                                         |                                                        |
|                                                        | 3    | Investment income (including            | dividends, inter                      | est, and            |                      |                                        |                                         |                                                        |
|                                                        |      | other similar amounts)                  |                                       | ▶                   |                      |                                        |                                         |                                                        |
|                                                        | 4    |                                         |                                       | oroceeds ►          |                      | -                                      |                                         |                                                        |
|                                                        | 5    |                                         |                                       | ▶ [                 |                      |                                        |                                         |                                                        |
|                                                        |      |                                         | (ı) Real                              | (II) Personal       |                      |                                        | -                                       |                                                        |
|                                                        | 6 a  | Gross rents                             | 21,300                                |                     |                      |                                        |                                         |                                                        |
|                                                        | b    | Less rental expenses                    | 0.                                    |                     |                      |                                        |                                         |                                                        |
|                                                        | С    | Rental income or (loss)                 | 21,300                                | ,                   |                      |                                        |                                         |                                                        |
|                                                        | d    | Net rental income or (loss)             |                                       | <b>•</b>            | 21,300.              | 21,300.                                |                                         |                                                        |
|                                                        | 7 a  | Gross amount from sales of              | (i) Securities                        | (II) Other          |                      |                                        |                                         |                                                        |
|                                                        |      | assets other than inventory             |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        | b    | Less cost or other basis                |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        |      | and sales expenses                      |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        | С    | Gain or (loss)                          |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        | d    | Net gain or (loss)                      |                                       |                     |                      |                                        |                                         |                                                        |
| ø                                                      | 8 a  | Gross income from fundraisin            | g events (not                         |                     |                      |                                        |                                         |                                                        |
| anue                                                   |      | ıncludıng \$                            | of                                    |                     |                      |                                        |                                         |                                                        |
| eve                                                    |      | contributions reported on line          | 1c). See                              |                     |                      |                                        |                                         |                                                        |
| er F                                                   |      | Part IV, line 18                        | а                                     | 1                   |                      |                                        |                                         |                                                        |
| Other Reve                                             | b    | Less direct expenses                    | b                                     | ,                   |                      |                                        |                                         |                                                        |
|                                                        | c    | Net income or (loss) from fund          | draising events                       | <b></b>             |                      |                                        |                                         |                                                        |
|                                                        | 9 a  | Gross income from gaming ad             | ctivities. See                        |                     |                      |                                        |                                         |                                                        |
|                                                        |      | Part IV, line 19                        | а                                     | ·                   |                      |                                        |                                         |                                                        |
|                                                        | b    | Less direct expenses                    | t                                     | ·                   |                      |                                        |                                         |                                                        |
|                                                        | С    | Net income or (loss) from gan           | ning activities                       | <b>•</b>            |                      |                                        |                                         |                                                        |
|                                                        | 10 a | Gross sales of inventory, less          | returns                               | i i                 |                      |                                        |                                         |                                                        |
|                                                        |      | and allowances                          | а                                     |                     |                      |                                        |                                         |                                                        |
|                                                        | b    | Less cost of goods sold                 | t                                     | ·                   |                      |                                        |                                         |                                                        |
|                                                        | С    | Net income or (loss) from sale          | s of inventory                        | <b>.</b>            |                      |                                        |                                         |                                                        |
|                                                        |      | Miscellaneous Revenu                    | ie                                    | Business Code       |                      |                                        |                                         |                                                        |
|                                                        | 11 a |                                         |                                       |                     |                      | ·                                      |                                         |                                                        |
|                                                        | b    |                                         |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        | С    |                                         |                                       |                     |                      |                                        |                                         |                                                        |
|                                                        |      | All other revenue                       |                                       |                     | <del></del>          |                                        |                                         |                                                        |
|                                                        | е    | Total. Add lines 11a-11d                |                                       | ▶                   |                      |                                        |                                         |                                                        |
|                                                        | 12   | Total revenue. See instructions.        |                                       | <b>&gt;</b>         | 192,129.             | 192,129.                               | 0.                                      | . 0.                                                   |

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,141 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,618. 7 Other salaries and wages Pension plan accruals and contributions (include 8 6,080 section 401(k) and 403(b) employer contributions) 16,310. Other employee benefits 2,199. Payroli taxes 10 Fees for services (non-employees): Management Legal b 5,800. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, 146. column (A) amount, list line 11g expenses on Sch O.) 6,795. Advertising and promotion 12 10,543. 13 Office expenses Information technology 14 Royalties 15 24,414. 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,225. Conferences, conventions, and meetings 19 Interest 20 36,385. Payments to affiliates 21 15,186 Depreciation, depletion, and amortization 22 2,678. 23 Other expenses. Itemize expenses not covered 24 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 0.) 15,399. DONATIONS All other expenses Total functional expenses. Add lines 1 through 24e 184,919. 25

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

ıf following SOP 98-2 (ASC 958-720)

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| Pa                          | rt X | Balance Sheet                                                                     |                          |     |                    |
|-----------------------------|------|-----------------------------------------------------------------------------------|--------------------------|-----|--------------------|
|                             |      | Check if Schedule O contains a response or note to any line in this Part X        |                          |     |                    |
|                             |      |                                                                                   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1    | Cash - non-interest-bearing                                                       | 219,402.                 | 1   | 228,298.           |
|                             | 2    | Savings and temporary cash investments .                                          |                          | 2   |                    |
|                             | 3    | Pledges and grants receivable, net                                                |                          | 3   |                    |
|                             | 4    | Accounts receivable, net                                                          |                          | 4   |                    |
|                             | 5    | Loans and other receivables from current and former officers, directors,          |                          |     |                    |
|                             |      | trustees, key employees, and highest compensated employees. Complete              |                          |     |                    |
|                             |      | Part II of Schedule L                                                             |                          | _ 5 |                    |
|                             | 6    | 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             |                          |     |                    |
| Ø                           | 1    | employees' beneficiary organizations (see instr) Complete Part II of Sch L        |                          | 6   |                    |
| Assets                      | 7    | Notes and loans receivable, net                                                   |                          | 7   |                    |
|                             | 8    | Inventories for sale or use                                                       |                          | 8   |                    |
|                             | 9    | Prepaid expenses and deferred charges                                             |                          | 9   |                    |
|                             | 10a  |                                                                                   |                          |     | <del></del>        |
|                             | ł    | basis. Complete Part VI of Schedule D 10a 639,722.                                |                          | 1   |                    |
|                             | ь    | Less: accumulated depreciation 10b 233,649.                                       | 407,759.                 | 10c | 406,073.           |
|                             | 11   | Investments · publicly traded securities                                          |                          | 11  |                    |
|                             | 12   | Investments - other securities See Part IV, line 11                               |                          | 12  |                    |
|                             | 13   | Investments · program-related See Part IV, line 11                                |                          | 13  |                    |
|                             | 14   | Intangible assets                                                                 |                          | 14  |                    |
|                             | 15   | Other assets. See Part IV, line 11                                                |                          | 15  |                    |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                         | 627,161.                 | 16  | 634,371.           |
|                             | 17   | Accounts payable and accrued expenses                                             |                          | 17  |                    |
|                             | 18   | Grants payable                                                                    |                          | 18  |                    |
|                             | 19   | Deferred revenue .                                                                |                          | 19  |                    |
|                             | 20   | Tax-exempt bond liabilities                                                       |                          | 20  |                    |
|                             | 21   | Escrow or custodial account liability Complete Part IV of Schedule D              |                          | 21  |                    |
| S                           | 22   | Loans and other payables to current and former officers, directors, trustees,     | ]                        | İ   |                    |
| Ě                           | ļ    | key employees, highest compensated employees, and disqualified persons            |                          |     |                    |
| Liabilities                 |      | Complete Part II of Schedule L                                                    |                          | 22  |                    |
| _                           | 23   | Secured mortgages and notes payable to unrelated third parties                    |                          | 23  |                    |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                      |                          | 24  |                    |
|                             | 25   | Other liabilities (including federal income tax, payables to related third        |                          | 1   |                    |
|                             | 1    | parties, and other liabilities not included on lines 17-24) Complete Part X of    |                          |     |                    |
|                             | 1    | Schedule D .                                                                      | 26.                      | 25  | 26.                |
|                             | 26   | Total liabilities. Add lines 17 through 25                                        | 26.                      | 26  | 26.                |
|                             |      | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and                  |                          |     |                    |
| မ္မ                         |      | complete lines 27 through 29, and lines 33 and 34.                                | İ                        | 1   |                    |
| and                         | 27   | Unrestricted net assets                                                           | ļ                        | 27  |                    |
| Bal                         | 28   | Temporarily restricted net assets                                                 | ļ                        | 28  |                    |
| 힏                           | 29   | Permanently restricted net assets                                                 |                          | 29  |                    |
| Ŀ                           | 1    | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 【X】             |                          |     |                    |
| Net Assets or Fund Balances |      | and complete lines 30 through 34.                                                 |                          |     | •                  |
| ets                         | 30   | Capital stock or trust principal, or current funds                                | 0.                       | 30  | 0.                 |
| Ass                         | 31   | Paid-in or capital surplus, or land, building, or equipment fund                  | 0.                       | 31  | 0.                 |
| let                         | 32   | Retained earnings, endowment, accumulated income, or other funds                  | 627,135.                 | 32  | 634,345.           |
| 2                           | 33   | Total net assets or fund balances                                                 | 627,135.                 | 33  | 634,345.           |
|                             | 34   | Total liabilities and net assets/fund balances                                    | 627,161.                 | 34  | 634,371.           |

| Form       | 1990 (2016) JOINERS OF AMERICA LOCAL UNION NO. 1243                                                                 | 92-                                   | <u>0013107</u> | Pa         | ige <b>12</b> |  |  |
|------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|------------|---------------|--|--|
| Pa         | rt XI Reconciliation of Net Assets                                                                                  |                                       |                |            |               |  |  |
|            | Check if Schedule O contains a response or note to any line in this Part XI                                         |                                       |                |            |               |  |  |
|            |                                                                                                                     |                                       |                |            |               |  |  |
| 1          | Total revenue (must equal Part VIII, column (A), line 12)                                                           | 1                                     | 19             | 2,1        | <u> 29</u> .  |  |  |
| 2          | Total expenses (must equal Part IX, column (A), line 25)                                                            | 2                                     |                |            | 19.<br>10.    |  |  |
| 3          | Revenue less expenses Subtract line 2 from line 1                                                                   | · · · · · · · · · · · · · · · · · · · |                |            |               |  |  |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4                                     | 62             | <u>7,1</u> | 35.           |  |  |
| 5          | Net unrealized gains (losses) on investments                                                                        | 5                                     |                |            |               |  |  |
| 6          | Donated services and use of facilities                                                                              | 6                                     |                |            |               |  |  |
| 7          | Investment expenses .                                                                                               | 7                                     |                |            |               |  |  |
| 8          | Prior period adjustments                                                                                            | 8                                     |                |            |               |  |  |
| 9          | Other changes in net assets or fund balances (explain in Schedule O)                                                | 9                                     |                |            | 0.            |  |  |
| 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                  |                                       |                |            |               |  |  |
|            | column (B))                                                                                                         | 10                                    | 63             | <u>4,3</u> | <u>45.</u>    |  |  |
| Pa         | rt XII Financial Statements and Reporting                                                                           |                                       |                |            |               |  |  |
|            | Check if Schedule O contains a response or note to any line in this Part XII                                        |                                       |                |            |               |  |  |
|            |                                                                                                                     |                                       |                | Yes        | No            |  |  |
| 1          | Accounting method used to prepare the Form 990. X Cash Accrual Other                                                |                                       |                |            |               |  |  |
|            | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | 0                                     |                |            |               |  |  |
| <b>2</b> a | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |                                       | 2a             |            | X             |  |  |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | d on a                                |                |            |               |  |  |
|            | separate basis, consolidated basis, or both:                                                                        |                                       |                |            |               |  |  |
|            | Separate basis Consolidated basis Both consolidated and separate basis                                              |                                       |                |            |               |  |  |
| þ          | Were the organization's financial statements audited by an independent accountant?                                  |                                       | 2b             | X          |               |  |  |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat     | e basıs,                              |                |            |               |  |  |
|            | consolidated basis, or both:                                                                                        |                                       |                |            |               |  |  |
|            | X Separate basis Consolidated basis Both consolidated and separate basis                                            |                                       |                |            |               |  |  |
| С          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audıt,                              |                |            |               |  |  |
|            | review, or compilation of its financial statements and selection of an independent accountant?                      |                                       | 2c             | <u>X</u>   |               |  |  |
| _          | If the organization changed either its oversight process or selection process during the tax year, explain in Sch   |                                       |                |            |               |  |  |
| За         | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Aud                              |                |            |               |  |  |
|            | Act and OMB Circular A-133?                                                                                         |                                       | 3a             |            | X             |  |  |
| b          | If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red aud                               | nt I !         |            | l             |  |  |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2016
Open to Public Inspection

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

| •   | Section 501(c)(4), (5), or (6) organiza                                                                              | tions <sup>.</sup> Complete Part III |                         |                                                                    |                                                                                                                                            |
|-----|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Van | ne of organization UNITED                                                                                            | BROTHERHOOD OF C                     | ARPENTERS A             | ND Emplo                                                           | oyer identification number                                                                                                                 |
|     | JOINERS                                                                                                              | OF AMERICA LOCA                      | L UNION NO.             | 1243                                                               | 92-0013107                                                                                                                                 |
| Pa  | ort I-A Complete if the org                                                                                          | ganization is exempt und             | ler section 501(c       | or is a section 527 or                                             | rganization.                                                                                                                               |
| 2   | Provide a description of the organiz<br>Political campaign activity expendit<br>Volunteer hours for political campai | tures                                | cal campaign activities |                                                                    |                                                                                                                                            |
| Pa  | art I-B Complete if the org                                                                                          | ganization is exempt und             | ler section 501(c       | )(3).                                                              |                                                                                                                                            |
|     | Enter the amount of any excise tax                                                                                   | <del></del>                          |                         | ▶\$                                                                |                                                                                                                                            |
|     | Enter the amount of any excise tax                                                                                   |                                      |                         | _                                                                  |                                                                                                                                            |
|     | If the organization incurred a section                                                                               | . •                                  |                         |                                                                    | Yes No                                                                                                                                     |
|     | Was a correction made?                                                                                               | •                                    | •                       |                                                                    | Yes No                                                                                                                                     |
| t   | off "Yes," describe in Part IV                                                                                       |                                      |                         |                                                                    |                                                                                                                                            |
| Pa  | art I-C Complete if the org                                                                                          | ganization is exempt und             | er section 501(c        | ), except section 501(                                             | c)(3).                                                                                                                                     |
| 1   | Enter the amount directly expended                                                                                   | d by the filing organization for se  | ction 527 exempt fun    | ction activities > \$                                              |                                                                                                                                            |
| 2   | Enter the amount of the filing organ                                                                                 | nization's funds contributed to of   | ther organizations for  | section 527                                                        |                                                                                                                                            |
|     | exempt function activities                                                                                           |                                      |                         | ▶\$                                                                |                                                                                                                                            |
| 3   | Total exempt function expenditures                                                                                   | s Add lines 1 and 2 Enter here a     | and on Form 1120-PO     | L,                                                                 |                                                                                                                                            |
|     | line 17b                                                                                                             |                                      |                         | ▶\$                                                                |                                                                                                                                            |
| 4   | Did the filing organization file Form                                                                                | 1120-POL for this year?              |                         |                                                                    | Yes No                                                                                                                                     |
| 5   | Enter the names, addresses and en                                                                                    |                                      |                         |                                                                    |                                                                                                                                            |
|     | made payments For each organiza                                                                                      |                                      |                         |                                                                    |                                                                                                                                            |
|     | contributions received that were pr                                                                                  |                                      |                         |                                                                    | te segregated fund or a                                                                                                                    |
|     | political action committee (PAC). If                                                                                 | additional space is needed, pro      | <del></del>             | 1                                                                  | <del></del>                                                                                                                                |
|     | (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 If none, enter -0- |
|     |                                                                                                                      |                                      |                         |                                                                    |                                                                                                                                            |
| -   |                                                                                                                      |                                      |                         |                                                                    |                                                                                                                                            |
|     |                                                                                                                      |                                      |                         |                                                                    |                                                                                                                                            |
|     |                                                                                                                      |                                      |                         |                                                                    |                                                                                                                                            |
|     |                                                                                                                      |                                      |                         | ***************************************                            |                                                                                                                                            |
|     | <del></del>                                                                                                          |                                      |                         |                                                                    |                                                                                                                                            |

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

Schedule C (Form 990 or 990-EZ) 2016

| Schedule C (Form 990 or 990-EZ) 2016 JC Part II-A Complete if the organ                                                                                                  | INERS OF                                         | AMERICA LOC<br>npt under section                 | AL UNION NO. n 501(c)(3) and file         | 1243 92-0<br>ed Form 5768 (e     | 0013107 Page 2<br>election under |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|
| section 501(h)).                                                                                                                                                         |                                                  | •                                                |                                           |                                  |                                  |
| A Check ▶ ☐ If the filing organization                                                                                                                                   | belongs to an affil                              | ated group (and list in                          | Part IV each affiliated                   | group member's nar               | ne, address, EIN,                |
| expenses, and share o                                                                                                                                                    | f excess lobbying                                | expenditures)                                    |                                           |                                  |                                  |
| B Check ► if the filing organization                                                                                                                                     | checked box A ar                                 | id "limited control" pro                         | visions apply.                            |                                  |                                  |
|                                                                                                                                                                          | on Lobbying Exper<br>ires" means amou            |                                                  |                                           | (a) Filing organization's totals | (b) Affiliated group totals      |
| 1a Total lobbying expenditures to influen                                                                                                                                | ce public opinion (                              | grass roots lobbying)                            |                                           |                                  | <del> </del>                     |
| b Total lobbying expenditures to influen                                                                                                                                 |                                                  |                                                  |                                           |                                  |                                  |
| c Total lobbying expenditures (add lines                                                                                                                                 |                                                  | ., (, 5,                                         |                                           |                                  |                                  |
| d Other exempt purpose expenditures                                                                                                                                      | , , , , , , , , , , , , , , , , , , , ,          | ••                                               |                                           |                                  |                                  |
| e Total exempt purpose expenditures (a                                                                                                                                   | add lines 1c and 1c                              |                                                  |                                           |                                  |                                  |
| f Lobbying nontaxable amount. Enter t                                                                                                                                    |                                                  |                                                  | h columns                                 |                                  |                                  |
| If the amount on line 1e, column (a) or (b)                                                                                                                              |                                                  | bying nontaxable am                              |                                           |                                  |                                  |
| Not over \$500,000                                                                                                                                                       |                                                  | the amount on line 1e                            | <u> </u>                                  |                                  |                                  |
| Over \$500,000 but not over \$1,000,0                                                                                                                                    |                                                  | 00 plus 15% of the exc                           | ess over \$500 000                        |                                  |                                  |
| Over \$1,000,000 but not over \$1,000,0                                                                                                                                  |                                                  | 00 plus 10% of the exc                           |                                           |                                  |                                  |
|                                                                                                                                                                          |                                                  | 00 plus 5% of the exce                           |                                           |                                  |                                  |
| Over \$1,500,000 but not over \$17,00                                                                                                                                    |                                                  |                                                  |                                           |                                  |                                  |
| Over \$17,000,000                                                                                                                                                        | \$1,000,                                         |                                                  |                                           |                                  |                                  |
| h Subtract line 1g from line 1a. If zero of Subtract line 1f from line 1c. If zero of j. If there is an amount other than zero reporting section 4911 tax for this year. | r less, enter -0-<br>on either line 1h or<br>ar? | line 1i, did the organiz                         |                                           |                                  | Yes No                           |
| (Some organizations that                                                                                                                                                 | made a section 5<br>See the separ                | 01(h) election do not<br>ate instructions for li | have to complete all ones 2a through 2f.) | of the five columns              | below.                           |
|                                                                                                                                                                          | Lobbying Expe                                    | nditures During 4-Ye                             | ar Averaging Period                       |                                  | <del>-</del>                     |
| Calendar year<br>(or fiscal year beginning in)                                                                                                                           | (a) 2013                                         | <b>(b)</b> 2014                                  | <b>(c)</b> 2015                           | ( <b>d)</b> 2016                 | (e) Total                        |
| 2a Lobbying nontaxable amount                                                                                                                                            |                                                  |                                                  |                                           |                                  |                                  |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))                                                                                                                |                                                  |                                                  |                                           |                                  |                                  |
| c Total lobbying expenditures                                                                                                                                            |                                                  |                                                  |                                           |                                  |                                  |
| d Grassroots nontaxable amount                                                                                                                                           |                                                  |                                                  |                                           |                                  |                                  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                                                                                                             |                                                  |                                                  |                                           |                                  |                                  |
| f Grassroots lobbying expenditures                                                                                                                                       |                                                  |                                                  |                                           |                                  |                                  |

Schedule C (Form 990 or 990 EZ) 2016 JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107 Page 3

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

| f the lobbying activity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1         | - 1                                                  |       | <del>-</del> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|-------|--------------|
| "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description obying activity.  Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | ٥                                                    | Amo   | ount         |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | 1                                                    |       |              |
| 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                      |       |              |
| i Other activities?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                      |       |              |
| j Total Add lines 1c through 1i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                      |       |              |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                      |       |              |
| b If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                      |       |              |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | f                                                    |       |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | +                                                    |       |              |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (c)(5) o  | or so                                                | ction |              |
| Part III_A $\mid$ Complete if the organization is exampt under section $501/c(4)$ section $501$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (6)(5), 6 | ) 3 <del>Ç</del>                                     | 50011 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                      |       |              |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                      | Yes   | N            |
| 501(c)(6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | 1                                                    |       | N            |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br>F     | -                                                    | Yes   |              |
| 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior part III-B  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (c)(5), o | 2<br>3<br>or se                                      | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (c)(5), o | 2<br>3<br>or se                                      | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 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 cart III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members  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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization agree to carry over lobbying and political campaign activity expenditures from the prior that III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  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                                                                                                                                                                                                                                                                                                                                                            | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 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 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members  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  b Carryover from last year                                                                                                                                                                                                                                                                                                                                                                                                                                | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total                                                                                                                                                                                                                                                                                                                                                                                                                            | (c)(5), o | 2<br>3<br>or sec<br>Part<br>1<br>2a<br>2b<br>2c      | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                                                                                                                                                                                                           | (c)(5), o | 2<br>3<br>or sec<br>Part                             | X     |              |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 of the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization is exempt under section 501(c)(4), section 501 solice) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess            | (c)(5), o | 2<br>3<br>or sec<br>Part<br>1<br>2a<br>2b<br>2c      | X     |              |
| 1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 of the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization and if the organization is exempt under section 501(c)(4), section 501 solic)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 | (c)(5), o | 2<br>3<br>or sec<br>Part<br>1<br>2a<br>2b<br>2c<br>3 | X     | N 3          |
| 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 of the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization is exempt under section 501(c)(4), section 501 solice)  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | (c)(5), o | 2<br>3<br>or sec<br>Part<br>1<br>2a<br>2b<br>2c      | X     |              |

### **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.

Inspection

OMB No 1545-0047

Department of the Treasury nternal Revenue Service Name of the organization

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO. 1243 **Employer identification number** 92-0013107

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

|      |                                                                                  | OF AMERIC             |              |                                       |                   |              |                        |             | <u>13107</u> |                       |
|------|----------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------|-------------------|--------------|------------------------|-------------|--------------|-----------------------|
| Par  |                                                                                  |                       |              |                                       |                   |              |                        |             |              |                       |
| 3    | Using the organization's acquisition, accessi                                    | on, and other record  | ds, check    | any of                                | the following tha | at are a si  | gnificant i            | use of its  | collection   | ıtems                 |
|      | (check all that apply):                                                          |                       |              |                                       |                   |              |                        |             |              |                       |
| а    | Public exhibition                                                                | c                     |              |                                       | exchange progr    | ams          |                        |             |              |                       |
| b    | Scholarly research                                                               | e                     | • 📖 (        | Other_                                |                   |              |                        |             |              |                       |
| С    | Preservation for future generations                                              |                       |              |                                       |                   |              |                        |             |              |                       |
| 4    | Provide a description of the organization's co                                   | ollections and explai | n how th     | ey furth                              | er the organizat  | ion's exe    | npt purpo              | se in Par   | t XIII.      |                       |
| 5    | During the year, did the organization solicit o                                  | r receive donations   | of art, his  | storical                              | treasures, or oth | er simılar   | assets                 | _           | _            |                       |
| _    | to be sold to raise funds rather than to be ma                                   |                       |              |                                       |                   |              |                        |             | Yes          | No_                   |
| Par  | t IV Escrow and Custodial Arran reported an amount on Form 990, Par              |                       | ete if the   | organız                               | ation answered    | "Yes" on     | Form 990               | ), Part IV, | line 9, or   |                       |
| 1a   | Is the organization an agent, trustee, custodi                                   | an or other intermed  | diary for o  | contribu                              | tions or other a  | ssets not    | ıncluded               |             |              |                       |
|      | on Form 990, Part X?                                                             |                       | •            |                                       |                   |              |                        |             | Yes          | ☐ No                  |
| b    | If "Yes," explain the arrangement in Part XIII                                   | and complete the fo   | ollowing t   | able                                  |                   |              |                        |             | 3 700        |                       |
|      | , ,                                                                              |                       |              |                                       |                   |              |                        |             | Amount       | _                     |
| С    | Beginning balance                                                                |                       |              |                                       |                   |              | 1c                     |             |              |                       |
|      | Additions during the year                                                        |                       |              |                                       |                   |              | 1d                     |             |              |                       |
| е    | Distributions during the year                                                    |                       |              |                                       |                   |              | 1e                     | ·           |              |                       |
| f    | Ending balance                                                                   |                       |              |                                       |                   |              | 1f                     |             |              |                       |
| 2a   | Did the organization include an amount on Fe                                     | orm 990, Part X, line | 21, for e    | escrow                                | or custodial acco | ount liabil  | ity?                   |             | Yes          | □ No                  |
|      | If "Yes," explain the arrangement in Part XIII.                                  |                       |              |                                       |                   |              |                        |             |              |                       |
| Pai  | t V   Endowment Funds. Complete                                                  | f the organization ar | nswered      | "Yes" o                               | n Form 990, Par   | t IV, line 1 | 0                      |             |              |                       |
|      |                                                                                  | (a) Current year      | <b>(b)</b> P | rıor yea                              | (c) Two year      | ırs back     | (d) Three y            | ears back   | (e) Four y   | ears back             |
| 1a   | Beginning of year balance                                                        |                       |              | · · · · · · · · · · · · · · · · · · · |                   |              |                        |             |              |                       |
| b    | Contributions                                                                    |                       |              |                                       |                   |              |                        |             |              |                       |
| C    | Net investment earnings, gains, and losses                                       |                       |              |                                       |                   |              | -                      |             |              |                       |
| d    | Grants or scholarships                                                           |                       |              |                                       |                   |              |                        |             |              |                       |
| е    | Other expenditures for facilities                                                |                       |              |                                       |                   |              |                        |             |              |                       |
|      | and programs                                                                     |                       |              |                                       |                   |              |                        |             |              |                       |
| f    | Administrative expenses                                                          |                       |              |                                       |                   |              |                        |             |              |                       |
| g    | End of year balance                                                              |                       | <u> </u>     |                                       |                   |              |                        |             | L            |                       |
| 2    | Provide the estimated percentage of the curr                                     | rent year end baland  | ce (line 1   | g, colun                              | nn (a)) held as.  |              |                        |             |              |                       |
| а    | Board designated or quasi-endowment                                              |                       | _%           |                                       |                   |              |                        |             |              |                       |
| b    | Permanent endowment                                                              | %                     |              |                                       |                   |              |                        |             |              |                       |
| С    | Temporarily restricted endowment                                                 | %                     |              |                                       |                   |              |                        |             |              |                       |
|      | The percentages on lines 2a, 2b, and 2c sho                                      | •                     |              |                                       |                   |              |                        |             |              |                       |
| 3a   | Are there endowment funds not in the posse                                       | ession of the organiz | ation tha    | it are he                             | ld and administe  | ered for th  | ne organiz             | ation       | _            |                       |
|      | by.                                                                              |                       |              |                                       |                   |              |                        |             | Y            | <u>'es No</u>         |
|      | (i) unrelated organizations                                                      |                       |              |                                       |                   |              |                        |             | 3a(i)        |                       |
| -    | (ii) related organizations                                                       |                       |              |                                       |                   |              |                        |             | 3a(ii)       |                       |
|      | If "Yes" on line 3a(ii), are the related organiza                                | •                     |              |                                       | R7                |              |                        |             | 3b           | L                     |
| Par  | Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm |                       | owment t     | runas                                 |                   | _            | _                      |             |              |                       |
| T ai |                                                                                  |                       | O Bort IV    | / line 11                             | a Saa Farm 00     | 0 Don V      | lma 10                 |             |              |                       |
|      | Complete if the organization answere<br>Description of property                  | (a) Cost or o         |              |                                       | ost or other      |              |                        | <u> </u>    | (a) D = -1   |                       |
|      | Description of property                                                          | basis (investi        |              | ٠,                                    | ss (other)        | , , ,        | cumulate<br>preciation | a           | (d) Book     | value                 |
|      | Land                                                                             | 200 (111463(1         |              |                                       | 88,903.           | Get          | n sciation             |             | 0.0          | 002                   |
|      | Land                                                                             |                       |              |                                       | 532,202.          | -            | 215,47                 | 73          |              | <u>,903.</u><br>,729. |
| b    | Buildings Leasehold improvements                                                 |                       | +            |                                       | JJ4,4U4.          | -            | <u>. 10,4</u>          | 13.         | 210          | , 149.                |
|      | Equipment                                                                        |                       |              |                                       |                   |              | <del></del>            |             | <del></del>  |                       |
|      | Other                                                                            |                       | +            |                                       | 18,617.           |              | 18,17                  | 76          |              | 441.                  |
|      | Add lines 1a through 1e (Column (d) must e                                       | aual Form 000 Part    | · Y colun    | on (D) //                             |                   | L            | <u> </u>               |             | 406          | 073                   |

JOINERS OF AMERICA LOCAL UNION NO. 92-0013107 Page 3 Schedule D (Form 990) 2016 1243 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes WITHHELD BENEFITS 26. (3)(4) (5) (6)(7) (8)26. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 

Schedule D (Form 990) 2016

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| 9   | dule D (Form 990) 2016 JOINERS OF AMERICA LOCAL UNION NO. 1243                                                                                                                                                                      | 92-0     | 013107 Page 4      |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per                                                                                                                                                    | 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        | 197,414.           |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                 |          |                    |
| а   | Net unrealized gains (losses) on investments . 2a                                                                                                                                                                                   |          |                    |
| b   | Donated services and use of facilities 2b                                                                                                                                                                                           |          |                    |
| С   | Recoveries of prior year grants 2c                                                                                                                                                                                                  |          |                    |
| d   | Other (Describe in Part XIII.) 2d 5, 285                                                                                                                                                                                            |          |                    |
| е   | Add lines 2a through 2d                                                                                                                                                                                                             | 2e       | 5,285.             |
| 3   | Subtract line 2e from line 1                                                                                                                                                                                                        | 3        | 192,129.           |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                                                                |          |                    |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                                                                    |          |                    |
| b   | Other (Describe in Part XIII )                                                                                                                                                                                                      |          |                    |
| С   | Add lines 4a and 4b                                                                                                                                                                                                                 | 4c       | 0.                 |
| _5  | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                                                                                                      | 5        | 192,129.           |
| Pa  | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per                                                                                                                                                 | er Retur | n.                 |
|     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                                                                                                                                                         |          |                    |
| 1   | Total expenses and losses per audited financial statements                                                                                                                                                                          | 1        | 191,569.           |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                                                                   |          |                    |
| а   | Donated services and use of facilities 2a                                                                                                                                                                                           |          |                    |
| b   | Prior year adjustments 2b                                                                                                                                                                                                           | $\neg$   |                    |
| С   | Other losses 2c                                                                                                                                                                                                                     | 7        |                    |
| d   | Other (Describe in Part XIII ) 2d 6,650                                                                                                                                                                                             | , l      |                    |
| е   | Add lines 2a through 2d                                                                                                                                                                                                             | 2e       | 6,650.             |
| 3   | Subtract line 2e from line 1                                                                                                                                                                                                        | 3        | 184,919.           |
| 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                                                                                                                                                                    |          |                    |
| b   | Other (Describe in Part XIII.)                                                                                                                                                                                                      | 7        |                    |
| c   | Add lines 4a and 4b                                                                                                                                                                                                                 | 4c       | n                  |
| 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                                                                                                     | 5        | 184,919.           |
| Pa  | rt XIII Supplemental Information.                                                                                                                                                                                                   |          | 101,010.           |
|     | de 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, Iir 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information |          | , mic 2, 1 att At, |
| PAI | RT XI, LINE 2D - OTHER ADJUSTMENTS:                                                                                                                                                                                                 |          |                    |
| PAC | CINCOME                                                                                                                                                                                                                             |          | 5,285.             |
| PAI | RT_XII, LINE 2D - OTHER ADJUSTMENTS:                                                                                                                                                                                                |          |                    |
| PA  | EXPENSES                                                                                                                                                                                                                            |          | 6,650.             |
|     |                                                                                                                                                                                                                                     |          |                    |
|     |                                                                                                                                                                                                                                     |          |                    |
|     |                                                                                                                                                                                                                                     |          |                    |
|     |                                                                                                                                                                                                                                     |          |                    |

# **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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA LOCAL UNION NO. 1243

**Employer identification number** 92-0013107

| FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:                           |
|-------------------------------------------------------------------------|
| LABOR UNION                                                             |
| FORM 990, PART VI, SECTION A, LINE 6:                                   |
| DUES PAYING MEMBERS OF THE LABOR UNION                                  |
| FORM 990, PART VI, SECTION A, LINE 7A:                                  |
| MEMBERS IN GOOD STANDING VOTE TO ELECT MEMBERS OF THE GOVERNING BODY    |
| FORM 990, PART VI, SECTION A, LINE 7B:                                  |
| LARGE AND UNUSUAL TRANSACTIONS TAKEN BEFORE THE MEMBERSHIP FOR APPROVAL |
| FORM 990, PART VI, SECTION B, LINE 11B:                                 |
| FORM 990 REVIEWED BY THE GOVERNING BODY PRIOR TO FILING                 |
| FORM 990, PART VI, SECTION C, LINE 19:                                  |
| AVAILABLE ON REQUEST                                                    |
| FORM 990, PART XII, LINE 2C                                             |
| THE PROCESS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR                 |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |