

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning		January 1st	, 2017, and ending	December 31st	, 2017
B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		BCTGM LOCAL UNION 282G		82-0252311	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		1017 ZIONST.		(208) 670-2027	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		BURLEY, ID 83318		0096	
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ►					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) □ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		LABOR ORGANIZATION			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 145274	

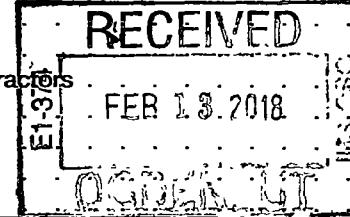
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	62,758	87,360
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	62,758	87,360
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,758	87,360

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

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

What is the organization's primary exempt purpose? To Insure Contractual Agreement

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

persons benefited, and other relevant information for each program line.								
28	We have 380 to 430 members united under Local 282G, depending on the season. To increase wages and improve working condition of employment through collective bargaining and other lawful methods. And to afford mutual protection to workers against unlawful discharge and other forms of injustice and oppression							
	(Grants \$	) If this amount includes foreign grants, check here . . . ►			<input type="checkbox"/>	28a	0
29								
	(Grants \$	) If this amount includes foreign grants, check here . . . ►			<input type="checkbox"/>	29a	0
30								
	(Grants \$	) If this amount includes foreign grants, check here . . . ►			<input type="checkbox"/>	30a	0
31	Other program services (describe in Schedule O)							
	(Grants \$	) If this amount includes foreign grants, check here . . . ►			<input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)					►	32	0

Part IV

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

Check if the organization does not have to respond to any question in this part				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Wes Lindsay				
President		2,000	0	0
James Martinez				
Vice-President		1,500	0	0
Russel Jensen				
Financial Secretary		2,100	0	0
Letty Saras				
Recording Secretary		900	0	0
Brian Ames				
Sergent of Arms		0	0	0
Erick Hawker				
Trustee		0	0	0
Faith Larios				
Trustee		0	0	0
Christian Flower				
Trustee		0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►		
b		
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ►		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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

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

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here	 Signature of officer	2-4-18 Date
	Russel Jensen Financial Secretary Type or print name and title	

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

May the IRS discuss this return with the preparer shown above? See instructions

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Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

2017

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Inspection

Name of the organization

BCTGM LOCAL UNION 282G

Employer identification number

820252311

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Line 8 Other Revenue--Reimbursement

Line 10 Grants and Similar Amounts Paid-- Per Capita paid to the BCTGM International Union, Idaho State AFL-CIO, and Magic Valley CLC

Line 16 Other Expenses-- Insurances, Supplies and Materials, Fees, Lodging, Meals, Lost Time, Mileage, Per Diem and ETC.