

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2017**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 1806Open to Public  
Inspection

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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

**C** Name of organization  
**CARPENTERS AND MILLWRIGHTS LOCAL 808**  
**UNITED BROTHERHOOD OF CARPENTERS**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**4147 N HAROLDSEN DRIVE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**IDAHO FALLS, ID 83405** 05

**D** Employer identification number  
**82-0200321**

**E** Telephone number  
**208 524 2409**

**F** Group Exemption Number ▶ **0143**

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

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

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 5 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **LABOR UNION**

**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 ▶ \$ **100,885.**

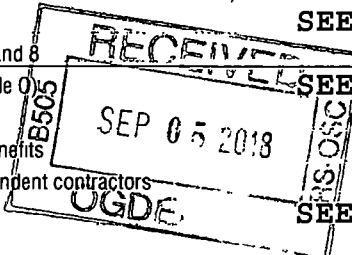
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

☒

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	42,377.
4	Investment income	4	160.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	58,348.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	100,885.
10	Grants and similar amounts paid (list in Schedule O)	10	27,574.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	42,990.
13	Professional fees and other payments to independent contractors	13	4,745.
14	Occupancy, rent, utilities, and maintenance	14	1,933.
15	Printing, publications, postage, and shipping	15	4,140.
16	Other expenses (describe in Schedule O)	16	17,054.
17	<b>Total expenses.</b> Add lines 10 through 16	17	98,436.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,449.
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	94,025.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	96,474.

LHA 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	93,999.	22	96,474.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	825.	24	751.
25 Total assets	94,824.	25	97,225.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	799.	26	751.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,025.	27	96,474.

Part III

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

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

☒

What is the organization's primary exempt purpose?SEE SCHEDULE O

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

28	TO SECURE BETTER WAGES, BENEFITS AND WORKING CONDITIONS FOR THOSE IN THE CARPENTER TRADE		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

Part IV

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

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

☐

(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
CHRISTOPHER HEIER				
PRESIDENT	1.00	0.	0.	0.
TODD CROSBY				
VICE PRESIDENT	1.00	0.	0.	0.
RICHARD LEWIS				
RECORDING SECRETARY	1.00	0.	0.	0.
JOHN HOYRUP				
FINANCIAL SECRETARY	1.00	0.	0.	0.
DAVE WILSON				
TREASURER	1.00	0.	0.	0.
JESSE HARRIS				
CONDUCTOR	1.00	0.	0.	0.
RICK BROWNING				
WARDEN	1.00	0.	0.	0.
RANDY HOLVERSON				
TRUSTEE	1.00	0.	0.	0.
RAYMOND MACK				
TRUSTEE	1.00	0.	0.	0.
ROBERT WATSON				
TRUSTEE	1.00	0.	0.	0.
GREGORY REDDICK				
PAST RECORDING SECRETARY	1.00	0.	0.	0.
WADE JONES				
PAST TRUSTEE	1.00	0.	0.	0.

**CARPENTERS AND MILLWRIGHTS LOCAL 808**

Form 990-EZ (2017)

**UNITED BROTHERHOOD OF CARPENTERS**

**82-0200321**

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

		Yes	No
<b>33</b> 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	<b>33</b>		<b>X</b>
<b>34</b> 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)	<b>34</b>		<b>X</b>
<b>35a</b> 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)?	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	<b>N/A</b>	
<b>c</b> 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	<b>35c</b>		<b>X</b>
<b>36</b> 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	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right;">▶ <b>37a</b> <u>0.</u></span>			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		<b>X</b>
<b>38a</b> 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?	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	<b>N/A</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	<b>N/A</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	<b>N/A</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>N/A</b> ; section 4912 ▶ <b>N/A</b> ; section 4955 ▶ <b>N/A</b>			
<b>b</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	<b>40b</b>	<b>N/A</b>	
<b>c</b> 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 <span style="float:right;">▶ <b>N/A</b></span>			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right;">▶ <b>N/A</b></span>			
<b>e</b> 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	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>			
<b>42a</b> The organization's books are in care of ▶ <b>JOHN HOYRUP</b> Telephone no. ▶ <b>208 524 2409</b> Located at ▶ <b>4147 N HAROLDSEN DRIVE, IDAHO FALLS, ID</b> ZIP + 4 ▶ <b>83405</b>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>		<b>X</b>
<b>c</b> 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: ▶ _____	<b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right;">▶ <b>43</b> <b>N/A</b></span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>		<b>X</b>
<b>b</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	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>		<b>X</b>
<b>b</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)	<b>45b</b>		

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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

46

Yes

No

X

Part VI

Section 501(c)(3) organizations only

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

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

47

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

47

Yes

No

48

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

48

Yes

No

49a

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

49a

Yes

No

49b

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

49b

Yes

No

50

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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."

N/A

(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

8/28/18

JOHN HOYRUP, FINANCIAL SECRETARY

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DON A CURTIS

DON A CURTIS

08/20/18

P00010775

Paid Preparer Use Only

Firm's name ▶ DON A CURTIS & ASSOCIATES PLLC

Firm's EIN ▶ 26-4388619

Firm's address ▶ P.O. BOX 7359

Phone no. 253.631.2106

COVINGTON, WA 98042

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

Yes

No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	CARPENTERS AND MILLWRIGHTS LOCAL 808 UNITED BROTHERHOOD OF CARPENTERS	Employer identification number 82-0200321
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	160.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
REBATE/REIMB EXP PNRCC	56,925.
REIMBURSED EXPENSES	1,423.
TOTAL TO FORM 990-EZ, LINE 8	58,348.

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

AFFILIATE NAME: UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMER	
AFFILIATE ADDRESS: 101 CONSTITUTION AVE NW WASHINGTON, DC 20001	
PURPOSE OF PAYMENT: PER CAPITA TAXES	
AMOUNT OF PAYMENT:	27,504.

AFFILIATE NAME: PACIFIC NW REGIONAL COUNCIL OF CARPENTERS	
AFFILIATE ADDRESS: 25120 PACIFIC HWY S KENT, WA 98032	
PURPOSE OF PAYMENT: PER CAPITA TAXES	
AMOUNT OF PAYMENT:	70.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	27,574.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	74.
OTHER EXPENSES	1,859.

Name of the organization	CARPENTERS AND MILLWRIGHTS LOCAL 808 UNITED BROTHERHOOD OF CARPENTERS	Employer identification number 82-0200321
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TOTAL TO FORM 990-EZ, LINE 14 1,933.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	2,552.
MEETING EXPENSE	5,386.
DONATIONS	800.
TELEPHONE	3,121.
OTHER EXPENSES	5,195.
TOTAL TO FORM 990-EZ, LINE 16	17,054.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	825.	751.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES WITHHELD	799.	751.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SECURE BETTER WAGES,  
BENEFITS AND WORKING CONDITIONS FOR THOSE IN THE CARPENTER TRADE

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.