

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning <input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		January 1 , 2018, and ending December 31 , 2018				
C Name of organization ? Carpenters Helping Hands Inc.				D Employer identification number ? 521241116		
		Number and street (or P O box, if mail is not delivered to street address) ? 101 Constitution Ave NW		Room/suite ? 10		E Telephone number ? 202-546-6206
F Group Exemption Number ? 03						
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		H Check <input 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 checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ? (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 checked="" type="checkbox"/> Association <input type="checkbox"/> Other 501 c 3						
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$ 0
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 <input type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received	1				
	2 Program service revenue including government fees and contracts	2				
	3 Membership dues and assessments	3				
	4 Investment income	4				
	5a Gross amount from sale of assets other than inventory	5a				
	b Less: cost or other basis and sales expenses	5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6 Gaming and fundraising events.					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b					
c Less: direct expenses from gaming and fundraising events	6c					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					
7a Gross sales of inventory, less returns and allowances	7a					
b Less: cost of goods sold	7b					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8 Other revenue (describe in Schedule O)						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	0					
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 125,000.00				
	11 Benefits paid to or for members	11				
	12 Salaries, other compensation, and employee benefits ?	12				
	13 Professional fees and other payments to independent contractors ?	13				
	14 Occupancy, rent, utilities, and maintenance	14				
	15 Printing, publications, postage, and shipping	15				
	16 Other expenses (describe in Schedule O) ?	16 465.54				
	17 Total expenses. Add lines 10 through 16	17 125,465.54				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -125,465.54				
	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)	19 345,753.29				
	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	21 220,287.75				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2018)

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	345,753.29	220,287.75
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	345,753.29	220,287.75
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	345,753.29	220,287.75

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 Attached**

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 _____

(Grants \$ 125,000.00) If this amount includes foreign grants, check here □

29 Grants \$ 125,000.00) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule Q) _____

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

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated). Check if the organization used Schedule O to respond to any question in this Part IV.

AO

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

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

	Yes	No
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	✓
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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	✓
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35b *N/A*

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

35c	<i>N/A</i>
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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

36	✓
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37a *N/A*

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37b	<i>N/A</i>
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

38a	✓
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38b *N/A*

b Did the organization file Form 1120-POL for this year?

39a	
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39b	
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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?

40a	
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40b	✓
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40c *N/A*

39 Section 501(c)(7) organizations Enter:

39a	
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39b	
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a Initiation fees and capital contributions included on line 9

40d	
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40e	✓
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40f *N/A*

b Gross receipts, included on line 9, for public use of club facilities

40g	
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40h	
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►

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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

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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

Yes	No
46	✓

21

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

21

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A There were no paid employees				

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

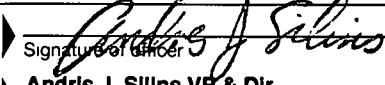
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

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

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

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

Sign Here			Date
	Signature of officer	Andris J. Siliņš VP & Dir	
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 ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Carpenters Helping Hands Inc.

Employer identification number

52-1241116

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 07
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations _____
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	15,465.00	0	0	0	15,465.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	0	15,465.00	0	0	0	15,465.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15,465.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0	15,465.00	0	0	0	15,465.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	400.84	680.49	672.04	428.72	0	2,182.09
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17,647.09
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84 %
16a 33$\frac{1}{3}$% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33$\frac{1}{3}$% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization -

Carpenters Helping Hands Inc.

Employer identification number

62-1241118

CARPENTERS HELPING HAND, INC.
FORM 990
December 31, 2018

Part 1 #10 Grant Allocations & Part III #28

<u>PURPOSE</u>	<u>RECIPIENT</u>	<u>AMOUNT</u>
Donation	Nicole Newton	\$ 15,000 00
Donation	Brian Sayers	30,000 00
Donation	Thomas Frederickson	10,000 00
Donation	Evelyn Villegas	10,000 00
Donation	Juan Manny Gomez	25,000.00
Donation	Justin Phelps	25,000 00
Donation	Richard Kilwein	10,000 00
	Total	<u>\$ 125,000 00</u>

Part 1 #16 Other Expenses & Part III #31

<u>PURPOSE</u>	<u>RECIPIENT</u>	<u>AMOUNT</u>
Bank Service Charges		\$ 13 54
CT Corp		\$ 452 00
	Total	<u>\$ 465 54</u>

Part 3 Organization purpose

The organization seeks to provide charitable aid to poor and distressed or underprivileged carpenters, joiners, related trades and occupations and their families and dependents, without regard to race, color, creed, sex or national origin. The organization also provides contributions to worthy organization's Board of Directors or their designated officers or agents, to determine whether the donation furnished is likely to aid them. The amount and nature of the aid provided is in the organization's discretion on a case-by-case basis. For example, since its inception, a beneficiary of the organization's aid was a carpenter's six-year old adopted daughter who is severely handicapped born with a bilateral cleft face (without eyes, nose, mouth, palate). She has incurred at least a dozen operations since birth and will require continuing surgery and medical costs greatly exceeding the family's resources, the organization has assisted in paying the hospital and physician's bills.

Name of the organization

Carpenters Helping Hands Inc.

Employer identification number

52-1241116

CARPENTERS HELPING HAND, INC
FORM 990
December 31, 2018

Tax ID #52-1241116

PART IV List of Officers

(A) <u>Name & Address</u>	(B) <u>Title</u>	(C) <u>Helping Hands Compensation</u>	(D) <u>Related UBC 35-0723065 Compensation</u>	(E) <u>Related UBC 35-0723065 Contribution</u>
Douglas J McCarron 101 Constitution Ave NW Washington, DC 20001	President & Director	-0-	\$ 447,944 00	\$ 546,086.00
Douglas J Banes 101 Constitution Ave NW Washington, DC 20001	Vice President & Director	-0-	\$ 363,955 00	\$ 305,089 00
Andris J Silins 101 Constitution Ave NW Washington, DC 20001	Vice President & Director	-0-	\$ 363,955 00	\$ 305,089 00

The total compensation, contributions, and expenses were paid by the United Brotherhood of Carpenters and Joiners of America EIN 350723065. The above amounts represent compensation for services rendered to the United Brotherhood of Carpenters and Joiners of America and not for services rendered to the Carpenters Helping Hand Inc. This information is reported, as required by the 2018 instructions to Form 990.