DLN: 93493319004349 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization CARPENTERS INTERNATIONAL TRAINING FUND D Employer identification number B Check if applicable ☐ Address change 52-6447063 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 212 CARPENTERS UNION WAY ☐ Amended return ☐ Application pending (702) 938-1111 City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV $\,\,89119$ G Gross receipts \$ 81,078,684 Name and address of principal officer H(a) Is this a group return for DOUGLAS J MCCARRON □Yes ☑No subordinates? 212 CARPENTERS UNION WAY H(b) Are all subordinates AS VEGAS, NV 89119 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1990 M State of legal domicile NV K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities PROVIDE A CENTRAL SUPPORT STRUCTURE FOR AFFILIATED JOINT APPRENTICESHIP AND TRAINING AND HEALTH AND SAFETY **EDUCATION COMMITTEES** Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 6 Number of independent voting members of the governing body (Part VI, line 1b) 33 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 572 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 39,604,704 38,947,852 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 5,321,256 5,444,106 -1,437,858 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,287 44,957,247 42,954,100 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,062,003 2,425,436 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,839,868 3,606,597 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 43,303,987 48,133,049 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 49,205,858 54,165,082 19 Revenue less expenses Subtract line 18 from line 12 . -4,248,611 -11,210,982 Net Assets or Fund Balances **Beginning of Current Year End of Year** 90,327,160 20 Total assets (Part X, line 16) . 78,390,324 9,280,168 21 Total liabilities (Part X, line 26) . 6,258,051 22 Net assets or fund balances Subtract line 21 from line 20 . 69,110,156 Signature Block 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 2019-11-15 Signature of officer Sign Here DOUGLAS J MCCARRON CHAIRMAN Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01081188 Paid self-employed Firm's EIN ► 47-0900880 Preparer Use Only Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200 Phone no (202) 331-9880 BETHESDA, MD 20814 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2
Pa	rt III Statem	ent of Program Service Acc	omplishments		
	Check If	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission			
	/IDE A CENTRAL S MITTEES	SUPPORT STRUCTURE FOR AFFILIA	TED JOINT APPRENTICESHIP AND TRA	AINING AND HEALTH AND SAFE	ETY EDUCATION
2	Did the organiza	ation undertake any significant prog	ram services during the year which w	vere not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Schedule ()		
3	services?	ation cease conducting, or make sig 	nificant changes in how it conducts, a	ny program	☐ Yes ☑ No
4	Section 501(c)(3		olishments for each of its three larges required to report the amount of gran rivice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat	ta			·
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program :	services (Describe in Schedule O)			
	(Expenses \$	including g	rants of \$	Revenue \$)
4e	Total program	service expenses ▶			

Pai	tiV Checklist of Required Schedules			rage 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	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 3	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II

No

20b

21

22

Nο

Nο

Nο

Nο

Nο

33

34

35a

35b

36

37

38

94

0

1a

Yes

Yes

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	Checklist of Required Schedules (continuea)		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	NO
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V .

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

37

Part V

7c 7d |

d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

8

9a

9h

12a

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

which the organization is licensed to issue qualified health plans

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

10a

10b

11a

11b

12b

13b

13c

Pa	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines							
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								
Se	ction 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	12					
	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	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.			3		No		
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No		
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets?	5		No		
6	Did the organization have members or stockholders?			6		No		

			Yes	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
а	The governing body?	8a	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
6	Did the organization have members or stockholders?	6		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	з		No
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		No
D	the number of voting members included in line 1a, above, who are independent 1b 6			

	of officers, directors or trustees, or key employees to a management company or other person?			110
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	Cition C. Discripture			

	the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
		16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
1,	NV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 212 CARPENTERS UNION WAY LAS VEGAS. NV 89119 (702) 407-1000			

	Did the organization have a written document retention and destruction policy?	14		INO
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► NV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 212 CARPENTERS UNION WAY LAS VEGAS, NV 89119 (702) 407-1000			
			orm 990	(2018)

Part VII

(16) ROYCE PETERS

SR TECH COORDINATOR

TECHNICAL COORDINATOR

(17) CHAD MCDONALD

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, of reportable compensation from the organization 					pen:	sated	emp	oloyees who receive	ed more than \$100	0,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	tutio	nal t	:rust	ees, c	office	ers, key employees	s, highest	
$oxedsymbol{\square}$ Check this box if neither the organization no	r a <u>ny related or</u>	rganızat	:ion c	omp	ens	a <u>ted a</u>	ny d	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positio tha persi	on (do an on on is a dir	(C) o not e bo both recto) t che ox, u h an or/tr	eck mo inless office ustee)	ore er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DOUGLAS J MCCARRON CHAIRMAN	1 00	×		X		į		0	0	0
(2) DOUGLAS J BANES TRUSTEE	1 00	×		×				0	0	0
(3) ANDRIS J SILINS TRUSTEE	1 00	×		х				0	0	0
(4) FRANK SPENCER TRUSTEE	1 00	×		x				0	0	0
(5) JAMES SMITH TRUSTEE	1 00	×		x				0	0	0
(6) DAVID THARP TRUSTEE	1 00	×		x				0	0	0
(7) NOEL BORCK SECRETARY	1 00	х						0	0	0
(8) KEN HEDMAN TRUSTEE	1 00	×						0	0	0
(9) JIM CLEMENS TRUSTEE	1 00	×						0	0	0
(10) KEN NAVRATIL TRUSTEE	1 00	x						0	0	0
(11) RICHARD G HARRIS TRUSTEE	1 00	х						0	0	0
(12) CHRISTOPHER ROBINSON TRUSTEE	1 00	×						0	0	0
/12\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	40 00		$\overline{}$	Г			Г			

40 00 (13) WILLIAM K IRWIN 285,414 0 105,263 EXECUTIVE DIRECTOR 40 00 (14) JAMES VODICKA 121,922 0 Х 58.481 TECHNICAL COORDINATOR 40 00 (15) JAMES E STAFFORD Х 147,078 0 69,737 TECHNICAL COORDINATOR

40 00

40 00

Χ

Х

157,288

121,250

73,400

60.463

Form **990** (2018)

0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per compensation amount of other than one box, unless person compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and O#ine empley Former Individual trustee organizations Institutional MISC) related director below dotted organizations าอรุเ employee line) t compensated Trustee (18) ALFONSO BASTIDOS 40 00 121,220 58,210 TECHNICAL COORDINATOR c Total from continuation sheets to Part VII, Section A . . . ۲ d Total (add lines 1b and 1c) 954,172 0 425,554 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 10 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . . . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Nο Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (C) Name and business address Description of services Compensation FORMAT GROUP **EDUCATION SERVICES** 2,625,462 1621 E 7TH STREET AUSTIN, TX 78702 COOPERATIVE PERSONNEL SERVICES TEMPORARY HELP 1,050,336 **DEPT 34327** SAN FRANCISCO, CA 94139 SEGAL CONSULTING COMPUTER CONSULTING 801,982 333 WEST 34TH STREET NEW YORK, NY 10001 **EDUCATION SERVICES** 546,912 PENN STATE UNIVERSITY 121 OUTREACH BUILDING UNIVERSITY PARK, PA 16802 PREMIER TECHNOLOGY SOLUTIONS COMPUTER CONSULTING 431,081 232 MADISON AVENUE

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

NEW YORK, NY 10016

compensation from the organization ▶ 55

Page 8

Part	VIII	Statement of										
		Check if Schedul	e O contains	a respo	onse or i	note to any					(6)	🗆
								A) revenue	€	(B) lated or exempt	(C) Unrelated business	(D) Revenue excluded from
	1a F	ederated campaigi	ns	1a						unction evenue	revenue	tax under sections 512 - 514
nts ints		lembership dues		1b								
ons, Gifts, Grants Similar Amounts		undraising events		1c								
ls, (elated organizatio		1d								
Gif ilar		overnment grants (co		1e								
ns, Sim	f A	ll other contributions,	, gıfts, grants,									
ıtio er S		nd similar amounts n bove	ot included	1f								
ributic Other		loncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		n lines 1a - 1f \$ otal. Add lines 1a [.]	_1 <i>f</i>			_						
		otan Add III e 1 a	1,	•		Business	Code					
Program Service Revenue	2a ME	MBERSHIP DUES				Dusiness		38,	947,852	38,94 ⁻	7,852	
ત્રન્⊁						-	900099					
Ce F	ь —											
ker vi	d —											
E S	е —			_								
ogra	f All	other program se	rvice revenue									
Δ	g Tot	al. Add lines 2a–2	.f		>	38,	947,852					
		estment income (ii lar amounts) .			nterest,	and other		899,58	6			899,586
		ome from investme			ond prod		-	<u> </u>				
		alties					•					
			(ı) Rea	I	(11)	Personal						
	6a Gr	oss rents										
	b Le	ess rental expenses										
	c Re	ental income or					\dashv					
	(10	oss)										
	d N	et rental income o		•		• •	-					
	7a Gro	oss amount	(ı) Securit	ties	(11,) Other	-					
	froi	m sales of sets other	39,3	3 1 6,078								
	tha	in inventory										
	ot	ess cost or her basis and	34,7	71,558								
		lles expenses ain or (loss)	4,5	544,520			-					
		et gain or (loss) .				>	1	4,544,52	0			4,544,520
		oss income from fi	_									
Other Revenue		ot including \$ ntributions reporte		of								
•<		e Part IV, line 18		а								
r R		ss direct expense: t income or (loss)		b and ev								
the		oss income from g		-		• •						
0		e Part IV, line 19										
	b Le	ss direct expense	c	a b			-					
		t income or (loss)			les .	. •	_					
	10 aGr	oss sales of invent urns and allowand	ory, less									
	ret	urns and anowand	.es	a		2,175,674						
	b Les	ss cost of goods s	sold	b		3,353,026	5					
	c Ne	t income or (loss)	from sales of	invent	ory .	. •	- 	-1,177,35	2			-1,177,352
	4.4	Miscellaneous			Busir	ness Code						
	11 a p/	ARTNERSHIP UBTI				90009	9	57	2		572	
	<u></u>					90009	9	-51,62	8	-51,628		
	D M	SCELLANEOUS IN	COME			30003		-51,02		-31,020		
	c -	AIN ON FOREIGN (90009	9	-209,45	0	-209,450		
	- GA	TIN ON FOREIGN (LONKENCY			2000		200, 10		200,100		
	d All	other revenue .					+					
		tal. Add lines 11a			٠	>	1	262.55				
	12 To	tal revenue. See	Instructions			. 🛌		-260,50				
								42,954,10	0	38,686,774	572	4,266,754 Form 990 (2018)

orm 990 (2018)				Page 1
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all columns to the statement of Functional Expenses	lumns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆</u>
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,241,630			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	183,806			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	390,677			
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	1,926,964			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	442,298			
9 Other employee benefits	655,518			
L 0 Payroll taxes	191,140			
L1 Fees for services (non-employees)				
a Management				
b Legal	31,355			
c Accounting	368,696			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	142,743			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	142,743			
.2 Advertising and promotion				
3 Office expenses	674.064			
4 Information technology	,			
5 Royalties				
F	2,294,364			
.6 Occupancy				
7 Travel	46,660			
federal, state, or local public officials .	2.040			
.9 Conferences, conventions, and meetings	3,849			
10 Interest				
1 Payments to affiliates	2,965,852			
22 Depreciation, depletion, and amortization	695,481			
23 Insurance	58,745			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TRAINING FACILITIES	16,703,642			
b TRANSPORTATION EXPENSES	10,320,391			
c OUTSIDE INSTRUCTORS	9,723,597			
d EDUCATION MATERIALS, SU	2,148,038			
e All other expenses	1,955,572			
25 Total functional expenses. Add lines 1 through 24e	54,165,082			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

4,306,204

1.786.911

2,328,677

17,992,591

41.923.466

104.712

78.390.324

8.151.281

1.128.887

9.280.168

69.110.156

69,110,156

78,390,324

Form **990** (2018)

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10c

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27 28

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31

32

33

34

4,424,347

1.475.858

3,062,133

65,379,920

2.038.656

160.525

90.327.160

5,171,513

1.086.538

6.258.051

84.069.109

84.069.109

90,327,160

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	1,312,174	1	692,621
2 Savings and temporary cash investments	9,442,614	2	5,667,918
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	3,030,933	4	3,587,224
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I.		5	

5,695,017

3,366,340

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Assets

11

12

13

14

15

16

17

18

19

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21

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L .

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Form 990 (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

EIN: 52-6447063

Name: CARPENTERS INTERNATIONAL TRAINING FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

Software ID:

PROVIDED A CENTRAL SUPPORT STRUCTURE FOR AFFILIATED JOINT APPRENTICESHIP & TRAINING AND HEALTH & SAFETY EDUCATION COMMITTEES

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493319004349

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

• Se • S • S • S • S • S • f the	ection 501(c)(3) organizations Confection 501(c) (other than section 5 Section 527 organizations Complet organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 thave filed Form 5768 (election under so thave NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	Part I-C I-A and C below 90-EZ, Part VI, Iir ection 501(h)) Co der section 501(h	Do not comp ie 47 (Lobby mplete Part I)) Complete	lete Part I-B ing Activitie I-A Do not c Part II-B Do	es), then omplete Part II-B not complete Part II- <i>I</i>		
Nan	ne of the organization	·		Er	nployer ide	ntification number		
CAR	PENTERS INTERNATIONAL TRAINING FU	ND		52	-6447063			
Pari	I-A Complete if the organ	nization is exempt under section	n 501(c) or is			ization.		
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	npaign activities in	Part IV (see	instructions	for definition of		
2	Political campaign activity expend	itures (see instructions)			>	\$		
3	Volunteer hours for political camp	aign activities (see instructions)						
Part	I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955		•	\$		
2	Enter the amount of any excise ta	ix incurred by organization managers ur	nder section 4955		>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?			☐ Yes ☐	No	
4a	Was a correction made?				☐ Yes ☐	No		
b	If "Yes," describe in Part IV							
Par	Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section	501(c)(3).		
1		• •	·		>	\$		
 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 								
3	Total exempt function expenditure	lıne 17b	>	\$				
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes ☐	No	
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	unt paid from the ed to a separate p	filing organiz olitical organi	ation's funds	s Also enter the amou		
	(a) Name (b) Address (c) EIN (d) A filing funds					(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
1								
2								
3								
4								
5								
6								
				1		i		

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -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.

OMB No 1545-0047

DLN: 93493319004349

Open to Public ▶ Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** CARPENTERS INTERNATIONAL TRAINING FUND 52-6447063 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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 2 Aggregate value of contributions to (during year) 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? ☐ Yes ☐ No 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Par	t III	Organizations Maintaining Co	llections of Art, I	listori	ical Tı	reasu	res, or Ot	her Similar A	\ssets (continued)
3		the organization's acquisition, accessic (check all that apply)	on, and other records	, check	any of	the foll	lowing that a	are a significant	use of it	s collection
а		Public exhibition		d		Loan	or exchange	programs		
b		Scholarly research		е		Other				
С		Preservation for future generations								
4	Provid Part >	de a description of the organization's co XIII	llections and explain	how the	ey furth	ner the	organizatio	n's exempt purp	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than t							□ Y €	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		m 990), Part	IV, lır	ne 9, or rep	ported an amo	ount on	Form 990, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ian or other intermed	liary for	contril	butions	or other as	sets not	□ Y	es 🗆 No
ь	If "Y∈	es," explain the arrangement in Part XII	I and complete the fo	llowing	table				Amount	
c		nning balance	'				10			
d	_	ions during the year					1d			
е		butions during the year					1e			
f		ng balance					1f			
2 a		he organization include an amount on F	orm 990, Part X, line	21, for	escrow	or cus	ــــــ stodial accou	ınt lıabılıty?	. Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part XII	I Check here if the e	xplanat	ion has	been	provided in l	Part XIII	. 🗆	
Pa	rt V	Endowment Funds. Complete I	f the organization	answei	red "Y	es" on	Form 990	, Part IV, line	10.	
		·	(a)Current year	(b)₽	rior yea	r ((c)Two years l	oack (d) Three y	ears back	(e)Four years back
1 a	Beginn	ing of year balance								
b	Contrib	outions								
С	Net inv	estment earnings, gains, and losses								
d	Grants	or scholarships								
е		expenditures for facilities ograms								
f	Admını	strative expenses								
g	End of	year balance								
2 a		de the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a)) held as	•		
b	Perm	anent endowment 🕨								
С	Temp	porarily restricted endowment								
•	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3 a		here endowment funds not in the posse nization by	ssion of the organizat	tion tha	t are h	eld and	d administer	ed for the		Yes No
	(i) ur	nrelated organizations			•					a(i)
b		elated organizations	ns listed as required	 on Sche	 edule R	? .				a(ii) 3b
4	Descr	ribe in Part XIII the intended uses of the	e organization's endo	wment	funds					
Pa	rt VI	Land, Buildings, and Equipme								
	Descri	Complete if the organization ansiption of property (a) Cost or of (investm	her basis (b) Cost					e Form 990, P ated depreciation		ne 10. (d) Book value
1-	Land								_	
	Land								+	
	Buildin	•			1 00	20.252		4.043.35		074.005
		nold improvements				38,259		1,013,354	+	974,905
		nent				96,072		2,270,402	+	1,325,670
	Other		15 222 5	· ·		10,686	0())	82,584	<u> </u>	28,102
Tota	ıı. Add	lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	mn (B),	, line 1	U(c)).	>		2,328,677

(a) Description of accuracy (b) Book value (c) Mistroid of involvation Coct or and-divisarinan state value (c) Mistroid of involvation (c) Mis	Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	e organiza	ation answe	red "Yes" on For	m 990, Part :	IV, line 11b.
(1) Financial damateurs (1) Colored Polar Market (1) Colored Polar Mark		(a) Description of security or category	(b) Boo	k value			
13 644-565 F		I derivatives				,	
(a) COMMON COLLECTIVE TRUSTS (b) C1 (c) C2 (d) C3 (d) C4 Touristments—Program Related. (a) Descriptor of investments (b) Book vo. as (b) Book vo. as (c) Descriptor of investments (c) Descriptor of investments (d) Descriptor of investments (e) Descriptor of investments (f) Descriptor of investments (g) Descriptor of investments (h) Book value (h) Book value (l) Book va	(3) Other			2 064 595			_
(c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f							
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(5) (6) (7) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(D)						
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Total. (Column (b) must equal form 990, Part X, cot (d) line 12)	(G)						
Total. Column (b) must equal form 990, Part X, col (d) line 25	(H)						
Complete if the organization answered Yes' on Form 990, Part X, line 113. See Form 990, Part X, line 13.			4	1,923,466			
Cost or end-of-year market value	Part VIII	Complete if the organization answered 'Yes' on Fo					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (b) ine 12) (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (b) ine 12) Part X Other Liabilities. Complete if the organization answered Yea' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 Part X Other Liabilities. Complete if the organization answered Yea' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Federal income taxes DUE TO UNITED BROTHERHOOD OF CARPENTERS AND DOINERS OF AMERICA (1) Federal income taxes DUE TO UNITED BROTHERHOOD OF CARPENTERS AND DOINERS OF AMERICA (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (b) ine 25) (a) Lightly (b) Book value (b) Federal income taxes (c) Federal income taxes (d) Federal income taxes (e) Federal income taxes (f) Federal income taxes (h) Federal income taxes (a) Lightly (b) Book value (b) Federal income taxes (c) Federal income taxes (d) Federal income taxes (e) Federal income taxes (f) Federal income taxes (h)		(a) Description of investment	(b) E	Book value			
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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. 1. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA 1,128,887 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)							
Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mn (b) must equal Form 990, Part X, col (B) line 15)				•	
1. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA 1,128,887 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Other Liabilities. Complete if the organization ar	nswered '	Yes' on Forn	n 990, Part IV, l	ne 11e or 11	f.
DUE TO UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a) Description of liability		(b) Boo	k value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			MERICA		1 128 887		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 1,128,887 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)	TED BROWNERING OF CARRY ENTERS AND JOINERS OF AN	FILITION		1,120,007		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)		+				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)						
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(8)						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)		+				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		1,128,887		
			the footno		anızatıon's fınancıa		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	· · · · · · · · · · · · · · · · · · ·						
е	Add lines 2a through 2d					2e	-6,078,862
3	Subtract line 2e from line 1					3	42,811,35
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 .				142,743		
L	Other (December of Dark VIII.)	4 L					

2a

2b

2c

2d

Add lines 4a and 4b . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

42,954,100 54,022,339 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b 2c

Other (Describe in Part XIII) 2d

Add lines 2a through 2d . . 2e 3 3

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2018

Part XI

b

5

Return Reference

See Additional Data Table

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Explanation

4a

4b

142,743 4c

5

-6.078.862

Page 4

36,732,495

142,743

54,022,339

142,743

54.165.082

Schedule D (Form 990) 2018

Schedule D (Forn	n 990) 2018	Page 5
Part XIII	Supplemental Info	ormation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 52-6447063

Name: CARPENTERS INTERNATIONAL TRAINING FUND

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

THE FUND FOLLOWS THE AUTHORITATIVE
ME TAXES INCLUDED IN ACCOUNTING STA
VISIONS PROVIDE CONSISTENT GUIDANCE
OGNIZED IN AN ENTITY'S FINANCIAL STAT
NOT" FOR RECOGNITION AND DERECOGNIT
A TAX RETURN THE FUND PERFORMED AN

THE FUND FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCO ME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES THESE PRO VISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REC

OGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE FUND PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR END ED DECEMBER 31, 2018, AND DETERMINED THAT THERE WERE NO ADDITIONAL MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT S TATUS ACCORDINGLY, NO PROVISION FOR INCOME TAX IS INCLUDED IN THESE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2018, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2015 THROUGH 2017 REMAI

NS OPEN WITH THE U S FEDERAL JURISDICTION THE FUND FILES RETURNS

efile GRAPHIC print	- DO NOT I	PROCESS	As Filed Data -	-	DLN: 93493319004349			
SCHEDULE F	State	ement of	States	OMB No 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service		-	nization answered "\ ► Attach t s.gov/Form990 for ii	2010				
Name of the organization						Employer iden	tification number	
CARPENTERS INTERNATIO	NAL TRAININ	G FUND				52-6447063		
Part I General In Form 990, F			s Outside the U	Jnited States. Comple	ete if the	e organization a	nswered "Yes" to	
other assistance, the to award the grants	ne grantees' s or assistan . Describe in	eligibility for t	the grants or assis	substantiate the amoun stance, and the selection dures for monitoring the	n criteria	used	☐ Yes ☑ No her assistance	
		ng Part I, line 3	table can be dupli	cated if additional space is	s needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	progran sp	ivity listed in (d) is a n service, describe pecific type of vice(s) in region	(f) Total expenditures for and investments in region	
NORTH AMERICA, CA MEXICO, BUT NOT TH STATES			0 0	TRAINING ACTIVITIES			1,470,498	
3a Sub-total b Total from continuation	on sheets to		0 0				1,470,498	
Part I			0 0				1,470,498	

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and C	Other Assistance to	o Individuals	Outside the Unite	ed States. Complete i	f the organization ar	swered "Yes" to Form	990, Part IV, line 16.
Part III can be	e duplicated if addition	onal space is i	needed.				
(a) Type of grant or assistance	e (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPENDS FOR BOTH JOURNEYMEN AND APPRENTICES FOR ATTENDEES OF EDUCATIONAL PROGRAM	NORTH AMERICA, CANADA, AND MEXICO, BUT NOT THE UNITED STATES	43	183,806				
					1		11.5/5 000) 2010

Sche	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
Par	t IV Foreign Forms		
1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see	Yes	☑ No
2	required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see		
	Instructions for Forms 3320 and 3320 A, don't me with Form 330)	☐ Yes	☑ No
3	organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 54/1)	\square Yes	✓ No
4	fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a	Yes	✓ No
5	organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	☑ No
	3713, don't me with Form 330)	∟ Yes	™ 1/10

Schedule F ((Form 990) 2018	Page !						
Part V Su Pro am me an	amounts of investments vs. method); and Part III, colur	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).						
	ReturnReference	Explanation						
•								

Schedule F (Form 990) 2018

DLN: 93493319004349 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CARPENTERS INTERNATIONAL TRAINING FUND 52-6447063 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistance to Part III can be duplicated if addit		als. Complete if the orga	inization answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STIPENDS FOR BOTH JOURNEYMEN AND APPRENTICES FOR ATTENDEES OF EDUCATIONAL PROGRAM	217	2,241,630			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informat	ion. Provide the info	ormation required in F	Part I, line 2; Part III	, column (b); and any other a	dditional information.
	_				

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN	l: 9349	9331	9004	349
Sch	edule J	Co	ompensat	tio	n Information	ОМЕ	3 No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the ord	Compens anization ansv	sate wer	d Employees ed "Yes" on Form 990, Part IV, line 23.		2()	18	}
Danor	tment of the Treasury		▶ Attac	ch to	Form 990. structions and the latest information.			o Pul	
•	al Revenue Service	y do to <u>www.msigo</u>	10	,, ,,,,			Insp	ectio	n
	ne of the organiza PENTERS INTERNAT	ation TIONAL TRAINING FUND			Employer iden	tificatio	on nu	ımber	
					52-6447063				
Pa	rt I Questi	ons Regarding Compensa	tion						
1a					e following to or for a person listed on Form elevant information regarding these items			Yes	No_
		s or charter travel	. П		ousing allowance or residence for personal use				
		companions			syments for business use of personal residence				
	☐ Tax ıdemı	nification and gross-up payment	s \square	Н	ealth or social club dues or initiation fees				
	Discretion	nary spending account		Pe	ersonal services (e g , maid, chauffeur, chef)				
b		xes in line 1a are checked, did t all of the expenses described abo			ow a written policy regarding payment or reimburse	ement	4 14	V	
2	•	•	•		allowing expenses incurred by all		1b 2	Yes Yes	
	directors, truste	ees, officers, including the CEO/E	Executive Directo	or, r	egarding the items checked in line 1a?				
3	organization's C	CEO/Executive Director Check al	I that apply Do	not	o establish the compensation of the check any boxes for methods D/Executive Director, but explain in Part III				
	✓ Compens	ation committee		W	ritten employment contract				
	☐ Independ	ent compensation consultant		C	ompensation survey or study				
	☐ Form 990	of other organizations		Αļ	oproval by the board or compensation committee				
4	During the year related organiza		990, Part VII, S	ectio	on A, line 1a, with respect to the filing organization	or a			
а	Receive a sever	ance payment or change-of-con	trol payment?				4a		No
b	Participate in, o	r receive payment from, a suppl	emental nonqua	alıfıe	d retirement plan?		4b		No
c		r receive payment from, an equi			<u> </u>		4c		No
	If "Yes" to any o	or lines 4a-c, list the persons and	a provide the ap	opiica	able amounts for each item in Part III				
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)) organizations	s mı	ıst complete lines 5-9.				
5		ed on Form 990, Part VII, Section Contingent on the revenues of		d the	organization pay or accrue any				
а	The organization	n?					5a		
b	Any related orga						5b		
	·	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		d the	organization pay or accrue any				
a	The organization					-	6a		
b	Any related orga	anızatıon? 6a or 6b, describe in Part III				-	6b		
7	•	•	n Δ line 1a did	d tha	organization provide any nonfixed				
,		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes					7		
8					pursuant to a contract that was ction 53 4958-4(a)(3)? If "Yes," describe		8		_
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organızatıon also follo	w the rebuttable	e pre	esumption procedure described in Regulations sect	ion	9		
For F	Paperwork Redu	uction Act Notice, see the Ins	tructions for F	Form	1 990. Cat No 50053T Sche	dule J (Form	990)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

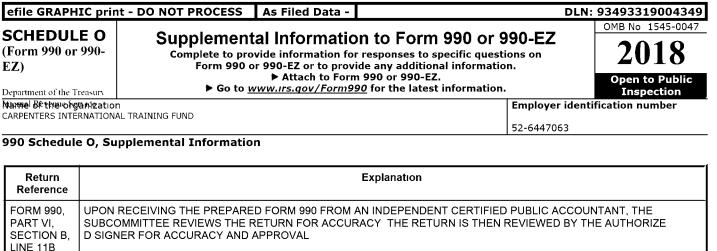
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of column	s (B))(ı)-(ııı) for each listed inc	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line :	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficito		as deferred on prior Form 990
1 WILLIAM K IRWIN EXECUTIVE DIRECTOR	(i)	271,741	0	13,673	89,663	15,600	390,677	0
	(ii)	0	0	0	0	0	0	0
2 JAMES VODICKA TECHNICAL COORDINATOR	(i)	121,160	0	762	42,881	15,600	180,403	0
	(ii)	0	0	0	0	0	0	0
3 JAMES E STAFFORD TECHNICAL COORDINATOR	(i)	146,316	0	762	54,137	15,600	216,815	0
	(ii)	0	0	0	0	0	0	0
4 ROYCE PETERS SR TECH COORDINATOR	(i)	157,198	0	90	57,800	15,600	230,688	0
	(ii)	0	0	0	0	0	0	0
5 CHAD MCDONALD TECHNICAL COORDINATOR	(i)	121,160	0	90	44,863	15,600	181,713	0
	(ii)	0	0	0	0	0	0	0
6 ALFONSO BASTIDOS TECHNICAL COORDINATOR	(i)	121,160	0	60	42,610	15,600	179,430	0
	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS AVAILABLE TO THE
PART VI,	MEMBERS UPON REQUEST THE ORGANIZATION DOES NOT MAKE ANY OF THE DOCUMENTS AVAILABLE TO THE
SECTION C,	GENERAL PUBLIC THE ORGANIZATION DOES NOT HAVE A FORMAL WRITTEN CONFLICT OF INTEREST POLI
LINE 19	l CY

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART XII, LINE 2C