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 much taken in the latest and the latest and

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019	
	Check if		D Employer identifi	ication number
•				
	Addr			
	Nami chan	Don't see a se	92-0	013107
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er
	Final	25 TIMBERIAND DETVE	907	452-3862
	termi		G Gross receipts \$	207,212.
	Amer	ded DATDDANG AV 00701	H(a) Is this a group r	eturn
	Appli		for subordinates	s? Yes X No
	pend		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-ex		<del>-</del>	list. (see instructions)
		te: ► N/A	<del></del>	on number ▶ 01 <u>43</u>
				M State of legal domicile: AK
_	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities: LABOR UN	ION	
& Governance	'	<u></u>		
ā	2	Check this box  If the organization discontinued its operations or disposed of n	nore than 25% of its net a	ssets
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
οğ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
itie	6	Total number of volunteers (estimate if necessary)	6	10
Activities	72	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ĕ	1	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
_	<del>                                     </del>	The differences taxable moonie from Form 500 F, into 50	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	181,625.	190,152.
Ş.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,050.	17,060.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	201,675.	207,212.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,957.	52,839.
Expenses	15		7 0.	0.
Sen.		Professional fundraising fees (Part IX, column (A), line 11e)  RECEIVED  Total fundraising expenses (Part IX, column (D), line 25)		
Ĕ		Total failed by Oxponess (Fair M, Social M (D), Mile 20)	9 149,373.	149,266.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Column (A), lines 13-17 (must equal Part IX, column (A), line 255, 2 7 2019	101	202,105.
		10 tal oxposition 10 10 10 10 10 10 10 10 10 10 10 10 10	197,330. 4,345.	
	19			
Net Assets or Fund Balances		Total assets (Part X line 16)	Beginning of Current Year 638,719.	End of Year
Sse	20	Total assets (Fart A, line To)		643,951.
let d	21	Total liabilities (Part X, line 26)	<u>29.</u>	
	<u>22</u> art	Net assets or fund balances Subtract line 21 from line 20 Signature Block	638,690.	643,797.
$\overline{}$			tamenta, and to the heat of m	w knowledge and heliof it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		iy kilowiedye alio bellel, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	101 2010
		Signature of officer	Date D	- TI SHOW TO THE
Sig			Duit 4	
Her	е	ARTHUR SUTTON, FINANCIAL SECRETARY  Type or print name and title		
			Date Check	PTIN
n		Print/Type preparer's name  Preparer's signature		<b></b>
Paid		DON A CURTIS DON A CURTIS	08/12/19 Self-employ	
	arer	Firm's name DON A CURTIS & ASSOCIATES PLLC	Firm's EIN	26-4388619
use	Only	Firm's address P.O. BOX 7359		2 621 0106
		COVINGTON, WA 98042	Phone no. 25	3.631.2106
May	the l	RS discuss this return with the preparer shown above? (see instructions)	<del></del>	Yes No
8320	01 12-	11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2018)

		UNITED BRO						_
	990 (2018)	JOINERS OF			ON NO. 12	<u>43 92-</u>	0013107	Page 2
Pa	rt III Statement of I	=						
		O contains a respons	e or note to any l	ine in this Part III				
1	Briefly describe the organian OPERATION OF TRADE IN THE	UNION HALL	FOR THE	BENEFIT C	F MEMBERS	IN THE C	ARPENTER	
2	Did the organization under prior Form 990 or 990-EZ		program services	s during the year w	hich were not listed	on the	Yes [	 X No
3	If "Yes," describe these r Did the organization ceas			nges in how it cond	ducts, any program	services?	☐Yes [	X No
4	If "Yes," describe these of Describe the organization	_		for each of its three	a largest program si	envices as measu	ired by expenses	
•	Section 501(c)(3) and 50 revenue, if any, for each	1(c)(4) organizations a	re required to rep					nd
4a	(Code) (Expense			ing grants of \$		) (Revenue \$		)
	OPERATION OF TRADE IN THE		FOR THE	BENEFIT C	OF MEMBERS	IN THE C	ARPENTER	
					<del>- · · · · · · · · · · · · · · · · · · ·</del>			
						<del>-</del>		
				_				
			·					
		_	<del></del>					
4b	(Code) (Expense	es \$	ınclud	ing grants of \$		) (Revenue \$		
					· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·					
	<del></del>	_	<del></del>					
		<del></del>				<del></del> _		
					<del></del>			
							-	
4-	10					\ /p ¢		
4c	(Code) (Expense	98 \$	includ	ing grants of \$				<u> </u>
							<del></del>	
			. <u></u>					
				<u></u>	<u> </u>			
				· <u>-</u>				
		<u> </u>						

4d Other program services (Describe in Schedule O)

including grants of \$ (Expenses \$

) (Revenue \$

Total program service expenses

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



Page 3

Part IV. Checklist of Required Schedules

	Oncomit of Frequence			
			Yes	<u>No</u>
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			7.7
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
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	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		
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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>'</del> -		
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	,		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		-	
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	445		X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	_	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2018)

92-0013107 JOINERS OF AMERICA LOCAL UNION NO. 1243 Page 4 Form 990 (2018) Part IV- Checklist of Required Schedules (continued) No\_ Yes 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Х Schedule J 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 X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 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," Х complete Schedule L. Part II 26 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

(gambling) winnings to prize winners?

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del>г</del>
201	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	1		<u>Yes</u>	No
24	filed for the calendar year ending with or within the year covered by this return	2a		3		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the calendary year order of the calendary year order or which the calendary year order or year or year order or year order or year order or year order or year or year order or year order or year order or year order or year or year order or year order or year order or year order or year or			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country.		•			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoui	nts (FBAR)	·		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action'	?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?	_		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor	r? <b>7</b> a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				اـــــا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file February			7 <u>g</u>	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			?		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		<del></del> ,
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a_	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter.	۱	I			;
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				Ι ,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	امما				
a	Gross income from members or shareholders	11a				* !
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				:
120	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī	.20		T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>-I </u>	$\dashv$		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		_			
_	organization is licensed to issue qualified health plans	13b		j		Ι.
С	Enter the amount of reserves on hand	13c		<u></u>	<u> </u>	
_	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		n or			
	excess parachute payment(s) during the year?			15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16	ļ	<u>X</u> _
	If "Yes," complete Form 4720, Schedule O.		_		<u>  .                                     </u>	<u>'</u>
				Forn	n <b>990</b>	(2018)

Form 990 (2018)

JOINERS OF AMERICA LOCAL UNION NO. 1243

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	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	10			
	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.	ļ			
þ	Enter the number of voting members included in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n			
	of officers, directors, or trustees, or key employees to a management company or other person?	ļ	3_		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	5		<u>X</u>
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	-	7a	<u> </u>	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Ţ,	
	The governing body?	-	8a	X	
	Each committee with authority to act on behalf of the governing body?	}	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		_	ĺ	v
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		9		<u> </u>
<u> </u>	COOL D. POlicies (This Section B requests information about policies not required by the internal nevenue code)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u> </u>	100		
~	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 fi	<u> </u>	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Ī			
	in Schedule O how this was done	l	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		}	l	
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u> _
þ	Other officers or key employees of the organization	Ļ	15b		<u> </u>
	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	- 1	ľ	İ	
	taxable entity during the year?	-	16a		<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ļ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			}	
	exempt status with respect to such arrangements?	<u></u>	16b	[	
	tion C. Disclosure	<del></del>			—
17	List the states with which a copy of this Form 990 is required to be filed NONE	04 (-)(0)-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	U 1(C)(3)S	only)	avana	bie
	for public inspection. Indicate how you made these available. Check all that apply				
10	Own website Another's website X Upon request Other (explain in Schedule O)	101 000	finas	ual	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, and	manc	ıdı	
20	statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records				
	ARTHUR SUTTON - 907 452-3862	· <del></del>			
	25 TIMBERLAND DRIVE, FAIRBANKS, AK 99701				

Fart VI Companyation of Officers Directors Trustees Key Employees Highest Companyated

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

(A)	(B)	nor any related organization compensate (B) (C)						(D)	(E)	(F)
Name and Title	Average	]		Pos	itior			Reportable	Reportable compensation	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation		amount of
	week		_	nd a d	irecto	or/trustee)		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	寶			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		ag			(***271033***********************************		and related
	below	dual	iğ	<u>_</u>	Кеу етріоуев	stco	-a	[		organizations
	line)	Ē	Insti	Officer	Keye	Highest compensated employee	Ferm			
(1) JOSH BOLTON	2.00									
PRESIDENT				X				0.	0.	0.
(2) DONALD EVANS	2.00							<u> </u>		
VICE PRESIDENT		<u> </u>		X				0.	0.	0.
(3) STEVEN BAYER	2.00									
RECORDING SECRETARY				X				0.	0.	0.
(4) AUTHUR SUTTON	2.00									
FINANCIAL SECRETARY			_	X				0.	0.	0.
(5) AARON EMERICK	2.00									
TREASURER				X	L			0.	0.	0.
(6) CHRIS STANKIEWICZ	2.00								_	_
CONDUCTOR			L	X	_			0.	0.	0.
(7) MATTHEW HACKENMILLER	2.00								_	
WARDEN		ļ	_	X				0.	0.	0.
(8) SCOTT KOWALCZYK	2.00	ļ								
TRUSTEE	<del>-   </del>	_	_	X		$\vdash$		0.	0.	0.
(9) LEONARD WARD	2.00	ł						_	_	•
TRUSTEE		_		X				0.	0.	0.
(10) WILLIAM WOOD	2.00	ł						0.	•	0
TRUSTEE	2 00		<u> </u>	X				<u> </u>	0.	0.
(11) ANDRE KOUMAL	2.00	ł		x				0.	0.	0.
PAST RECORDING SECRETARY	2.00	├	-	Λ	$\vdash$			U.		
(12) EDWARD PUGLIESE	2.00			x				0.	0.	_0.
PAST TRUSTEE	2.00	-		^				0.	0.	
(13) JESSE PEARSON	2.00			x				0.	0.	0.
PAST TRUSTEE	<del>  </del>		$\vdash$	^		$\vdash$		•	<u></u>	<u> </u>
		_	$\vdash$			П				
	<del>-  </del>									

Page 7

JOINERS OF AMERICA LOCAL UNION NO. 1243

ı aı	Section A. Officers, Directors, Trus	tees, key Em	рюу	ees,	<u>ane</u>	<u> 1H C</u>	gne	<u>st c</u>	ompensated Employe	es (continueu)				
-	(A)	(B)		(C)					(D)	(E)			(F)	
•	Name and title	Average	(do		Posi		than	റമല	Reportable	Reportable		Es	tımate	d
		hours per	box	, unle:	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		week	_	er au	aaa	recic	Jiritus	100)	from	from related			other	
		(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			oensat	
		related	e or 6	stee			sated		(W-2/1099-MISC)	(**-271099-14110	,0,		anızatı	
		organizations	truste	al tru		aa A	in die		(** 2, *********************************			-	l relate	
		below	fan Dr	Institutional trustee	ы	Key employee	est co	ᇣ				orga	nızatıc	ons
		line)	Ę	Instr	Officer	Key 6	Highest compensated employee	Бога						
	•													
							<u> </u>							
							ļ							
											i			
							<u> </u>							
							_	_						
							⊬				$\dashv$			
							İ							
							-							
							-		_					
41-	Out Asset	<u> </u>	l			l			0.	<del></del>	0.		-	0.
	Sub-total	U Castina A							0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but n	ot limited to th	000	liete	d al	2014	a) w/	10 r	<u> </u>	1000 of reportable				<u> </u>
2	compensation from the organization	iot iii iiitea to ti	036	liste	u ai	JUV6	<i>5)</i> WI	10 11	eceived more than proc	,000 of reportable	•			0
	Compensation nom the organization												Yes	No
3	Did the organization list any former officer,	director or tru	istee	e. ke	v en	nplo	vee	or	highest compensated e	mplovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s			,	,		,,,,,,	•	g.,			3		X
4	For any individual listed on line 1a, is the su		le co	mpe	ensa	ation	n and	dot	her compensation from	the organization				
•	and related organizations greater than \$15									<b>3</b>		4		X
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes," com											5		X
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear e	endii	ng w	vith	or w	ıthır	n the organization's tax	year				
	(A)								(B)		_	(C		
	Name and business	address	N	NE	€				Description of s	ervices	C	omper	sation	1
		<u> </u>						_						
								ı						
		<u>-</u>	_					$\dashv$						_
		_ <del></del>				_		$\dashv$						
								$\dashv$						
2	Total number of independent contractors (i	neludine but a	ot lu	nıte	d to	the	ده اده	l	t ahove) who received m	ore than				
2	\$100,000 of compensation from the organi		Jt ill		u (0		5e 113 0	, t <del>o</del> (	a above, who received it	iore triair				
	φτου,σου οι compensation from the organi	ZQLIUII 🚩										Eorm (	200 (0	010

					<u>IERICA LO</u>	CAL UNION	NO. 1243	<u>92-0013</u>	3107 Page <b>9</b>
Pa	rt \	<b>/</b> }	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	!		Membership dues	1b					
S,E			Fundraising events	1c					
iifts ar A			Related organizations	1d					
s, G mil			Government grants (contribut						
Sil			All other contributions, gifts, gran						
but		•	similar amounts not included abo	1 1					
ᅙ		g	Noncash contributions included in lines						
Sor		_	Total. Add lines 1a-1f		<b>•</b>				
<u> </u>		<u></u>	Total. Account of the transfer		Business Code	. ***			
a)	2	а	REBATES/REIMB -	- PNRCC	900099	61,690.	61,690.		
vic.	_		REIMBURSED EXPE		900099	3,669.	3,669.		
Ser					300032				
Program Service Revenue		c							
Pre		_		<del></del>					
Pro		f	All other program service reve	enue	900099	124,793.	124,793.		
			Total. Add lines 2a-2f		<b>D</b>	190,152.			
	3		Investment income (including	dividends inter					
	•		other similar amounts)	dividondo, milor	oo., uo				
	4		Income from investment of ta	x-exempt bond t	proceeds				
	5		Royalties	, oxompr bond (	<b>-</b>				
	J		Hoyamoo	(ı) Real	(II) Personal	-			
	6	а	Gross rents	17,060.	<del></del>				
	Ŭ	_	Less rental expenses	0.					,
			Rental income or (loss)	17,060.					
			Net rental income or (loss)	<u> </u>	<b>•</b>	17,060.	17,060.		
	7		Gross amount from sales of	(i) Securities	(II) Other		-		
	•	_	assets other than inventory	()					
		h	Less. cost or other basis		-				
		_	and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)		<b>•</b>			•	
	8		Gross income from fundraisin	g events (not					
Other Revenue	_		including \$	of					
eve			contributions reported on line	1c) See			j		
Œ			Part IV, line 18	a					
the l		b	Less direct expenses	b					_
0		С	Net income or (loss) from fund	draising events	<b>•</b>				
	9		Gross income from gaming ad	=					
			Part IV, line 19	а					
		b	Less. direct expenses	b					
		С	Net income or (loss) from gam	ning activities	<b>•</b>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	b					
			Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
			Miscellaneous Revenu		<b>Business Code</b>				
1	11	а		<u> </u>					
		b							
		c							

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

0.

0.

207,212.

207,212.

JOINERS OF AMERICA LOCAL UNION NO. 1243 Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				,
2	Grants and other assistance to domestic		·		l
	individuals See Part IV, line 22				1
3	Grants and other assistance to foreign		·		ļ .
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				}
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	27,120.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,814.			
9	Other employee benefits	16,492.			
10	Payroll taxes	2,413.	<del></del>		
11	Fees for services (non-employees)				
а	Management		<del>-</del>		
b	Legal				
С	Accounting	5,900.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u></u>			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	200.			
12	Advertising and promotion	8,838.			
13	Office expenses	11,360.			
14	Information technology		<del></del>	<del></del>	_
15	Royalties	20 005		<del></del>	
16	Occupancy	20,805.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24,000.			
19	Conferences, conventions, and meetings	24,000.	<del> </del>	<del> </del>	
20	Interest	42,080.			
21	Payments to affiliates	16,152.			
22 22	Depreciation, depletion, and amortization Insurance	2,706.			
23	Other expenses. Itemize expenses not covered	2,700.			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				<b>'</b>
	amount, list line 24e expenses on Schedule 0.)				
а	DONATIONS	17,225.			
b					
С					
d				<u> </u>	
	All other expenses	000 105			
25	Total functional expenses. Add lines 1 through 24e	202,105.			
26	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)			<u> </u>	

92-0013107 Page 10

Form 990 (2018)

92-0013107 Page 11 JOINERS OF AMERICA LOCAL UNION NO. 1243 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 270,182. 248,798. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 639,722 1<u>0a</u> basis Complete Part VI of Schedule D 389,921 373,769 265,953. b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 643,951 638,719. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 29 154. 25 Schedule D 29. 154. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 31

> 643,951. Form 990 (2018)

643,797.

643,797.

638,690.

638,690.

638,719.

33

34

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Forn	1990 (2018) JOINERS OF AMERICA LOCAL UNION NO. 1243	92-001	3107	_ Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 12.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.
3	Revenue less expenses Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63	<u>8,6</u>	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	64	<u>3,7</u>	<u>97.</u>
_Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Cther				{
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O			نــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			]
	separate basis, consolidated basis, or both				}
	Separate basis Consolidated basis Both consolidated and separate basis				لــــا
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>_x</u>	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O			ئـــا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			

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

3b

Form **990** (2018)

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

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

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) or</li> </ul>	organizations: Complete Part III			
Name of organization UNI	TED BROTHERHOOD O	F CARPENTERS A	MD Emi	ployer identification number
JOI	NERS OF AMERICA L	OCAL UNION NO.	1243	92-0013107
Part I-A Complete if t	he organization is exempt	under section 501(c)	or is a section 527	organization.
Political campaign activity e     Volunteer hours for political	campaign activities		<b>•</b>	\$
	he organization is exempt			•
•	cise tax incurred by the organization			\$
_	cise tax incurred by organization m	•	•	\$
	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a Was a correction made?				└── Yes └── No
b If "Yes," describe in Part IV.  Part I-C Complete if the complete if the complete in the com	he organization is exempt	under section 501/c	except section 501	(c)(3)
	xpended by the filing organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>a</b>
	ng organization's funds contributed	to other organizations for s	section 527	Φ.
exempt function activities	4. 4.1144.54.5		•	<b>»</b>
·	inditures Add lines 1 and 2 Enter	nere and on Form 1120-POL		Φ.
line 17b				\$ Yes
• •	le Form 1120-POL for this year?	(CIN) of all academ 507 a	٠	
	s and employer identification numb organization listed, enter the amou			
	were promptly and directly deliver			
	PAC) If additional space is needed			.a.v vograganos ramo or a
<u> </u>			(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
			funds. If none, enter -0	<ul> <li>promptly and directly delivered to a separate</li> </ul>
				political organization
				If none, enter -0-
<u>.                                    </u>				
<u></u>				<del></del>
			· · · · · · · · · · · · · · · · · · ·	

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018  Part II-A   Complete if the or	JOINE ganizati	RS OF on is exe	AMERICA LO	CAL UNION NO on 501(c)(3) and file	. 1243 92- ed Form 5768 (e	0013107 Page 2 election under
section 501(h)).			<del> </del>		<del></del>	·
		-	-	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha						
B Check 🕨 if the filing organization	ation chec	ked box A a	nd "limited control" p	rovisions apply.		
		bying Expe	enditures unts paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence put	olic opinion	(grass roots lobbying)	,	<del></del> ,	+
b Total lobbying expenditures to inf	•	•				
c Total lobbying expenditures (add		•	-, (,,,,,			
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		es 1c and 1	d)		<del></del>	<del>                                     </del>
f Lobbying nontaxable amount Ent				oth columns		
					<del></del>	
If the amount on line 1e, column (a) Not over \$500,000	<u>υι (υ) 18.</u>		bying nontaxable are the amount on line 1			
Over \$500,000 but not over \$1,00	00.000	<del></del>	On plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exc			
Over \$17,000,000		\$ <u>1,00</u> 0,	000		•	
- 0	-1 050/	41 46				
g Grassroots nontaxable amount (et		-				<del></del>
h Subtract line 1g from line 1a If zer				}	<u></u>	
i Subtract line 1f from line 1c if zer	-					
j If there is an amount other than ze		eriine in or	line II, did the organi	zation file Form 4/20		
reporting section 4911 tax for this	year?	4 1/ 4			· · ·	Yes No
(Some organizations t		a section 5	eraging Period Unde i01(h) election do no ate instructions for l	t have to complete all o	f the five columns	below.
	Lob	bying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots labbuing avponditures					:	

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107 Page 3

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

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
lobbying activity Yes		No		
During the year, did the filing organization attempt to influence foreign, national, state, or	<del>- </del>			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		_		
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		-4:	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)(5)	), or se	ction	
301(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	x	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only inchouse lobbying expenditures of \$2,000 or less?		1 2	X	•
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	tion 501(c)(5)	2 3 ), or se	X	X ne 3, i
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from</li> <li>Part III-B   Complete if the organization is exempt under section 501(c)(4), sections.</li> </ul>	tion 501(c)(5)	2 3 ), or se	X	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> </ul>	tion 501(c)(5) d "No," OR ( 	2 3 ), or se (b) Par	X	
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

UNITED BROTHERHOOD OF CARPENTERS AND

JOINERS OF AMERICA LOCAL UNION NO. 1243

**Employer identification number** 92-0013107

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lii					
	···	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor		e used only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring			
	Impermissible private benefit?		Yes No			
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area			
	Protection of natural habitat	Preservation of a cei	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	·			
	violations, and enforcement of the conservation easements	rt holds?	└── Yes └── No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) abo	ive satisfy the requirements of section 17				
	and section 170(h)(4)(B)(ii)?		└ Yes └ No			
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for			
_	conservation easements	(	Nils - O's Hay Assays			
Pai	t III Organizations Maintaining Collections of		other Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under SFAS 116 (A					
	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 descr					
b	If the organization elected, as permitted under SFAS 116 (A					
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic 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					
2	If the organization received or held works of art, historical tre		al gaın, provide			
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>			
L	Assets included in Form 000, Bort V		<b>•</b> •			

		OF AMERIC								7 Page <b>2</b>
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Histori	cal Treas	sures, o	<u>r Othe</u>	r Simil	<u>ar Asse</u>	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check an	y of the follo	owing that	are a sig	gnificant	use of rts	collection	ı ıtems
•	(check all that apply):									
а	Public exhibition	d	ı 🖳 Loa	n or exchan	ge prograr	ns				
b	Scholarly research	е	Oth	er						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they t	urther the c	organizatio	n's exem	npt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, histor	cal treasure	es, or other	r sımılar i	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	he organiza	tion's collec	tion?				Yes	No_
Pa	rt IV Escrow and Custodial Arran	•	ete if the org	anızatıon aı	nswered "\	res" on l	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for con	tributions o	r other ass	ets not i	ncluded	_	_	
	on Form 990, Part X?							L.,	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	<b>)</b> :				_		
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						<u>1e</u>			
f	Ending balance						1f			<del></del>
	Did the organization include an amount on F						ty?	L	<b>」Yes</b>	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior	year (c	) Two years	back (	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	-							<del></del>	
b	Contributions				_				<del></del>	
C	Net investment earnings, gains, and tosses	<u> </u>								
d	Grants or scholarships				_				<del>                                     </del>	
е	Other expenditures for facilities									
_	and programs				_				<del></del>	
T	Administrative expenses	-		-	_				<del></del>	
g	End of year balance		- 0	1 (-)) -						
2	Provide the estimated percentage of the cur	rent year end balanc		olumn (a)) n	eid as.					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho		ation that ar	s bold and a	administari	ad far th		ention.		
Sa	Are there endowment funds not in the posse by	SSION OF THE ORGANIZA	alion mai ar	e neiu anu a	administere	eu ioi iiii	o organiz	allon	ſ.	Yes No
	(i) unrelated organizations								3a(i)	163 140
	(ii) related organizations								3a(ii)	<del></del>
<b>h</b>	If "Yes" on line 3a(ii), are the related organizations	otione lieted as roquii	ed on Scha	dula B2					3b	<del></del>
4	Describe in Part XIII the intended uses of the								30_	
	t VI Land, Buildings, and Equipm		WINCHE IGHE	<u> </u>						
	Complete if the organization answere		). Part IV. lin	e 11a See l	Form 990.	Part X. II	ne 10.			
	Description of property	(a) Cost or of		b) Cost or o			cumulate	d	(d) Book	value
	Decemplian of property	basis (investr		basis (oth			reciation	_	<b>(4)</b>	·
1a	Land				903.			$\neg \vdash$	88	3,903.
	Buildings				202.	2	47,5	25.		1,677.
	Leasehold improvements					=				<u> </u>
	Equipment						-		_	
	Other		-	18.	617.		18,42	28.		189.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (l						373	769.

Schedule D (Form 990) 2018

JOINERS OF AMERICA LOCAL UNION NO. 1243 92-0013107 Page 3 Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | Part VIII | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (c) Method of valuation. Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2)(3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2)(3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes 154 WITHHELD BENEFITS (3)(4) (5) (6) (7) (8) (9)

832053 10-29-18

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

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

154.

Schedule D (Form 990) 2018

	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			U1310/ Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		-		215,631.
1.	Total revenue, gains, and other support per audited financial statements			1	213,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مو ا			
a	Net unrealized gains (losses) on investments  Donated services and use of facilities	2a 2b	<del></del>		
Ь		20 2c	<del></del>		
C	Recoveries of prior year grants Other (Describe in Part XIII )	2d	8,419.		
d	Add lines 2a through 2d	20	0,410	2e	8,419.
е 3	Subtract line 2e from line 1			3	207,212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				201,212.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b	· <del>-</del> · -		
c	Add lines 4a and 4b	<del>_ 10</del> j		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	207,212.
	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Total expenses and losses per audited financial statements			1	212,605.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
-	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d	10,500.		
e	Add lines 2a through 2d		20/5000	2e	10,500.
3	Subtract line 2e from line 1			3	202,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			<u> </u>	BOLITOST
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b	40 1	<del></del>	- 4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	202,105.
	t XIII Supplemental Information.			<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add			1, Part X,	line 2, Part XI,
	T XI, LINE 2D - OTHER ADJUSTMENTS:				8,419.
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
PAC	EXPENSES				10,500.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 92-0013107

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