

## Short Form

OMB No 1545-0047

Form **990-EZ**

## Return of Organization Exempt From Income Tax

**2019**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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

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

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

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

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

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

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

**I** Website: ▶ **N/A**

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

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **108,372.**

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

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

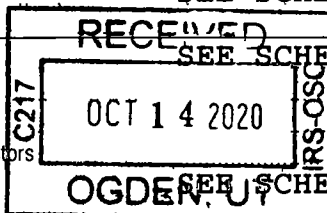
☒

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

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2019)

SCANNED JUL 09 2021



**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	98,182.	22	101,055.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,440.	24	1,196.
25 Total assets	99,622.	25	102,251.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	372.	26	434.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,250.	27	101,817.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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

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

**28 TO SECURE BETTER WAGES, BENEFITS AND WORKING CONDITIONS FOR THOSE IN THE CARPENTER TRADE**(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) ☐ 32**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTOPHER HEIER				
PRESIDENT	1.00	0.	0.	0.
TODD CROSBY				
VICE PRESIDENT	1.00	0.	0.	0.
RICHARD LEWIS				
RECORDING SECRETARY	1.00	0.	0.	0.
JOHN HOYRUP				
FINANCIAL SECRETARY	1.00	0.	0.	0.
DAVE WILSON				
TREASURER	1.00	0.	0.	0.
JESSE HARRIS				
CONDUCTOR	1.00	0.	0.	0.
RICK BROWNING				
WARDEN	1.00	0.	0.	0.
RANDY HOLVERSON				
TRUSTEE	1.00	0.	0.	0.
RAYMOND MACK				
TRUSTEE	1.00	0.	0.	0.
ROBERT WATSON				
TRUSTEE	1.00	0.	0.	0.

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

- 33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
- 35a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
- c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
- 36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b	N/A	
40c		
40d		
40e		X

- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b** Did the organization file Form 1120-POL for this year? **37b**
- 38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b** If "Yes," complete Schedule L, Part II, and enter the total amount involved **38b** N/A
- 39** Section 501(c)(7) organizations. Enter:
- a** Initiation fees and capital contributions included on line 9 **39a** N/A
- b** Gross receipts, included on line 9, for public use of club facilities **39b** N/A
- 40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 **N/A**; section 4912 **N/A**; section 4955 **N/A**
- b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** N/A
- c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **N/A**
- d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **N/A**
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** X

- 41** List the states with which a copy of this return is filed **NONE**
- 42a** The organization's books are in care of **ROBERT WATSON** Telephone no. **208 524 2409**  
Located at **4147 N HAROLDSEN DRIVE, IDAHO FALLS, ID** ZIP + 4 **83405**

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** X
- If "Yes," enter the name of the foreign country
- See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- c** At any time during the calendar year, did the organization maintain an office outside the United States? **42c** X
- If "Yes," enter the name of the foreign country

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

- 44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** X
- b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b** X
- c** Did the organization receive any payments for indoor tanning services during the year? **44c** X
- d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**
- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** X
- b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions **45b**

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

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**  
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

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

**Sign Here** Signature of officer: *Robert A. Watson* Date: *10/4/2020*  
Type or print name and title: **ROBERT WATSON, FINANCIAL SECRETARY**

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DON A CURTIS	DON A CURTIS	09/24/20		P00010775
Firm's name	Firm's EIN			
DON A CURTIS & ASSOCIATES PLLC	26-4388619			
Firm's address	Phone no.			
P.O. BOX 7359	253.631.2106			
COVINGTON, WA 98042				

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

☐ Yes ☐ No

Form 990-EZ (2019)

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2019**

Open to Public  
Inspection

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

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,008.

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

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
REBATE/REIMB EXP PNRCC	56,900.
REIMBURSED EXPENSES	4,387.
TOTAL TO FORM 990-EZ, LINE 8	61,287.

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

AFFILIATE NAME: UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMER

AFFILIATE ADDRESS: 101 CONSTITUTION AVE NW WASHINGTON, DC 20001

PURPOSE OF PAYMENT: PER CAPITA TAXES

AMOUNT OF PAYMENT: 26,416.

AFFILIATE NAME: PACIFIC NW REGIONAL COUNCIL OF CARPENTERS

AFFILIATE ADDRESS: 25120 PACIFIC HWY S KENT, WA 98032

PURPOSE OF PAYMENT: PER CAPITA TAXES

AMOUNT OF PAYMENT: 180.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 26,596.

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

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	244.
OTHER EXPENSES	1,600.

Name of the organization	CARPENTERS AND MILLWRIGHTS LOCAL 808 UNITED BROTHERHOOD OF CARPENTERS	Employer identification number 82-0200321
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TOTAL TO FORM 990-EZ, LINE 14 1,844.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	2,632.
MEETING EXPENSE	7,704.
ADVERTISING/PROMOTIONAL	3,629.
OTHER PER CAPITA TAXES	4,920.
OTHER EXPENSES	4,096.
TOTAL TO FORM 990-EZ, LINE 16	22,981.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	1,440.	1,196.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES WITHHELD	372.	434.

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

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

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

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