DLN: 93493318124989 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. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL D Employer identification number B Check if applicable □ Address change 95-1318135 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 533 SOUTH FREMONT AVENUE 10TH FLOOR ☐ Amended return ☐ Application pending (213) 385-1457 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELÉS, CA 900711712 G Gross receipts \$ 195,845,579 Name and address of principal officer H(a) Is this a group return for DANIEL LANGFORD ☐Yes ☑No subordinates? 533 SOUTH FREMONT AVENUE 10TH FLOOR H(b) Are all subordinates LOS ANGELES, CA 900711712 ☐ Yes ☐No ıncluded? ☐ 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: ► WWW SWCARPENTERS ORG L Year of formation 1881 M State of legal domicile CA K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities A LABOR ORGANIZATION FOR THE BETTERMENT AND ADVANCEMENT OF ITS MEMBERS Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 10 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2,215 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 77,167,778 85,598,659 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,022,631 225,266 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 886,945 1,046,257 79,077,354 86,870,182 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,323,325 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,852,249 36,975,783 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 44,684,100 42,661,155 76,536,349 82,960,263 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,541,005 3,909,919 Net Assets or Fund Balances Beginning of Current Year End of Year 258,120,104 270,270,945 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 6,132,279 5,830,183 22 Net assets or fund balances Subtract line 21 from line 20 . 251,987,825 264,440,762 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 2019-11-14 Signature of officer Sign Here DANIEL LANGFORD EXECUTIVE SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00974294 Paid self-employed Firm's name ► LINDQUIST LLP Firm's EIN ► 52-2385296 Preparer Use Only Firm's address ▶ 600 CITY PARKWAY WEST SUITE 300 Phone no (714) 257-0100 ORANGE, CA 92868 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	statement of	Program Service Acc	complishments		
	Check if Schedule	O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the orga	nization's mission			
A LA	Check if Schedule O contains a response or note to any line in this Part III				
2	-			vere not listed on	
					∐Yes ☑ No
	•				
3	Did the organization ceas	se conducting, or make si	gnificant changes in how it conducts, a	any program	
	services?				∐Yes ⊻ No
	If "Yes," describe these of	thanges on Schedule O			
4	Section $501(c)(3)$ and 50	01(c)(4) organizations are	required to report the amount of gran		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedule O)			
	(Expenses \$,	grants of \$	(Revenue \$)
4e	Total program service			· ·	· .

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Par	tIV Checklist of Required Schedules			
			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	Yes	
	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		No
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
8	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 2	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 2	11b		No
	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 2	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	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	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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,	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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,

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

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

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

19

20a

20b

21

22

Yes

Νo

No

No

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19

21

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Pai	tiV Checklist of Required Schedules (continued)	-		
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? If "Yes," complete Schedule J	23	Yes	No
.4a	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		
5a	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		
5	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
7	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
}	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>			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	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
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
1	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
!	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 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
ŀ	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

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

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

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

No

Yes

208

0

1a

1b

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

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a

Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a

9h

14a

14b

15

No

Nο

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

c Enter the amount of reserves on hand

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?

b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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 13b which the organization is licensed to issue qualified health plans

13c

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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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. 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 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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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
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?	3		No
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	Yes	
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	Yes	
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	
b	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
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	Yes	
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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				No
b	The organization's CEO, Executive Director, or top management official	15a		
	The organization's CEO, Executive Director, or top management official	15a 15b		No
				No
16a	Other officers or key employees of the organization			No No
	Other officers or key employees of the organization	15b		
b	Other officers or key employees of the organization	15b 16a		
b	Other officers or key employees of the organization	15b 16a		

Own website Another's website Upon request Other (explain in Schedule O)

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

19 20

State the name, address, and telephone number of the person who possesses the organization's books and records SAMUEL KYUNG 533 SOUTH FREMONT AVENUE LOS ANGELES, CA 900711712 (213) 228-8493

year

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII 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
- 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, or highest compensated employees who received more than \$100,000

40 00

40 00

40.00

40 00

40 00

40 00

40 00

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Х

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Х

133,502

134,657

132,896

172,223

144,875

122,762

151,988

0

0

0

0

33.538

33,538

31,361

58.884

56,501

51,364

61,246

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of reportable compensation from the organization	and any relate	d organ	nızatı	ons	P C	,	J,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,
 List all of the organization's former director organization, more than \$10,000 of reportable co 										
List persons in the following order individual trus	stees or director		_				•	-		
compensated employees, and former such person								•	· -	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	perso and	n on on is a dir	e bo both ecto	t che ox, u h an or/tr	inless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	line)	Individual trustee or director	Institutional Trustee	<u>**</u>	employee	Highest compensated employee	ner			OI gainzacions
(1) HARRY BEGGS	40 00	l _x l		x				192,150	0	72,412
EXECUTIVE COMMITTEE		^		^				1,2,200	-	, _,
(2) FRANK HAWK	40 00	l I						107.262	0	74.171
VICE PRESIDENT/EXEC COMMITTEE	1 90	×		X				197,362	0	74,171
(3) DANIEL LANGFORD EXECUTIVE SECRETARY TREASURER	40 00 3 80	×		х				235,506	0	83,974
(4) DANIEL MACDONALD VICE PRESIDENT - PAST	40 00	х		x				189,088	0	67,944
(5) PATRICK MCGINN EXECUTIVE COMMITTEE - PAST	40 00	х		×				105,415	0	35,702
(6) JOSHUA RAPER EXECUTIVE COMMITTEE	40 00	х		×				148,000	0	58,547
(7) PEDRO RODRIGUEZ PRESIDENT	40 00 3 80	×		x				197,167	0	73,974
(8) RANDY THORNHILL SECRETARY TREASURER - PAST	40 00 3 80	x		×				241,326	0	81,027
(9) MERCY URREA EXECUTIVE COMMITTEE	40 00	х		х				156,010	0	60,067
(10) LOUIS ONTIVEROS EXECUTIVE COMMITTEE	40 00	х		×				1,050	0	0

(11) JACOB LOPEZ

EXECUTIVE COMMITTEE

(12) SEAN HARTRANFT

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

(14) WILLIAM BAXTER

(15) FRANCISCO PENA TRUSTEE

(16) MARK THOMPSON

TRUSTEE - PAST

CONDUCTOR

TRUSTEE

(17) TRACY WERT

(13) FABIAN SANDEZ

1166 W GARVEY AVE MONTEREY PARK, CA 91754

compensation from the organization ► 22

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Part VII Section A. Officers, Directors	. Trustees. K	ev Em	plov	ees	. an	d Hid	ihes	st Compensated	Emplovees (con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	Position than o	on (de one be	(C o no ox, u n of or/t) t cho unle: ficer trust	eck moss persection and a	ore son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount o compen from organizat	ated of other isation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/1033 1136)	MISC)	relai organiz	ted
(18) OSCAR CORDOVA WARDEN	40 00	••••		x				127,720	0		52,034
(19) FRANK ZAMBRANO TRUSTEE	40 00	••••		×				156,923	0		38,268
(20) JOHN HANNA BUSINESS REPRESENTATIVE	40 00	••••				x		215,060	0		78,556
(21) DANIEL CURTIN BUSINESS REPRESENTATIVE	40 00 3 80					×		173,417	0		68,751
(22) FERNANDO ROJAS BUSINESS REPRESENTATIVE	40 00	••••				×		160,756	0		60,996
(23) BARRY JENKINS BUSINESS REPRESENTATIVE	40 00	••••				×		180,522	0		70,007
(24) NEIL HOOGENBOOM BUSINESS REPRESENTATIVE	40 00					×		156,345	0		64,206
to Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A .	<u> </u>	 		•	vho re	ceive	3,826,720 ed more than \$100	,000	:	1,367,068
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	er, director or t such individual	rustee,	key e	emp	loye •	e, or h	nighe	est compensated er	nployee on	Yes	No No
For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of reporta	ble com	npens	atıo	n an	d othe	er co	mpensation from tl		Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If "									dual for 5		No
Section B. Independent Contractors										'	
Complete this table for your five highest of from the organization. Report compensations.	on for the caler								tax year		
	(A) usiness address							Descript	(B) ion of services	(C Comper	
THE CALVERT COMPANY INC								PROMOTION		1	,739,348
735 W TAFT AVENUE ORANGE, CA 92865 DECARLO & SHANLEY								LEGAL		4	,481,433
533 SOUTH FREMONT AVENUE 9TH FLOOR LOS ANGELES, CA 90071								ILEGAL			,401,433
SUTHERLAND GLOBAL SERVICES 21061 S WESTERN AVE								ACCOUNTING S	SERVICES		600,446
TORRANCE, CA 90501 PREMIER TECHNOLOGY SOLUTIONS 249 E OCEAN BLVD 402								INFORMATION	TECHNOLOGY		597,682
LONG BEACH, CA 90802 CONTINENTAL COLORCRAFT								PRINTING			545,639

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

Part	VIII								
		Check if Schedul	e O contains a	respo	onse or note to any l				
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function	business revenue	excluded from tax under sections
	1:	a Federated campaign	ns	1a			revenue		512 - 514
nts nts		b Membership dues		1b					
Grai nou		c Fundraising events		1c	<u> </u>				
is, (d Related organizatio		1d					
is is	١,	e Government grants (co	ontributions)	1e					
ns, Sim	1	f All other contributions,							
utio		and similar amounts na above	ot included	1f					
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contribution in lines 1a - 1f \$	ons included						
ou pu		h Total. Add lines 1a	-1f		>				
					Business	Code	<u> </u>		
Program Service Revenue	2 a	MEMBER DUES					85,105 76,6	85,105	
4.	b	RENT REVENUE					13,554 8,9	13,554	
Ce l	_					200033			
χĘ	c d								
Ę	e			_					
ogra	f	All other program se	rvice revenue						
ď	g	Total. Add lines 2a-2	f		▶ 85,5	98,659			
	3	Investment income (ii	ncluding divid	ends, i		2,969,380			2,969,380
		similar amounts) . Income from investme			ond proceeds	, , , 			
		Royalties							
			(ı) Rea		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	,	: Rental income or							
		(loss)							
	C	Net rental income o	<u> </u>		· · · •				
	7a	Gross amount	(ı) Securit	ies	(II) Other				
		from sales of assets other	105,3	98,039	833,244				
		than inventory							
	b	Less cost or other basis and	107,1	12,046	1,863,351				
	c	sales expenses Gain or (loss)	-1,7	14,007	-1,030,107				
	d	Net gain or (loss) .			•	-2,744,114	1		-2,744,114
۵.	8a	Gross income from for for the control of the contro		ents of					
Other Revenue		contributions reporte	ed on line 1c)		ļ				
eve	L	See Part IV, line 18 Less direct expense.		a b					
r R		: Net income or (loss)							
the	9a	Gross income from g	amıng actıvıtı	es					
		See Part IV, line 19		а					
	ь	Less direct expense	s	Ь					
	c	: Net income or (loss)	from gaming	activit	ies	, 			
	10	Gross sales of invent returns and allowand							
				а					
	b	Less cost of goods s	sold	b					
	C	Net income or (loss) Miscellaneous		invent	tory ▶ Business Code				
	11	aREIMBURSEMENT IN			900099	863,752	863,75	2	
		ISSNOETENT II	· · •						
	b	SETTLEMENT INCOM	1E		900099	182,505	182,50	5	
	c	;							
		All other revenue .							
		Total. Add lines 11a			•	1,046,257	7		
	12	Total revenue. See	Instructions		· · · · •	86,870,182	86,644,91	6	0 225,266
									Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
Do not include amounts reported on lines 6b, 7b, 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	3,323,325			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,514,729			
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	22,643,572			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,477,315			
9 Other employee benefits	3,246,445			
10 Payroll taxes	2,093,722			
11 Fees for services (non-employees)				
a Management				
b Legal	1,976,438			
c Accounting	857,568			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	103,398			
g Other (If line 11g amount exceeds 10% of line 25, column	1,059,508			
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	2,157,984			
13 Office expenses	2,874,094			
14 Information technology				
15 Royalties				
16 Occupancy	6,279,485			
17 Travel	4,260,990			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,318,407			
20 Interest				
21 Payments to affiliates	12,759,572			
22 Depreciation, depletion, and amortization	5,650,715			
23 Insurance	972,808			
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 SETTLEMENTS	390,188			
b				
c	+			
d				
e All other expenses	+			
25 Total functional expenses. Add lines 1 through 24e	82,960,263			
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)				

Page **11**

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

5.830.183

5.830.183

264.440.762

264,440,762

270,270,945

Form **990** (2018)

6,132,279

6.132.279

251.987.825

251,987,825

258,120,104

Form 990 (2018)

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities

Assets or Fund Balances

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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.

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		23,373,664	1	29,842,430
	2	Savings and temporary cash investments .	[12,027,055	2	12,198,228
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	[4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited employees Complete		5	
ssets	6 7	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	198,382	6	189,534	
SS	8	Inventories for sale or use		8		
A	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 167,600,531			
	b	Less accumulated depreciation	10b 48,557,322	117,687,109	10 c	119,043,209
	11	Investments—publicly traded securities .		98,803,125	11	102,994,564
	12	Investments—other securities $$ See Part IV, line	11 [12	
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	6,030,769	15	6,002,980	
	16	Total assets. Add lines 1 through 15 (must equ	258,120,104	16	270,270,945	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	

	investments—publicly traded securities .	30,003,123	11	102,334,304
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	6,030,769	15	6,002,980
16	Total assets.Add lines 1 through 15 (must equal line 34)	258,120,104	16	270,270,945
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Yes

3a

3b

No

Form 990 (2018)

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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 ID:

EIN: 95-1318135

Name: UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL

Software Version:

Form 990 (2018)

Form 990, Part III, Line 4a:

ORGANIZED ALL WORKERS IN THE CARPENTRY INDUSTRY FOR THEIR MORAL, ECONOMIC AND SOCIAL ADVANCEMENT TO THAT END, THE OFFICERS AND BUSINESS

AGENTS OF THE COUNCIL COLLECTIVELY BARGAINED WITH EMPLOYERS ON BEHALF OF THE COUNCIL'S MEMBERS

Political Campaign and Lobbying Activities

DLN: 93493318124989

OMB No 1545-0047

Department of the Treasury

SCHEDULE C (Form 990 or 990-

Internal Revenue Service

EZ)

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.

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

Open to Public Inspection

f the	Section 501(c) (other than section section 527 organizations Comple organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	on Form 990, Part IV, Line 4, or Forn at have filed Form 5768 (election unde at have NOT filed Form 5768 (election on Form 990, Part IV, Line 5 (Proxy 1 as), then	arts I-A and C below 1 990-EZ, Part VI, Iin r section 501(h)) Co under section 501(h)	e 47 (Lobbying Activiti mplete Part II-A Do not o)) Complete Part II-B Do	es), com	iplete Part II-E it complete Pa	art II-A
Na UN	me of the organization ITED BROTHERHOOD OF CARPENTERS & INERS OF AMERICA SW REGIONAL COUN	·		Employer ide	enti	fication nun	ıber
		inization is exempt under sect	ion 501(c) or is	95-1318135 a section 527 organ	niza	ation.	
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political o	ampaign activities in	Part IV (see instructions	s for	definition of	
2	Political campaign activity expend	ditures (see instructions)		>	\$		
3	·	paign activities (see instructions)					100,000
Par	rt I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).				
1	Enter the amount of any excise t	ax incurred by the organization under	section 4955	•	\$		
2	,	ax incurred by organization managers		>	\$		
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 fo	or this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Par	-	nnization is exempt under sect			3).		
1		ded by the filing organization for secti	•		\$		
2	Enter the amount of the filing org function activities	ganization's funds contributed to othe	r organızatıons for se	ction 527 exempt	\$		100,000
3	Total exempt function expenditui	res Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$		100,000
4	Did the filing organization file Fo	rm 1120-POL for this year?				✓ Yes	□ No
5	organization made payments Fo of political contributions received	employer identification number (EIN) in each organization listed, enter the a list that were promptly and directly delivities (PAC). If additional space is neede	mount paid from the ered to a separate po	filing organization's fund olitical organization, such	ds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount of contributions and prompt directly deliveness separate programments or an enter-	received otly and ered to a political If none,
	JTHWEST REGIONAL COUNCIL OF PENTERS PAC	555 CAPITOL MALL STE 1425 SACRAMENTO, CA 95814	95-4468779		0		856,823
	JTHWEST REGIONAL COUNCIL OF PENTERS PAC - NV	555 CAPITOL MALL STE 1425 SACRAMENTO, CA 95814	88-0376548	100,00	0		87,885
3							
1							
5							
5							
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E	Z. Cat	No 50084S Schedule C	(Fo	rm 990 or 990)-EZ) 2018

Grassroots ceiling amount

(b)

Amount

Form 5768 (election under section 501(h)).

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

Yes No

(a)

activity

1

c

1 2

3

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

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

Media advertisements?

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). Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

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 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). Current year

Carryover from last year b C

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? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

Return Reference

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

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

Explanation

4

1

2a

2b

2c 3

Yes

1

2

No

PART I-A, LINE 1 THE COUNCIL SPONSORS PAC ACCOUNTS TO ACCEPT CONTRIBUTIONS OR MAKE POLITICAL EXPENDITURES, OR BOTH, TO INFLUENCE THE SELECTION, NOMINATIONS, ELECTION OR APPOINTMENT OF ANY INDIVIDUALS TO ANY PUBLIC OFFICE OR OFFICE IN A POLITICAL ORGANIZATION, SUBJECT TO STATE CONTRIBUTION LIMITS Schedule C (Form 990 or 990EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

OMB No 1545-0047

DLN: 93493318124989

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** UNITED BROTHERHOOD OF CARPENTERS &
JOINERS OF AMERICA SW REGIONAL COUNCIL 95-1318135 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 1 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) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

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

Revenue included on Form 990, Part VIII, line 1

Par	t III	Organizations Ma	aintaining Col	lections c	of Art, H	istori	cal T	reası	ıres, oı	Other	Similar A	ssets (c	ontinued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4		vide a description of the	organızatıon's col	lections and	l explain h	now the	ey furtl	her the	e organız	ation's e	xempt purpo	se in		
5		ing the year, did the org ets to be sold to raise fur									nılar	☐ Yes	. □ N o	
Pai	rt IV	Escrow and Cust Complete if the ory X, line 21.			" on Fori	m 990	, Part	IV, lı	ine 9, oi	r reporte	ed an amou	unt on Fo	orm 990, P	art
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No													
ь	If "	res," explain the arrange	ement in Part XIII	and comple	ete the fol	llowing	table				A	mount		
С		inning balance		•		_				1c				
d	Add	itions during the year								1d				
е	Dıst	ributions during the year	-							1e				
f	End	ing balance								1f				
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	v or cu	ıstodıal a	ccount li	ability?	☐ Yes	s □ No	
b		es," explain the arrange									•	_		
	rt V	Endowment Fund												
				(a)Currer			rıor yea				(d)Three ye		(e)Four years	back
1 a	Begir	ning of year balance .												
b	Contr	ributions												
c	Net II	nvestment earnings, gair	ns, and losses											
d	Grant	s or scholarships	•											
e		expenditures for facilities rograms	es											
f	Admı	nistrative expenses .												
g	End o	of year balance												
2	Prov	ride the estimated perce	ntage of the curre	nt year end	d balance	(line 1	g, colu	mn (a)) held a	s				
а	Boa	rd designated or quasi-e	ndowment 🟲											
b	Perr	manent endowment 🕨												
С	Ten	porarily restricted endov	wment 🟲											
3а	Are	percentages on lines 2a there endowment funds anization by		•		on tha	t are h	eld an	ıd admını	stered fo	r the		Yes	No
	_	unrelated organizations										3a		
h		related organizations . (es" on 3a(ii), are the re			· ·							3a		
ь 4		cribe in Part XIII the inte	-		•			•		• •		3	ן ע	
	rt VI				5 511454									
	-74	Complete of the or			" on Fori	m 990	, Part	IV, lı	ne 11a.	See Fo	rm 990, Pa	ırt X, lınd	e 10.	
	Desc	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation		I) Book value	
1a	Land						36,37	72,450					36,:	372,450
	Build							68,814			40,113,844			354,970
		ehold improvements					•				•		<u> </u>	
		ment					7,35	50,268			5,082,801		2,:	267,467

3,548,322

119,043,209

3,360,677

6,908,999

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities. Complete if the org	anızatıon answei	ed "Yes" on Form 99	00, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1) Financial derivatives	<u>:</u>		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, Part IV, line	11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value		od of valuation f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (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 V line 15
(a) Description	on Form 990, Part	iv, mie 11d See Form	(b) Book value
(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 answer	red 'Yes' on Form	n 990, Part IV, line 1	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Boo	< value	
(1) Federal income taxes		5 020 102	
DEFERRED COMPENSATION LIABILITY (2)		5,830,183	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	5,830,183	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			ements that reports the

Schedule D (Form 990) 2018

Pa		e venue per Audited Financial State lization answered 'Yes' on Form 990, Pi		-	Return	
1		support per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facili	lities	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12	2).		5	
Par	t XII Reconciliation of Ex	penses per Audited Financial State	ments	With Expenses pe	r Return.	
1		uzation answered 'Yes' on Form 990, Paldited financial statements			1	
2	Amounts included on line 1 but n					
		, ,	ء ا	I		
a	Donated services and use of facili		2a 2b			
b	Prior year adjustments		F			
С.	Other losses		2c		_	
d	Other (Describe in Part XIII)		2d		\dashv \square	
e	Add lines 2a through 2d				2e	
3					3	
4	· ·	Part IX, line 25, but not on line 1:	١	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)		4b			
С					4c	
5		4c. (This must equal Form 990, Part I, line :	18) .		5	
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9, Part III, lines 1a ar s 2d and 4b Also complete this part to prov			art V, line 4, Pa	rt X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
				<u> </u>		
		 				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 95-1318135

Name: UNITED BROTHERHOOD OF CARPENTERS &

Explanation

JOINERS OF AMERICA SW REGIONAL COUNCIL

Supplemental Information

Return Reference

ONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE FISCAL YEARS PRIOR TO 2016

MANAGEMENT OF THE COUNCIL HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COUNCIL AND HAS CONC LUDED THAT, AS OF MARCH 31, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN, OR EXPECTED TO B E TAKEN, THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STAT EMENTS THE COUNCIL IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THE RE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO L

PART X, LINE 2

DLN: 93493318124989 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. Treasurv Internal Revenue Service Name of the organization Employer identification number UNITED BROTHERHOOD OF CARPENTERS & 95-1318135 JOINERS OF AMERICA SW REGIONAL COUNCIL Part I **General Information on Grants and Assistance** 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) (1) See Additional Data (2) (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 2 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 IIII Grants and Ot Part III can be	ther Assistance to duplicated if addition	Domestic Individuational space is needed	als. Complete if the org	ganization answered "Yes	on Form 990, Part IV, line 22	
(a) Type of grant o	r 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)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplem	ental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ad	ditional information.
Return Reference	Explanati	on				
PART I, LINE 2		CIL MADE REASONABI		IN THE EINS AND IRC CO	DDES FOR SCHEDULE I, BUT WAS U	NABLE TO OBTAIN FOR SEVERAL RECIPIENTS OF

Additional Data

PO BOX 3214 CANYON COUNTRY, CA

FUTUREPORTS

SAN PEDRO, CA 907330768

PO BOX 768

913863214

Software ID: **Software Version: EIN:** 95-1318135

20-2619927

Name: UNITED BROTHERHOOD OF CARPENTERS &

JOINERS OF AMERICA SW REGIONAL COUNCIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) FIN (a) Name and address of (c) IRC section

(a) Name and dadress of	(5)	(c) Inc section	(a) Allibant of cash	(C) Millount of Holl	(i) incende of valuation [
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

501C6

(d) Amount of cash

16,000

(q) Description of non-cash assistance

DONATIONS

DONATIONS

45-1489322 10,000

JACOB ZAMORA MEMORIAL 501(C)(3) FOUNDATION

(e) Amount of non- (f) Method of valuation

(h) Purpose of grant or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-2575486 501C6 10.000 DONATIONS AGC CONSTRUCTION EDUCATION FOUNDATION 3095 BEACON BLVD

DONATIONS

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

W SACRAMENTO, CA 956910000 CALRO

100 W 1ST ST RM 367 LOS ANGELES, CA 900120000 95-3147336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance COLETTE'S CUTL DREN'S LIGHT 01 1020140 E01/C1/21 7 500 DONATIONS

7372 PRINCE DR STE 106 HUNTINGTON BEACH, CA 926470000	91-1939140	501(C) (3)	7,500		DONATIONS

SAN DIEGO, CA 921080000

JOHN S LYONS FOUNDATION 33-0024301 501(C)(3) 10.000 DONATIONS 3737 CAMINO DEL RIO S STE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DEEP BLUE 37-1877494 501(C) (4) 25.000 DONATIONS PO BOX 254 20.000 DONATIONS

DENVER, CO 802060000 FERNANDO VARGAS FIGHTING 47-4972987 FOUNDATION 3240 CIVIC CENTER DR STE NORTH LAS VEGAS. NV

890300000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 68-0438008 501(C) (4) 6.000 DONATIONS EOUALITY CALIFORNIA 3701 WILSHIRE BLVD 725

DONATIONS

8,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHARITY

LOS ANGELES, CA 900100000

83-1483486

U-NEWS

PO BOX 10034 RENO, NV 895100000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(5) 10.000 CARPENTERS LOCAL 1912 81-1240123 DONATIONS 4547 W MCDOWELL RD

PHOENIX, AZ 85035

CALIFORNIA COMMUNITY 95-3510055 501(C) (3) 50,000

POUNDATION 221 S FIGUEROA ST STE 400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 900120000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 95-4468779 527 PAC 856.823 POLTICAL SOUTHWEST REGIONAL COUNCIL OF CARPENTERS PAC CONTRIBUTION - I A

SOUTHWEST REGIONAL SET 1425
COUNCIL OF CARPENTERS PAC - NV
SOUTHWEST REGIONAL STE 1425
COUNCIL OF CARPENTERS PAC - NV
STATE OF CARPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SACRAMENTO, CA 95814

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 1.350.000 NO ON PROP 6 STOP THE LEGISLATIVE CONTRIBUTION ATTACK ON BRIDGE & ROAD

SAFETY 1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815				
LATINO MAYORS AND ELECTED CITY OFFICIALS		125,000		DONATIONS

910 K STREET 355

SACRAMENTO, CA 958140000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 125.000 YES ON QUALITY SCHOOLS LEGISLATIVE 777 SOUTH FIGUEROA STREET CONTRIBUTION

SUITE 4050 LOS ANGELES, CA 90017				
WORKING CALIFORNIANS		50,000		DONATIONS

AGAINST CORRUPTION 2350 KERNER BLVD

SAN RAFAEL, CA 94901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 50.000 SAFETY & LEARNING FOR OUR LEGISLATIVE SCHOOLS - YES ON MEASURE CONTRIBUTION

YY 5429 MADISON AVENUE SACRAMENTO, CA 95841				
YES ON MEASURE W SAFE CLEAN WATER FOR LA COUNTY		50,000		LEGISLATIVE CONTRIBUTION

16633 VENTURA BLVD 1008 ENCINO, CA 91436

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 25.000 ADVANCED LEGISLATIVE LEGISLATIVE CONTRIBUTION LEADERSHIP SERVICES LLC

533 SOUTH FREMONT AVE 10TH FLOOR LOS ANGELES, CA 900711712				
GOVERNOR'S INAUGURAL		25,000		DONATIONS

FUND ZUIS 1414 K ST STE 250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SACRAMENTO, CA 958140000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20.000 DONATIONS LEAGUE OF CALIFORNIA CITIES

1400 K STE 400 SACRAMENTO, CA 95814				
SOUTH BAY UNITED FOR SAFE STRONG SCHOOLS - YES ON DD 637 3RD AVENUE		20,000		LEGISLATIVE CONTRIBUTION

CHULA VISTA, CA 91910

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF SAN 20,000 LEGISLATIVE BERNARDINO COMMUNITY CONTRIBUTION COLLEGE YES ON MEASURE CC

COLLEGE YES ON MEASURE CC
1663 EAST DATE PLACE 30392
SAN BERNARDINO, CA 92413

COMMITTEE FOR 21ST
CENTURY SANTA ANA
SCHOOLS YES ON MEASURE I
2018
3843 SOUTH BRISTOL STREET
604

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SANTA ANA, CA 92704

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 15.000 LEGISLATIVE COMMUNITY PARTNERS FOR MOVE LA CONTRIBUTION 1000 N ALAMEDA ST 240 10.000 LEGISLATIVE

LOS ANGELES, CA 900120000

SAN DIEGANS FOR FULL
VOTER PARTICIPATION YES
ON D SPONSORED BY SEIU
221 P
5429 MADISON AVENUE

SACRAMENTO, CA 95841

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 10.000 YES ON HS 2018 LEGISLATIVE 3049 NORTH HEMPSTEAD CONTRIBUTION AVFNUF

PASADENA, CA 91106

efil	e GRAPHIC pr	rint - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	19331	8124	989
Sch	edule J	Com	pensat	ion Information	10	1B No	1545-0	0047
(For	n 990)	For certain Officers, I		rustees, Key Employees, and Hig	hest	•		
		► Complete if the organiz	Compensa ation answ	ated Employees /ered "Yes" on Form 990, Part IV	, line 23.	20	118	}
Б			▶ Attach	i to Form 990. instructions and the latest infori) Den i		
•	tment of the Treasurv al Revenue Service	P Go to <u>www.ns.gov/10</u>	<u> </u>	mistructions and the latest mion		Insp	ectio	n
	ne of the organiza				Employer identificat	tion nu	ımber	
JOI	NERS OF AMERICA S	W REGIONAL COUNCIL			95-1318135			
Pa	rt I Questi	ons Regarding Compensation	1					
1 a	Check the appro	opiate box(es) if the organization pro	vided any of	f the following to or for a person liste	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a Complete Part III to	o provide an	y relevant information regarding the	se items			
		s or charter travel		Housing allowance or residence for				
		companions	片	Payments for business use of perso				
		nification and gross-up payments	H	Health or social club dues or initiati				
	□ Discretion	nary spending account		Personal services (e g , maid, chau	rreur, cher)			
b		xes in line 1a are checked, did the or all of the expenses described above?			nent or reimbursement	1 b		
2		ation require substantiation prior to r es, officers, including the CEO/Execu			a 1 a 2	2		
	directors, truste	es, officers, including the CEO/Exect	itive Directo	r, regarding the items checked in line	e la.			
3		If any, of the following the filing orga			he			
	_	EO/Executive Director Check all thated organization to establish compensi	1 1 7	•	ın Part III			
	Componer	ation committee		Written employment contract				
		ent compensation consultant	H	Compensation survey or study				
		of other organizations		Approval by the board or compensa	ation committee			
4	During the year related organiza	, did any person listed on Form 990,	Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
	_							
a b		ance payment or change-of-control p r receive payment from, a supplemei	•	ified retirement plan?		4a 4b		No No
С	•	r receive payment from, a supplement receive payment from, an equity-ba	•	· ·		4c		No
Ĭ		of lines 4a-c, list the persons and pro		-	t III	-:-		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	anizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, ontingent on the revenues of						
а	The organization	n?				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any				
а	The organization	n?				6 a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 67 If "Yes," de			d	7		
8		nts reported on Form 990, Part VII, nitial contract exception described in			escribe	8		
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the	e rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Instruc	tions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. the individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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 columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual												
(A) Name and Title	(B) Break	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in					
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990					
See Additional Data Table												

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

Software ID:

Software Version:

EIN: 95-1318135

Name: UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA SW REGIONAL COUNCIL

	le J,	Part II - Officers, Di	rectors, Trustees, K of W-2 and/or 1099-MISO		Highest Compensate (C) Retirement and	d Employees (D) Nontaxable	(E) Total of columns	(E) Componentian :-
(A) Name and Title		(i) Base Compensation	of W-2 and/or 1099-MISC (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
HARRY BEGGS EXECUTIVE COMMITTEE	(I) (II)		0	2,144	57,228 	15,184	264,562	0
FRANK HAWK VICE PRESIDENT/EXEC COMMITTEE	(1)		0	1,217	58,987	15,184	271,533	0
DANIEL LANGFORD EXECUTIVE SECRETARY TREASURER	(11)		0	0 146	68,790	0 15,184	0 319,480	C
DANIEL MACDONALD VICE PRESIDENT - PAST	(1)	189,088	0	0	55,460	12,484	0 257,032	C
JOSHUA RAPER EXECUTIVE COMMITTEE	(1)		0	0 164	0 43,363	0 15,184	0 206,547	o c
PEDRO RODRIGUEZ	(II)	0 195,360	0	0 1,807	0 58,790	0 15,184	0 271,141	C
PRESIDENT RANDY THORNHILL	(II)		0	0	0	0	0	
SECRETARY TREASURER - PAST	(11)	0	0 0	935 0	68,543 	12,484 0	322,353 0	
MERCY URREA EXECUTIVE COMMITTEE	(ı) (ıı)		0 	918 	44,883 	15,184 	216,077 	c
JACOB LOPEZ EXECUTIVE COMMITTEE	(1)		0	912	31,783	1,755	167,040	0
SEAN HARTRANFT EXECUTIVE COMMITTEE	(1)		0	2,722	31,783	1,755	0 168,195	0
FABIAN SANDEZ EXECUTIVE COMMITTEE	(11)		0	4,318	29,606	0 1,755	0 164,257	C
WILLIAM BAXTER TRUSTEE - PAST	(1)		0	0	0 46,400	0 12,484	0 231,107	C C
FRANCISCO PENA TRUSTEE	(II)		0	0 1,706	0 41,317	0 15,184	201,376	C
MARK THOMPSON	(II)		0	0	0 36,180	0 15,184	0 174,126	0
CONDUCTOR	(11)	 0	0	0	0	0	0	
TRACY WERT TRUSTEE	(I) (II)		0 0	1,382 0	46,062 0	15,184 0	213,234 0	C
OSCAR CORDOVA WARDEN	(I) (II)		0 	1,275 	36,850 	15,184 	179,754 	
FRANK ZAMBRANO TRUSTEE	(1)	155,773	0	1,150	36,513	1,755	195,191	C
JOHN HANNA BUSINESS REPRESENTATIVE	(1)	212,636	0	2,424	63,372	0 15,184	0 293,616	0
DANIEL CURTIN BUSINESS	(1)		0	0	53,567	0 15,184	0 242,168	C
REPRESENTATIVE FERNANDO ROJAS BUSINESS	(II)		0	0 2,311	0 45,812	0 15,184	0 221,752	o c
REPRESENTATIVE	(11)	0	0	0	0	0	0	C

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 17.51 170 413 DADDY TENUTING

BUSINESS	1(1)	1/9,412	0	1,110	54,823	15,184	· 1	0
REPRESENTATIVE	(11)	0	0	0	0	0	0	0
NEIL HOOGENBOOM	(1)	155,345	0	1,000	49.022	15.184	220.551	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

BUSINESS REPRESENTATIVE

efile GRAPH	IC print -	DO NOT	PROCES	SS	As Filed	Data -					DLN:	93493318124989
SCHEDUL (Form 990 or EZ)	990-	-	mplete to Form 9	nental Information to Form 990 or 990-EZ to provide information for responses to specific questions on 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. to to www.irs.gov/Form990 for the latest information.							•	OMB No 1545-0047 2018 Open to Public Inspection
Name Betherofg UNITED BROTHER JOINERS OF AMER 990 Schedule	HOOD OF CARI ICA SW REGIC	NAL COUNC		atio	n					95-13181		fication number
Return Reference	—··········											
FORM 990, THE EXECUTIVE SECRETARY-TREASURER, PRESIDENT, VICE PRESIDENT AND SEVEN EXECUTIVE COMMITTEE PART VI, MEMBERS HAVE VOTING RIGHTS IN ADDITION, THE MEMBER LOCALS ELECT MEMBERS TO SERVE AS DELE SECTION A. GATES TO THE COUNCIL TO REPRESENT THEIR RESPECTIVE HOME LOCALS THE DELEGATES ARE ELIGIBLE												

LINE 6

TO VOTE ON COUNCIL MATTERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, OFFICERS OF THE COUNCIL (PRESIDENT, VICE PRE SIDENT, EXECUTIVE SECRETARY-TREASURER, SEVEN EXECUTIVE COMMITTEE MEMBERS, WARDEN, CONDUCTO R AND THREE TRUSTEES) ARE NOMINATED AND ELECTED BY THE DELEGATES OF THE COUNCIL, AND MUST BE WORKING WITHIN THE BARGAINING UNIT REPRESENTED BY THEIR LOCAL UNION, OR EMPLOYED FULL T IME WITHIN THE FRAMEWORK OF THE UNITED BROTHERHOOD OF CARPENTERS TO BE ELIGIBLE

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

FORM 990, PART XII, LINE 1

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990,	IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, THE TRUSTEES ARE RESPONSIBLE FOR OVERSEEING
PART XII,	THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS
LINE 2C	PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related

UNITED BROTHERHOOD OF CARPENTERS &

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2018

Employer identification number

DLN: 93493318124989 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions an
Name of the organization	

JOINERS OF AMERICA SW REGIONAL COUNCIL 95-1318135 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No 527 (1) SOUTHWEST REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION FUND POLITICAL ACTION FUND CA SOUTHWEST REGIONAL 555 CAPITOL MALL COUNCIL OF CARPENTERS SACRAMENTO, CA 958144602 95-4468779 (2) SOUTHERN CALIFORNIA-NV REGIONAL COUNCIL OF CARPENTERS OF PAC POLITICAL ACTION FUND CA 527 SOUTHWEST REGIONAL Yes 555 CAPITOL MALL COUNCIL OF CARPENTERS SACRAMENTO, CA 958144602 88-0376548 527 (3) SOUTHWEST REGIONAL COUNCIL OF CARPENTERS NEW MEXICO PAC POLITICAL ACTION FUND CA Yes SOUTHWEST REGIONAL 555 CAPITOL MALL COUNCIL OF CARPENTERS SACRAMENTO, CA 958144602 20-1282524 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(b) (c) Primary Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-	l, total income		(† Dispropi allocat	rtionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentag ownership
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						 ization ansv	 wered "Yes	" on Fo	orm 9	 90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)		entity (Cid	(e) pe of entity orp, S corp, or trust)	(f) Share of total Income		(g) of end- year assets	-of- Perce owne	ntage	(1	(I) ection 512(.3) controllentity? Yes No

Schedule K (Form 990) 2018		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	1	No
b Gift, grant, or capital contribution to related organization(s)	. 1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 10	:	No
d Loans or loan guarantees to or for related organization(s)		ı	No
e Loans or loan guarantees by related organization(s)	1e	:	No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	1	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	<u> </u> 	No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	1	No
o Sharing of paid employees with related organization(s)	10		No
	<u> </u>		

h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1 i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Are all partners Share section tota		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	ı									Schedul	e R (Form	199	0) 2018

