

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
UNITED BROTHERHOOD OF MILLWRIGHTS 1348

Number and street (or P O box, if mail is not delivered to street address) 726 4TH ST N	Room/suite
City or town, state or province, country, and ZIP or foreign postal code Virginia, MN 55792	

D Employer identification number
41-0941665

E Telephone number
(218) 741-6314

F Group Exemption Number ▶

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

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 124,665

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	122,409
	4 Investment income	4	407
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	711	
b Less cost of goods sold	7b	5,808	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-5,097	
8 Other revenue (describe in Schedule O)	8	1,138	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	118,857	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	68,244
	11 Benefits paid to or for members	11	14,605
	12 Salaries, other compensation, and employee benefits	12	15,604
	13 Professional fees and other payments to independent contractors	13	8,699
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	30,050
	17 Total expenses. Add lines 10 through 16 ▶	17	137,202
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,345	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,043
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	254,698

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	253,269	22	238,737
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	19,791	24	15,961
25 Total assets	273,060	25	254,698
26 Total liabilities (describe in Schedule O).	17	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,043	27	254,698

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?
Assist in locating employment for its members

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		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
SAM CROWLEY CONDUCTOR	1 00	0		
BENJAMIN PRATT PRESIDENT	1 00	1,037		
BEN TODAY TREASURER	1 00	690		
DARREN FOLMAN CONDUCTOR	1 00	1,037		
ALEX LASKY TRUSTEE	1 00	117		
NATHAN CHAMBERLIN VICE PRESIDENT	1 00	807		
TODD FROMBERG TRUSTEE	1 00	807		
ANDREW ASUMA WARDEN	1 00	1,151		
CHLOE KISHEL TRUSTEE	1 00	1,782		
TAYLOR GILBERT TRUSTEE	1 00	687		
JASON ODELLA REC SEC	1 00	1,380		
WAYNE NORDIN FINSEC	1 00	1,037		

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of STEPHANIE LYSON Telephone no (218) 741-6314 Located at 726 4TH ST N VIRGINIA, MN ZIP + 4 55792

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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	46	No

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(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
NONE				

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"

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

***** Signature of officer	2019-11-12 Date
BENJAMIN PRATT PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Kajja Giroux	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00434783
	Firm's name ▶ Walker Giroux & Hahne LLC			Firm's EIN ▶ 46-3893925	
	Firm's address ▶ 225 1st Street N Suite 2400 Virginia, MN 55792			Phone no (218) 749-4880	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 41-0941665

Name: UNITED BROTHERHOOD OF MILLWRIGHTS 1348

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 The Organization provides its 337 members with employment opportunities, improved working conditions, health & welfare, vacation and pension benefits (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

UNITED BROTHERHOOD OF MILLWRIGHTS 1348

Employer identification number

41-0941665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Miscellaneous \$1138

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name VARIOUS Cash Amount Given \$18258

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 1	Name UBCJA Address 101 CONSTITUTIONAL AVE NW WASHINGTON, DC 20001 Purpose of payment PER CAPITA Amount \$43476

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 2	Name MN STATE BLDG TRADES Address 411 MAIN STREET ST PAUL, MN 55102 Purpose of payment PER CAPITA Amount \$6350

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6796

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$20829

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$1325

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Political Expenditures \$1100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$8807 Furniture and Fixtures - Ending \$7551

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$343 Machinery and Equipment - Ending \$274

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1010	Inventories - Beginning \$10641 Inventories - Ending \$8136

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$17 Accounts Payable and Accrued Expenses - Ending \$0