



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2004

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: UNITED BROTHERHOOD OF CARPENTERS LOCAL 193. D Employer identification number: 35-0723065. E Telephone number: (317) 783-1391. F Group Exemption Number: 0143.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify) []

I Web site: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) [X] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 20,825.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 9 columns: Line number, Description, Sub-line, Revenue, Expenses, Net Assets, and Total. Includes rows for Contributions, Program service revenue, Membership dues, Investment income, Gross amount from sale of assets, Special events, Gross sales of inventory, Other revenue, Grants, Benefits paid, Salaries, Professional fees, Occupancy, Printing, Other expenses, Total expenses, Excess or deficit, Net assets at beginning/end of year.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions)

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Includes rows for Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets at end of year.

SCANNED NOV 21 2003

Handwritten mark resembling a stylized 'P' or '3'.

UNITED BROTHERHOOD OF CARPENTERS

Form 990-EZ (2004)

LOCAL 193

35-0723065

Page 2

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses
What is the organization's primary exempt purpose? <u>LABOR UNION</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.</u>	
	(Grants \$)	28a
29		
	(Grants \$)	29a
30		
	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 0.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3		1,785.		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		N/A
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		N/A
41	List the states with which a copy of this return is filed		INDIANA
42	The books are in care of DANIEL GARCIA Telephone no. (317) 783-1391 Located at 2635 MADISON AVE INDIANAPOLIS IN ZIP + 4 46225		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		

Please Sign Here

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: *Daniel Garcia* Date: 10-25-05

Type or print name and title: Daniel Garcia Financial Secretary

Paid Preparer's Use Only	Preparer's signature: <i>Legacy Professionals LLP</i> Date: 10/10/05	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed): LEGACY PROFESSIONALS LLP	EIN: 32-0043599	Phone: 312-368-0500
	address, and ZIP + 4: 30 N LASALLE STREET, SUITE 4200 CHICAGO, ILLINOIS 60602		Form 990-EZ (2004)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSE AND SUPPLIES		121.	
PAYROLL TAXES		151.	
PER CAPITA TAXES		6,444.	
MEMBER MERCHANDISE		6,056.	
MEETING EXPENSE		1,113.	
TOTAL TO FORM 990-EZ, LINE 16		13,885.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2	
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	CALVERY TEMPLE		NONE	100.
	IHSF SCHOLARSHIP		NONE	250.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10				350.

FORM 990-EZ	PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB EXPENSE ACCOUNT
MARK MCGRIFF	PRESIDENT- PAST PART TIME	0.	0. 0.
GERALD MAGEE	VICE PRESIDENT - PAST PART TIME	0.	0. 0.
ROB STEVENS	FIN. SEC/TREASURER - PAST PART TIME	0.	0. 0.
RAYMOND GILBRECH	RECORDING SECRETARY - PAST PART TIME	0.	0. 0.
TOM WHITAKER	TRUSTEE - PAST PART TIME	0.	0. 0.

JUSTIN BROWNING	TRUSTEE - PAST PART TIME	0.	0.	0.
DUKE TOM	TRUSTEE - PAST PART TIME	0.	0.	0.
CHARLIE GRISSON	WARDEN - PAST PART TIME	0.	0.	0.
JOHN MARTINEZ	CONDUCTOR - PAST PART TIME	0.	0.	0.
JUAN DE MORENO	TRUSTEE - NEW PART TIME	0.	0.	0.
FEDERICO LARA	TRUSTEE - NEW PART TIME	180.	0.	0.
ADAM JOHNSON	WARDEN - NEW PART TIME	135.	0.	0.
MARTIN SILVA	CONDUCTOR - NEW PART TIME	180.	0.	0.
JOSHUA FELLON	TRUSTEE - NEW PART TIME	135.	0.	0.
MICHAEL NORTON	VICE PRESIDENT - NEW PART TIME	135.	0.	0.
FRANK WILSON	PRESIDENT - NEW PART TIME	180.	0.	0.
DANIEL GARCIA	FIN. SEC/TREASURER - NEW PART TIME	480.	0.	0.
JUSTIN BROWNING	RECORDING SECRETARY - NEW PART TIME	180.	0.	0.
JOUQUIN PAISANO	TRUSTEE - NEW PART TIME	180.	0.	0.

ALL THE ABOVE MAY BE CONTACTED AT -
THE ADDRESS OF THE ORGANIZATION.

TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>1,785.</u>	<u>0.</u>	<u>0.</u>
---	--	---------------	-----------	-----------

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO