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Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA. D Employer identification number: 35-0723065. E Telephone number: (202) 546-6206. F Accounting method: Cash, Accrual.

G Website: WWW.CARPENTERS.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type: 501(c)(5). K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 99,474,316.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less: rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less: cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less: cost of goods sold, c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess of (or deficit for) the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED FEB 05 2007

RECEIVED FEB 10 2006 NOV 20 2006

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UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

Form 990 (2005)

35-0723065 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)	3,803,469.		STATEMENT 10	
25 Compensation of officers, directors, etc. **	2,844,583.			
26 Other salaries and wages	5,252,849.			
27 Pension plan contributions	1,878,708.			
28 Other employee benefits	4,254,899.			
29 Payroll taxes	453,050.			
30 Professional fundraising fees				
31 Accounting fees	620,328.			
32 Legal fees	1,428,017.			
33 Supplies	519,008.			
34 Telephone	298,028.			
35 Postage and shipping	102,219.			
36 Occupancy	821,735.			
37 Equipment rental and maintenance	826,162.			
38 Printing and publications	1,150,682.			
39 Travel	1,925,056.			
40 Conferences, conventions, and meetings	6,930,923.			
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	8,107,428.			
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 8	43g align="right">24,878,016.			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 66,095,160.			

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 9

**UNITED BROTHERHOOD OF CARPENTERS AND
JOINERS OF AMERICA**

Form 990 (2005)

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Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► SEE STATEMENT 11	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TO ORGANIZE ALL WORKERS FOR THE SOCIAL AND ECONOMIC ADVANCEMENT OF THEIR CONDITION AND STATUS	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b PROVIDE DEATH AND DISABILITY BENEFITS FOR MEMBERS AND THEIR SPOUSES	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Form **990** (2005)

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

Form 990 (2005)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	2,100.	45	2,100.	
	46	Savings and temporary cash investments	10,198,154.	46	11,404,441.	
	47 a	Accounts receivable	8,166,386.			
		b Less: allowance for doubtful accounts	614,626.	5,564,172.	47c	7,551,760.
	48 a	Pledges receivable				
		b Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
		b Less: allowance for doubtful accounts		80,000.	51c	
	52	Inventories for sale or use	397,911.	52	351,443.	
	53	Prepaid expenses and deferred charges	1,384,673.	53	1,292,966.	
	54	Investments - securities STMT 12 STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	36,444,199.	54	38,060,638.	
	55 a	Investments - land, buildings, and equipment basis	28,284,922.			
		b Less: accumulated depreciation STMT 14	7,166,090.	21,978,370.	55c	21,118,832.
56	Investments - other			56		
57 a	Land, buildings, and equipment: basis	140,506,355.				
	b Less: accumulated depreciation STMT 15	22,510,515.	112,666,925.	57c	117,995,840.	
58	Other assets (describe SEE STATEMENT 16)	13,619,586.	58	12,471,295.		
59	Total assets (must equal line 74) Add lines 45 through 58	202,336,090.	59	210,249,315.		
Liabilities	60	Accounts payable and accrued expenses	2,670,580.	60	4,064,179.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
		b Mortgages and other notes payable		64b		
	65	Other liabilities (describe SEE STATEMENT 17)	4,467,124.	65	4,815,146.	
66	Total liabilities. Add lines 60 through 65)	7,137,704.	66	8,879,325.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	195,198,386.	67	201,369,990.	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	195,198,386.	73	201,369,990.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	202,336,090.	74	210,249,315.		

Form 990 (2005)

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

Form 990 (2005)

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Part VI Other Information <i>(continued)</i>	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82a	X
82b <u>N/A</u>		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	X
	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a	
84b <u>N/A</u>		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85a	X
	85b	X
c Dues, assessments, and similar amounts from members	85c	<u>N/A</u>
d Section 162(e) lobbying and political expenditures	85d	<u>N/A</u>
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<u>N/A</u>
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<u>N/A</u>
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<u>N/A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<u>N/A</u>
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	86a	<u>N/A</u>
	86b	<u>N/A</u>
87 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87a	<u>N/A</u>
	87b	<u>N/A</u>
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u> b 501(c)(3) and 501(c)(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 a statement explaining each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>N/A</u> d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>N/A</u>	89b	
90 a List the states with which a copy of this return is filed <u>DC</u> b Number of employees employed in the pay period that includes March 12, 2005	90b	69
91 a The books are in care of <u>LOREEN ZISKA</u> Telephone no. <u>(202) 546-6206</u> Located at <u>101 CONSTITUTION AVENUE NW, WASHINGTON, DC</u> ZIP + 4 <u>20001</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
	91c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	<input type="checkbox"/>

Form 990 (2005)

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TRAINING CENTER REVENUE					6,306,729.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					47,251,296.
95 Interest on savings and temporary cash investments			14	682,694.	
96 Dividends and interest from securities			14	1,232,171.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	17,740,815.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-150,242.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					73,341.
103 Other revenue:					
a ROYALTIES			15	43,338.	
b EXPENSE REIMBURSEMENT					259,796.
c MISCELLANEOUS INCOME			01	60,977.	
d ADVERTISING	541800	399,329.			
e GAIN ON FOREIGN CURRENC					45,429.
104 Subtotal (add columns (B), (D), and (E))		399,329.		19,609,753.	53,936,591.
105 Total (add line 104, columns (B), (D), and (E))					73,945,673.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 22

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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: *[Signature]* Date: *11/6/06* Type or print name and title: **DOUGLAS MCCARRON, PRESIDENT**

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: *11/6/06* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **BUCHBINDER TUNICK & COMPANY LLP**
6116 EXECUTIVE BLVD., SUITE 201
ROCKVILLE, MD 20852-4920

EIN: _____ Phone no.: **301-770-9110**

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
9	* 990 PAGE 2 TOTAL			.000	16							0.
	OTHER					0.		0.	0.	0.		0.
	PROGRAM SERVICES											
1	LAND	VARIABLES				7978618.			7978618.			0.
2	BUILDING	VARIABLES		.000	16	121035861			121035861	12402862.		4338814.
3	AUTOMOBILE	VARIABLES		.000	16	798,445.			798,445.	187,364.		166,518.
4	EQUIPMENT	VARIABLES		.000	16	5521763.			5521763.	2140108.		802,329.
5	FURNITURE AND FIXTURE	VARIABLES		.000	16	4979388.			4979388.	1880428.		542,134.
6	STATUE	VARIABLES		.000	16	93,255.			93,255.	36,636.		13,322.
7	TENANT IMPROVEMENTS	VARIABLES		.000	16	28284922.			28284922.	4921779.		2244311.
8	CONSTRUCTION IN PROGRESS	VARIABLES		.000	16	99,025.			99,025.			0.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					168791277		0.	168791277	21569177.	0.	8107428.
	* GRAND TOTAL 990 PAGE 2 DEPR					168791277		0.	168791277	21569177.	0.	8107428.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
OFFICE BUILDING	1	26,758,706.	
TOTAL TO FORM 990, PART I, LINE 6A		26,758,706.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES RENTAL INSURANCE		3,833,341.	
ADMINISTRATIVE RENTAL EXPENSE		185,748.	
UTILITIES		147,850.	
REPAIRS		1,417,707.	
SECURITY GUARD MANAGEMENT FEE		1,286,120.	
PAYROLL RENTAL		673,428.	
ADVERTISING		523,120.	
MISCELLANEOUS		863,499.	
		39,066.	
		48,012.	
- SUBTOTAL -	1		9,017,891.
TOTAL TO FORM 990, PART I, LINE 6B			9,017,891.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
US GOVERNMENT SECURITIES	11,603,007.	11,692,923.	0.	-89,916.	
CORPORATE BONDS	4,278,590.	4,332,585.	0.	-53,995.	
TO FORM 990, PART I, LINE 8	15,881,597.	16,025,508.	0.	-143,911.	

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
AUTOMOBILE SALES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	118,820.	109,096.	0.	0.	9,724.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIXED ASSET RETIRED	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	16,055.	0.	0.	-16,055.
TO FM 990, PART I, LN 8	118,820.	125,151.	0.	0.	-6,331.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	433,434	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		433,434
4. COST OF GOODS SOLD (LINE 13)	360,093	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		73,341

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	360,093	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		360,093
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		360,093

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 6

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
BUILDING AND CONSTRUCTION TRADES DEPARTMENT, AFL-CIO		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		667,090.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
METAL TRADES DEPARTMENT. AFL-CIO		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		39,300.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
CANADIAN LABOR CONGRESS		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		348,952.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
NATIONAL JOINT HEAVY AND HIGHWAY CONSTRUCTION COMMITTEE		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		209,000.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
WIN COALITION		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		958,094.

TOTAL TO FORM 990, PART I, LINE 16		<u>2,222,436.</u>
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FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
ADJUSTMENT OF INVESTMENTS TO FAIR MARKET VALUE	543,527.
TOTAL TO FORM 990, PART I, LINE 20	543,527.

FORM 990 OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TEMPORARY HELP	31,609.			
OTHER PROFESSIONAL FEE	4,691,880.			
PROMOTION	53,848.			
INSURANCE	1,126,076.			
DUES & SUBSCRIPTIONS	59,769.			
REAL ESTATE, PERSONAL PROPERTY & SALES TAX	194,109.			
TRAINING CENTER EXPENSES	3,594,966.			
NEWSLETTER	9,070.			
ORGANIZATING GRANTS	11,284,305.			
AFFILIATE TRAINING CONTRIBUTIONS	977,298.			
MISCELLANEOUS	539,155.			
AMORTIZATION	373.			
INVESTMENT FEE	954,907.			
SPECIAL EVENTS	134,961.			
STRIKE ASSISTANCE	629,276.			
DIRECT ADVERTISING COSTS	500,000.			
	96,414.			
TOTAL TO FM 990, LN 43	24,878,016.			

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 9

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DOUGLAS MCCARRON	355,429.	87,669.	3,000.	446,098.
A. PROGRAM SERVICES	106,629.	26,301.	900.	133,830.
B. MANAGEMENT AND GENERAL	248,800.	61,368.	2,100.	312,268.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DOUGLAS BANES	288,794.	77,007.	3,000.	368,801.
A. PROGRAM SERVICES	158,837.	42,354.	1,650.	202,841.
B. MANAGEMENT AND GENERAL	129,957.	34,653.	1,350.	165,960.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANDRIS SILINS	288,794.	77,007.	3,000.	368,801.
A. PROGRAM SERVICES	144,397.	38,504.	1,500.	184,401.
B. MANAGEMENT AND GENERAL	144,397.	38,503.	1,500.	184,400.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL DRAPER	210,037.	64,406.	2,000.	276,443.
A. PROGRAM SERVICES	86,115.	26,406.	820.	113,341.
B. MANAGEMENT AND GENERAL	123,922.	38,000.	1,180.	163,102.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
W.J. MICHAELOWSKI	218,114.	65,698.	2,000.	285,812.
A. PROGRAM SERVICES	91,608.	27,593.	840.	120,041.
B. MANAGEMENT AND GENERAL	126,506.	38,105.	1,160.	165,771.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES SLEBISKA	218,114.	65,698.	2,000.	285,812.
A. PROGRAM SERVICES	113,419.	34,163.	1,040.	148,622.
B. MANAGEMENT AND GENERAL	104,695.	31,535.	960.	137,190.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES SMITH	181,187.	59,790.	2,000.	242,977.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	181,187.	59,790.	2,000.	242,977.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BOBBY YEGGY	216,575.	65,452.	2,000.	284,027.
A. PROGRAM SERVICES	138,608.	41,889.	1,280.	181,777.
B. MANAGEMENT AND GENERAL	77,967.	23,563.	720.	102,250.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHARLES MAPLES	218,114.	65,698.	2,000.	285,812.
A. PROGRAM SERVICES	104,695.	31,535.	960.	137,190.
B. MANAGEMENT AND GENERAL	113,419.	34,163.	1,040.	148,622.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				1,222,043.
TOTAL MANAGEMENT AND GENERAL				1,622,540.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>2,844,583.</u>

FORM 990 BENEFITS PAID TO OR FOR MEMBERS STATEMENT 10

DESCRIPTION	AMOUNT
FUNERAL DONATIONS	3,803,469.
TOTAL TO FORM 990, PART II, LINE 24	3,803,469.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 11

EXPLANATION

ORGANIZE WORKERS IN THE CARPENTRY INDUSTRY FOR BETTER WORKING CONDITIONS AND ADVANCEMENT

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE OBLIGATIONS	FMV		16,514,166.		16,514,166.
OTHER INVESTMENTS	FMV			163,395.	163,395.
ULLICO	COST	12,208,975.			12,208,975.
MONEY MARKET	FMV			15,494.	15,494.
TO FORM 990, LINE 54, COL B		12,208,975.	16,514,166.	178,889.	28,902,030.

FORM 990 GOVERNMENT SECURITIES STATEMENT 13

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT SECURITIES	FMV	9,158,608.		9,158,608.
TOTAL TO FORM 990, LINE 54, COL B		9,158,608.		9,158,608.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	14
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TENANT IMPROVEMENTS	28,284,922.	7,166,090.	21,118,832.
TOTAL TO FORM 990, PART IV, LN 55	28,284,922.	7,166,090.	21,118,832.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	15
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	7,978,618.	0.	7,978,618.
BUILDING	121,035,861.	16,741,676.	104,294,185.
AUTOMOBILE	798,445.	353,882.	444,563.
EQUIPMENT	5,521,763.	2,942,437.	2,579,326.
FURNITURE AND FIXTURE	4,979,388.	2,422,562.	2,556,826.
STATUE	93,255.	49,958.	43,297.
CONSTRUCTION IN PROGRESS	99,025.	0.	99,025.
TOTAL TO FORM 990, PART IV, LN 57	140,506,355.	22,510,515.	117,995,840.

FORM 990	OTHER ASSETS	STATEMENT	16
DESCRIPTION		AMOUNT	
DEFERRED COMPENSATION		4,225,192.	
DEFERRED LEASING COMMISSIONS		8,065,680.	
OTHER ASSETS		8,450.	
DEFERRED REVENUE		171,973.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		12,471,295.	

FORM 990	OTHER LIABILITIES	STATEMENT 17
DESCRIPTION		AMOUNT
DEFERRED COMPENSATION		4,225,192.
SECURITY DEPOSIT		15,800.
PREPAID LEASES		383,592.
OVERDRAFT		190,562.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		4,815,146.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 18
DESCRIPTION		AMOUNT
ADVERTISING INCOME REPORTED NET OF DIRECT COSTS ON FINANCIAL STATEMENTS		96,414.
TOTAL TO FORM 990, PART IV-A		96,414.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 19
DESCRIPTION		AMOUNT
ADVERTISING INCOME REPORTED NET OF DIRECT COSTS ON FINANCIAL STATEMENTS		96,414.
TOTAL TO FORM 990, PART IV-B		96,414.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DOUGLAS MCCARRON 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	GEN PRESIDENT 40.00	355,429.	87,669.	3,000.
DOUGLAS BANES 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	GEN VICE PRESIDENT 40.00	288,794.	77,007.	3,000.
ANDRIS SILINS 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	GEN SECRETARY - TREAS 40.00	288,794.	77,007.	3,000.
MICHAEL DRAPER 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	210,037.	64,406.	2,000.
W.J. MICHALOWSKI 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	218,114.	65,698.	2,000.
JAMES SLEBISKA 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	218,114.	65,698.	2,000.
JAMES SMITH 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	181,187.	59,790.	2,000.
BOBBY YEGGY 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	216,575.	65,452.	2,000.
MAPLES, CHARLES 101 CONSITITUTION AVENUE, NW WASHINGTON, DC 20001	DISTRICT VICE PRESIDENT 40.00	218,114.	65,698.	2,000.
TOTALS INCLUDED ON FORM 990, PART V-A		2,195,158.	628,425.	21,000.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 21
 PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
UNITED BROTHERHOOD OF CARPENTERS HEALTH AND SAFETY FUND	X	
UNITED BROTHERHOOD OF CARPENTERS APPRENTICESHIP TRUST FUND	X	
CARPENTERS NATIONAL HEALTH AND WELFARE TRUST FUND	X	
UNITED BROTHERHOOD OF CARPENTERS PENSION PLAN	X	
UBC NATIONAL JOB CORPS TRAINING FUND, INC	X	
UBC LABOR MANAGEMENT EDUCATION AND DEVELOPMENT FUND	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 22

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	AMOUNTS PAID BY MEMBERS FOR CONFERENCES, TRAINING & CLASSES GIVEN BY THE UNION
94	AMOUNTS PAID BY MEMBERS AS CONSIDERATION FOR PROVIDING GOODS, SERVICES OR FACILITIES IN FURTHERANCE OF THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION
102	TRAINING AND EDUCATION
103A	AMOUNTS RECEIVED AS REIMBURSEMENT OF EXPENSES WHICH WERE FOR THE CONSIDERTION OF PROVIDING GOODS, SERVICES OR FACILITIES IN FURTHERANCE OF THE PURPOSE CONSTITUTING THE BASIS OF THE EXEMPTION OF THE ORGANIZATION
103E	GAIN FROM CURRENCY EXCHANGE FROM WORKING WITH LOCAL UNIONS IN CANADA

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA	Employer identification number 35-0723065
	Number, street, and room or suite no. If a P.O. box, see instructions 101 CONSTITUTION AVE., NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20001	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **LOREEN ZISKA**

Telephone No. **(202) 546-6206**

FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

INFORMATION FROM OUTSIDE SOURCES NECESSARY TO COMPLETE RETURN HAS NOT YET BEEN RECEIVED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *John L. King* Title **ACCOUNTANT**

Date **8/14/06**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name BUCHBINDER TUNICK & COMPANY LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6116 EXECUTIVE BLVD., SUITE 201
	City or town, province or state, and country (including postal or ZIP code) ROCKVILLE, MD 20852-4920

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