

<b>D Employer identification number</b>	
38-0679801	
<b>E Telephone number</b>	
(313) 926-5431	
<b>F Accounting method</b>	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)    ▶

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)	
1	Revenue
2	Expenses
3	Changes in Net Assets or Fund Balances
4	Total

Form **990** (2006)

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. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) <input type="checkbox"/> . . . . .	25a	2,860,371			
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule) <input type="checkbox"/> . . . . .	25b	17,142			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	72,519,541			
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27	1,598,464			
28	Employee benefits not included on lines 25a - 27 . . . . .	28	59,706,631			
29	Payroll taxes . . . . .	29	5,966,670			
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees . . . . .	32	4,225,348			
33	Supplies . . . . .	33	876,377			
34	Telephone . . . . .	34	917,036			
35	Postage and shipping . . . . .	35	2,092,588			
36	Occupancy . . . . .	36	1,275,527			
37	Equipment rental and maintenance . . . . .	37	1,695,579			
38	Printing and publications . . . . .	38	3,315,484			
39	Travel . . . . .	39	8,998,060			
40	Conferences, conventions, and meetings . . . . .	40	9,638,273			
41	Interest . . . . .	41	501,633			
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	1,961,957			
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	260,523,633	0	0	0

**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 \$ \_\_\_\_\_, **(ii)** the amount allocated to Program services \$ \_\_\_\_\_, **(iii)** the amount allocated to Management and general \$ \_\_\_\_\_, and **(iv)** the amount allocated to Fundraising \$ \_\_\_\_\_


**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? ►	COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP	<b>Program Service Expenses</b> (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.)		
<b>a</b>	COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b>	Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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 . . . . .		1,724,239	45	624,721		
	46	Savings and temporary cash investments . . . . .			46			
	47a	Accounts receivable . . . . .	47a	7,305,417				
	b	Less allowance for doubtful accounts	47b		4,704,452	47c	7,305,417	
	48a	Pledges receivable . . . . .	48a					
	b	Less allowance for doubtful accounts	48b			48c		
	49	Grants receivable . . . . .				49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				50b		
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a	3,311,727				
	b	Less allowance for doubtful accounts	51b		3,942,265	51c	3,311,727	
	52	Inventories for sale or use . . . . .		1,036,591	52		729,928	
	53	Prepaid expenses and deferred charges . . . . .			53			
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		1,083,251,104	54a		1,110,355,747	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b			
		55a	Investments—land, buildings, and equipment basis . . . . .	55a				
b		Less accumulated depreciation (attach schedule) . . . . .	55b			55c		
56		Investments—other (attach schedule) . . . . .				56		
57a		Land, buildings, and equipment basis	57a	36,511,038				
b		Less accumulated depreciation (attach schedule) . . . . .	57b	30,750,960	6,895,945	57c	5,760,078	
58		Other assets, including program-related investments (describe <input type="checkbox"/> _____ )				58		
59		<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . .		1,101,554,596	59		1,128,087,618	
Liabilities		60	Accounts payable and accrued expenses . . . . .		2,286,723	60		1,828,694
		61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .			62			
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63			
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .			64a			
	b	Mortgages and other notes payable (attach schedule) . . . . .			64b			
	65	Other liabilities (describe <input type="checkbox"/> _____ )		1,409,359	65		33,464,459	
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		3,696,082	66		35,293,153	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>							
	67	Unrestricted . . . . .			67			
	68	Temporarily restricted . . . . .			68			
	69	Permanently restricted . . . . .			69			
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>							
	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 .		1,097,858,514	72		1,092,794,465	
	73	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		1,097,858,514	73		1,092,794,465	
74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . .		1,101,554,596	74		1,128,087,618		

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> (See the instructions.)				
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	254,965,235	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>		
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) 	<b>b4</b>	-4,661,542	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-4,661,542	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	259,626,777	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-4,661,542	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	259,626,777	

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	258,934,010	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) 	<b>b4</b>	372,334	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	372,334	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	258,561,676	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) 	<b>d2</b>	1,961,957	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	1,961,957	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	260,523,633	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	18			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy? . . . . .	75d			No

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	80a	Yes		
b	If "Yes," enter the name of the organization ► UNION BUILDING CORPORATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . 81a				
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	81b			No

Part VI

Other Information (continued)

Yes

No

82a

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?

82a

No

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.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

Yes

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

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 the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

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

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

Yes

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

89b

b

501(c)(3) and 501(c)(4) orgs. 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.

89b

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

89c

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization.

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed.

90b

1,134

91a

The books are in care of: KIM GEROMIN CHF ACT Telephone no: (313) 926-5053

8000 E JEFFERSON

Located at: DETROIT, MI ZIP + 4: 48214

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)?

91b

Yes

If "Yes," enter the name of the foreign country: CA

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b> Yes	
If "Yes," enter the name of the foreign country <b>▶</b> CA			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here			
and enter the amount of tax-exempt interest received or accrued during the tax year		<b>92</b>	

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

<b>Note:</b> Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
		<b>(A)</b> Business code	<b>(B)</b> Amount	<b>(C)</b> Exclusion code	<b>(D)</b> Amount	
<b>93</b>	Program service revenue					
<b>a</b>	PER CAPITA TAXES					186,464,809
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>	Medicare/Medicaid payments					
<b>g</b>	Fees and contracts from government agencies					
<b>94</b>	Membership dues and assessments					44,473
<b>95</b>	Interest on savings and temporary cash investments			14	586,171	
<b>96</b>	Dividends and interest from securities			14	55,868,057	
<b>97</b>	Net rental income or (loss) from real estate					
<b>a</b>	debt-financed property					
<b>b</b>	non debt-financed property					
<b>98</b>	Net rental income or (loss) from personal property					
<b>99</b>	Other investment income					
<b>100</b>	Gain or (loss) from sales of assets other than inventory					21,423
<b>101</b>	Net income or (loss) from special events					
<b>102</b>	Gross profit or (loss) from sales of inventory					
<b>103</b>	Other revenue <b>a</b> ROYALTIES			15	1,201,282	
<b>b</b>	EXCHANGES, REFUNDS, AND MISC					15,440,562
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>104</b>	Subtotal (add columns (B), (D), and (E))				57,655,510	201,971,267
<b>105</b>	Total (add line 104, columns (B), (D), and (E))					259,626,777

**Note:** Line 105 plus line 1e, 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.)*

<b>Line No.</b> ▼	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)
93A	MEMBERSHIP DUES, INCOME SUPPORTS COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTY AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF AFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP
103A	ROYALTIES COLLECTED
103B	MEMBERSHIP DUES, INCOME SUPPORTS COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTY AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF AFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities

<b>(A)</b> Name, address, and EIN of corporation, partnership, or disregarded entity	<b>(B)</b> Percentage of ownership interest	Nature of business
	%	
	%	
	%	
	%	

**Part X** Information Regarding Transfers Associated with *(See the instructions.)*

<b>(a)</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a group-term life insurance policy for any individual?
<b>(b)</b> Did the organization, during the year, pay premiums, directly or indirectly, on a group-term life insurance policy for any individual?
<b>NOTE:</b> If "Yes" to <b>(b)</b> , file Form 8870 <b>and</b> Form 4720 (see instructions).



Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
			No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
			No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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.		
	*****	2007-05-14	
	Signature of officer Date		
	ELIZABETH BUNN SECRETARY-TREASURER		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	JAMES C JOHNSON	Date	2007-06-11	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4						EIN
	CLARENCE H JOHNSON PC - CPA'S						
	26076 WOODWARD AVE						
	ROYAL OAK, MI 480670918						Phone no. (248) 398-4040

Additional Data

Software ID:  
Software Version:  
EIN: 38-0679801  
Name: INTERNATIONAL UNION-UAW

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<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
<b>a</b> EXPENSES	<b>43a</b>				
<b>b</b> ADVERTISING	<b>43b</b>	359,810			
<b>c</b> CABLE AND INTERNET ACCESS	<b>43c</b>	65,424			
<b>d</b> CAFETERIA	<b>43d</b>	65,078			
<b>e</b> DONATIONS	<b>43e</b>	1,116,582			
<b>f</b> FEES	<b>43f</b>	370,447			
<b>g</b> FURNITURE AND EQUIPMENT	<b>43g</b>	623,656			
<b>h</b> G O T V	<b>43h</b>	35,195			
<b>i</b> INSURANCE	<b>43i</b>	3,555,345			
<b>j</b> LEAGUES AND TOURNAMENTS	<b>43j</b>	165,627			
<b>k</b> LOCAL FUND RETIRED MEMBERS	<b>43k</b>	3,144,941			
<b>l</b> MAINTENANCE - BLDG SUPPLIES	<b>43l</b>	293,549			
<b>m</b> MEDIA PURCHASED	<b>43m</b>	34,006			
<b>n</b> MEMBERSHIP FEES	<b>43n</b>	196,355			
<b>o</b> MEMORIALS AND FLOWERS	<b>43o</b>	16,067			
<b>p</b> MOVING	<b>43p</b>	17,876			
<b>q</b> NEW WIRE SERVICE	<b>43q</b>	9,771			
<b>r</b> PER CAPITA TAXES	<b>43r</b>	4,943,384			
<b>s</b> REGISTRATIONS	<b>43s</b>	74,553			
<b>t</b> RESALE - SUPPLIES	<b>43t</b>	83,623			
<b>u</b> SERVICES	<b>43u</b>	6,020,088			
<b>v</b> SERVICING SUBSIDY	<b>43v</b>	31,555,158			
<b>w</b> SPECIAL ACTIVITIES	<b>43w</b>	1,469,304			
<b>x</b> SPECIAL ORGANIZING	<b>43x</b>	6,931,114			
<b>y</b> STRIKE BENEFITS	<b>43y</b>	17,582,588			
<b>z</b> SUMMER, FALL & WINTER SCHOOL	<b>43z</b>	494,159			
<b>aa</b> TAXES	<b>43aa</b>	1,624,858			
<b>ab</b> UTILITIES	<b>43ab</b>	1,475,404			
<b>ac</b> VERBATIM MINUTES & TRANSCRIPT	<b>43ac</b>	32,990			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
RONALD GETTELFINGER 8000 E JEFFERSON DETROIT, MI 48214	PRESIDENT 52 00	145,125	29,009	13,405
ELIZABETH BUNN 8000 E JEFFERSON DETROIT, MI 48214	SEC-TREASURE 52 00	134,690	27,804	15,168
JOSEPH ASHTON REGION 9 35 GEORGE KARL BLVD AMHERST, NY 14221	REGIONAL DIR 52 00	115,183	26,493	24,742
GERALD BANTOM 8000 E JEFFERSON DETROIT, MI 48214	V-P PAST 52 00	112,406	26,585	8,126
GARY CASTEEL REGION 8 151 MADDOX-SIMPSON PARKWAY LEBANON, TN 370905345	REGIONAL DIR 52 00	119,583	26,924	19,990
MAURICE DAVISON REGION 3 5850 FORTUNE CIRCLE W INDIANAPOLIS, IN 46241	REGIONAL DIR 52 00	115,033	26,493	20,515
RORY GAMBLE REGION 1A 9650 S TELEGRAPH TAYLOR, MI 48180	REGIONAL DIR 52 00	82,024	24,028	8,711
NATHANIEL GOODEN 8000 E JEFFERSON DETROIT, MI 48214	V-P PAST 52 00	120,154	26,762	7,256
GENERAL HOLIEFIELD 8000 E JEFFERSON DETROIT, MI 48214	VICE PRESIDE 52 00	125,699	26,865	13,742
ROBERT KING 8000 E JEFFERSON DETROIT, MI 48214	VICE PRESIDE 52 00	130,468	28,250	13,827

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
ROBERT MADORE REGION 9A 111 SOUTH ROAD FARMINGTON,CT 060322560	REGIONAL DIR 52 00	115,258	26,838	32,667
LLOYD MAHAFFEY REGION 2B 1691 WOODLANDS DR MAUMEE,OH 43537	REGIONAL DIR 52 00	119,358	27,142	14,946
GERALDINE OCHOCINSKA REGION 9 35 GEORGE KARL BLVD SUITE 100 AMHERST,NY 14221	REG DIR PAST 52 00	98,638	25,351	7,059
DONALD OETMAN REGION 1D 3300 LEONARD NE GRAND RAPIDS,MI 495253363	REGIONAL DIR 52 00	119,658	27,142	33,996
JOSEPH PETERS REGION 1 27800 GEORGE MERRELLIE DR WARREN,MI 48092	REGIONAL DIR 52 00	119,508	26,783	12,213
CALVIN RAPSON 8000 E JEFFERSON DETROIT,MI 48214	VICE PRESIDE 52 00	130,468	27,925	14,949
ROBERT ROTH REGION 1C 1940 WEST ATHERTON ROAD FLINT,MI 48507	REG DIR PAST 52 00	110,208	25,839	10,282
JAMES SETTLES 8000 E JEFFERSON DETROIT,MI 48214	VICE PRESIDE 52 00	125,624	27,201	14,754
RICHARD SHOEMAKER 8000 E JEFFERSON DETROIT,MI 48214	V-P PAST 52 00	120,154	27,036	7,327
TERRY THURMAN 8000 E JEFFERSON DETROIT,MI 48214	VICE PRESIDE 52 00	125,774	28,842	17,986

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JAMES WELLS REGION 5 721 DUNN ROAD HAZELWOOD, MO 63042	REGIONAL DIR 52 00	119,658	27,353	20,200
PHILIP WHEELER REGION 9A 111 SOUTH ROAD FARMINGTON, CT 060322560	REG DIR PAST 52 00	110,283	2,635	14,049
DENNIS WILLIAMS REGION 4 680 BARCLAY BLVD LINCOLNSHIRE, IL 60069	REGIONAL DIR 52 00	119,658	26,471	18,011
DUANE ZUCKSCHWERDT REGION 1C 1940 WEST ATHERTON FLINT, MI 48507	REGIONAL DIR 52 00	115,033	26,838	1,486
FELIPE SANCHEZ 721 GLENCREEK DR TRACY, CA 95376	TRUSTEE 0 01	3,785	0	756
MICHAEL WATIER 626 WALNUT STREET LOCKPORT, NY 14094	TRUSTEE 0 01	3,785	0	1,206
DANIEL NORRIS 393 VICTORIAN COURT BELLEVILLE, MI 48111	TRUSTEE 0 01	3,151	0	460

**Form 990, Part V-B - Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits:**

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-.	(D) Contributions to employee benefit plans and deferred compensation plans	Expense account and other allowances
GEORGE ANDROS 1312 STATE STREET SAGINAW, MI 48602	0	400	0	745
GERALD BANTOM 27190 WINTERSET CIR FARMINGTON HILLS, MI 48334	0	2,402	0	381
OWEN BIEBER 901 AMBER RIDGE DR SW BYRON CENTER, MI 493159796	0	400	0	890
RUBEN BURKS 1521 WILDWOOD CT FLINT, MI 48532	0	400	0	124
WARREN DAVIS 24710 ELECTRIC DR BAY VILLAGE, OH 44140	0	0	0	890
CAROLYN FORREST 1984 DARBY PLACE THE VILLAGES, FL 32162	0	400	0	148
THOMAS FRICANO 118 WOODCREST LANE EATONTON, GA 31024	0	400	0	0
NATHANIEL GOODEN 19520 AFTON DETROIT, MI 48234	0	2,402	0	89
PAUL KORMAN 1446 WHITE OAK LANE WOODSTOCK, IL 60098	0	0	0	890
BOB LENT 6622 CROSSCREEK DR WASHINGTON TWP, MI 48094	0	0	0	890
ERNIE LOFTON 5269 SIMPSON LAKE RD W BLOOMFIELD, MI 48232	0	0	0	124
GERALDINE OCHOCINSKA 175 ROBIN HILL AMHERST, NY 14221	0	2,284	0	716
ROBERT ROTH 122 CHOCTOW TRAIL PRUDENVILLE, MI 48651	0	0	0	515
JACK SIZEMORE 6531 BLACK DIAMOND LAMBERTVILLE, MI 48144	0	400	0	890
RICHARD SHOEMAKER 22546 ALEXANDER ST CLAIR SHORES, MI 480812062	0	2,402	0	381
KENNETH TERRY 22494 ALEXANDER ST CLAIR SHORES, MI 480812062	0	2,968	0	1,030
BOBBY LEE THOMPSON 582 BOCA CIEGA PT N BLVD 2207 ST PETERSBURG, FL 33708	0	0	0	890
PHIL WHEELER MIDDLE HADDAM RD BOX 132 MIDDLE HADDAM, CT 06456	0	2,284	0	663
ROY WYSE 608 S THORNTON ST RICHMOND, MO 64085	0	0	0	124

Form **4562**

Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2006**

Attachment Sequence No **67**

Name(s) shown on return INTERNATIONAL UNION-UAW	Business or activity to which this form relates  INDIRECT DEPRECIATION	Identifying number  38-0679801
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$ 108,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$ 430,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8		
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . . . . .	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	1,725,785

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	174,776
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .▶		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28 . . . . .	21	24,862
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	1,925,423
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
See Additional Data Table		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	24,862	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2006 tax year (see instructions)					
43 A mortization of costs that began before your 2006 tax year				43	36,545
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	36,545



Additional Data

Software ID:  
Software Version:  
EIN: 38-0679801  
Name: INTERNATIONAL UNION-UAW

Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use (see page 8 of the instructions):

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
2003 CLUB CAR TRANSP	2002-11-21	100 00 %	9,535	9,535	5 0	S/L-S/L	1,907	
THINK VEHICLE 20- 956	2002-10-15	100 00 %	6,464	4,525	5 0	200 DB-MQ	496	
THINK VEHICLE 20- 955	2002-10-15	100 00 %	6,464	6,464	5 0	S/L-S/L	1,292	
2003 FORD RANGER PIC	2004-06-30	100 00 %	8,703	8,703	5 0	S/L-S/L	290	
1995 FORD VAN	2005-05-26	100 00 %	2,456	2,456	5 0	200 DB-HY	786	
1998 FORD PICK UP TR	2005-04-28	100 00 %	7,353	7,353	5 0	200 DB-HY	2,353	
1998 PICK UP TRUCK	2005-08-03	100 00 %	4,043	4,043	5 0	S/L-S/L	809	
1995 PONTIAC STATION	2002-07-26	100 00 %	6,302	6,302	5 0	S/L-S/L	1,261	
1997 CHEVY PICK UP	2002-07-26	100 00 %	4,531	4,531	5 0	S/L-S/L	906	
1999 CHEVY PICK-UP	2002-07-26	100 00 %	6,286	6,286	5 0	S/L-S/L	1,257	
2005 GMC YUKON	2005-07-25	100 00 %	42,202	42,202	5 0	200 DB-HY	13,505	

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2006 Gain/Loss from Sale of Other Assets Schedule**

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total ( net )	Accumulated Depreciation
2003 FORD RANGER PICK UP	2004-06	PURCHASE	2006-03		12,574	8,703		6,772	2,901

## TY 2006 Gain/Loss from Sale of Public Securities Schedule

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

**Gross Sales Price:** 85,851

**Basis:** 71,200

**Sales Expenses:**

**Total (net):** 14,651

**TY 2006 General Explanation Attachment****Name:** INTERNATIONAL UNION-UAW**EIN:** 38-0679801

Identifier	Return Reference	Explanation
GENERAL RETURN INFORMATION		SEE ADDITIONAL FORMS INTERNATIONAL UNION, UNITED AUTOM IMPLEMENT WORKERS OF AMERICA 2006 FORM 990T EIN 38-0679801 UNION BUILDING CORPORATION 2006 FORM 990 EIN 38-6111612 UNION BUILDING CORPORATION 2006 FORM 990T EIN 38-6111612 PAT GREATHOUSE EDUCATION CENTER EIN 36-2138521 FORM 990 FOR 2006 NOT FILED, NO A

Identifier	Return Reference	Explanation
GENERAL ELECTIONS		

TY 2006 Land etc. Schedule

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND EQUIPMENT	33,154,326	30,750,960	2,403,366

## TY 2006 Officer Compensation Schedule

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

SEE ATTACHED SCH PART V-A

	Compensation	EE Benefit Plans	Expense Acct
Program Services	2,860,371		
Mgmt & General			
Fundraising			

TY 2006 Officer Compensation Schedule

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

SEE ATTACHED SCH PART V-B

	Compensation	EE Benefit Plans	Expense Acct
Program Services	17,142		
Mgmt & General			
Fundraising			



**TY 2006 Other Changes in Net Assets Schedule****Name:** INTERNATIONAL UNION-UAW**EIN:** 38-0679801

Description	Amount
CURRENT SUBSIDIARIES LOSSES NOT ON 990 RETURN	-4,890,134
ITEMS REPORTED ON UBC 990 EIN 38-6111612	430,403
NON CASH TRANSACTIONS	
ACCOUNTS RECEIVABLE WRITTEN OFF	-59,000
INVENTORY ADJUSTMENT	-306,663
FURNITURE & EQUIPMENT EXPENSED	623,701
STOCKS WRITTEN OFF	-15,500
ROTATING FUND ADVANCE PREVIOUSLY EXPENSED	50,000

TY 2006 Other Expenses Included Schedule

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

Description	Amount
AMOUNTS REPORTED ON UBC 990 EIN38-6111612	221,447
INTER COMPANY PAYABLE NOT ON 990	150,887

**TY 2006 Other Expenses  
Not Included Schedule**

**Name:** INTERNATIONAL UNION-UAW

**EIN:** 38-0679801

Description	Amount
DEPRECIATION EXPENSE	1,961,957

**TY 2006 Other Liabilities Schedule****Name:** INTERNATIONAL UNION-UAW**EIN:** 38-0679801

Description	Beginning of Year Amount	End of Year Amount
PAYROLL DEDUCTIONS	191,659	140,905
LOANS PAYABLE	1,217,700	905,000
VEBA PAYABLE		32,248,405
LOCAL UNION REBATES PAYABLE		170,149

**TY 2006 Other Notes/Loans**  
**Receivable Short Schedule**

**Name:** INTERNATIONAL UNION-UAW  
**EIN:** 38-0679801

Category / Name	Amount
NOTES RECEIVABLE	3,311,727

**TY 2006 Other Revenues Included Schedule****Name:** INTERNATIONAL UNION-UAW**EIN:** 38-0679801

Description	Amount
INCOME REPORTED ON UBC 990 EIN38-6111612	77,705
SUBSIDIARY LOSSES	-4,890,134
INTER COMPANY RECEIVABLE NOT ON 990	150,887