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DLN: 93493162002080

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-20	009	_	
B Ch	eck ıf a	pplicable	Please	C Name of organization INTERNATIONAL UNION - UAW			D Employer	identification number
☐ Ad	dress ch	ange	use IRS label or	Doing Business As			38-0679 E Telephone	
∏ Na	me cha	nge	print or type. See	Doing business As			·	
┌ Ind	tıal retu	rn	Specific	Number and street (or P O box	r if mail is not delivered to street add	Iress) Room/	(313) 92 suite	
Г Те	mınate	d	Instruc- tions.	8000 E JEFFERSON AVENUE			G Gross recei	pts \$ 167,735,974
┌ Am	ended	return		City or town, state or country,	and ZIP + 4			
☐ Ap	plication	pending		DETROIT, MI 482143963				
		,	F Nan	L ne and address of principal o	fficer	11/-> 1		•
				BETH BUNN	micei		is this a group ret affiliates?	TYes ▼ No
				EJEFFERSON IT,MI 48214				· _ · _
			DETRO	11,11 40214		' '	Are all affiliates incl	
	x-exem	pt status	▼ 501(c)) (5) 4 (insert no))(1) or		if "No," attach a li Group exemption	ist (see instructions)
	ebsite					H(c)	Group exemption	Humber F
						<u> </u>		_
				tion Trust Association 🔽 Oth	ner⊫ LABOR ORG	L Year	of formation 1941	M State of legal domicile MI
Pa	rt I		mary	e organization's mission or r				
Governance		COMM	UNITY ACT ERY OF BEI DINATE O	TION, ADMINISTRATION (NEFITS TO MEMBERS, FRA	UCATION, COMMUNICATIO OF THE ORGANIZATION, MA TERNAL AND SOCIAL ACTI ATED ACTIVITIES WHICH F	VITTENAN VITTES, SU	CE OF ITS PROP JPPORT OF UNA	ERTIES AND ASSETS, FFILIATED AND/OR
<u> </u>								
26	2	Check	this box 🛏	f the organization disconti	nued its operations or dispose	ed of more t	han 25% of its ne	et assets
Activities	3	Numbe	r of voting r	members of the governing bo	dy (Part VI, line 1a)			317
Ĕ	4	Numbe	r of ındepen	ident voting members of the	governing body (Part VI, line	1b)		40
হূ	5	Total n	umber of en	nployees (Part V , line 2a)				52,071
	1			olunteers (estimate if necess				6
					art VIII, column (C), line 12			7a 0
	b	Net unr	elated busi	ness taxable income from Fo	orm 990-T, line 34	1		7b
							Prior Year	Current Year
<u>a</u>	8			d grants (Part VIII, line 1h)		•	155 556 405	0
Rayenue	9 10	-		revenue (Part VIII, line 2g)		•	155,556,495 36,238,431	
Æ	11			ne (Part VIII, column (A), lines 3, 4, and 7d)			19,634,372	
	12		•	, , , ,	equal Part VIII, column (A), I	ıne 一	19,034,372	10,104,420
							211,429,298	167,735,974
	13	Grants	and simila	ar amounts paid (Part IX, col	umn (A), lines 1-3)			0
	14	Benefi	ts paid to o	or for members (Part IX, colu	mn (A), line 4)		43,568,300	19,956,830
SS.	15	Saları 10)	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5 5 -	121,673,553	126,431,842
Expenses	16a	•	sional fund	raising fees (Part IX, columi			0	
⊕	ь			enses (Part IX, column (D), line 25				
Ð	17			enses (Part IX, column (D), line 25 (Part IX, column (A), lines 1	` <u>.</u>	103,106,349	95,071,423	
	18				ll Part IX, column (A), line 25)		268,348,202	
	19				n line 12		-56,918,904	<u> </u>
<u>~~</u>						Beai	nning of Current	
) ရောင် (၁၈)							Year	End of Year
25. E. B.	20			rt X, line 16)			1,047,921,700	968,923,159
Not Assets or Fund Balances	21		•	Part X, line 26)			5,628,404	
	22			d balances Subtract line 21	from line 20		1,042,293,296	963,460,247
Pa	rt II	_	ature Blo					
Sigr Her		**** Sign	*** ature of office	correct, and complete Declaration	ned this return, including accompanyi of preparer (other than officer) is ba	sed on all info		
			ABETH BUNN e or print nam	SECRETARY-TREASURER tie and title				
		 	<u>.</u>		Data	Check if	Dronnerde	antifung pumbar
Paid Prep	arer's	Preparer signatur	e JAMES	C JOHNSON	Date 2010-06-11	self- empolyed	(see instruction	entifying number ons)
Use		ıf self-employed),						
·		address,	and ZIP + 4	26076 WOODWARD AVE	Phone no 🕨	(248) 398-4040		
				ROYAL OAK, MI 480670918				
мау	tne IR	5 discus	ss this retu	rn with the preparer shown a	bove? (see instructions) .			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

2	Did the organization unde the prior Form 990 or 99	rtake any significant program 0-EZ?	services during the year w	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on Schedule O			
3	Did the organization ceasservices?	e conducting, or make signific	ant changes in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedule O			
4	Section 501(c)(3) and 50	pose achievements for each of O1(c)(4) organizations and sec total expenses, and revenue,	tion 4947(a)(1) trusts are	e required to report the amo	•
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	ORGANIZATION, MAINTENANG	EETINGS, EDUCATION, COMMUNICATI CE OF ITS PROPERTIES AND ASSETS, RDINATE ORGANIZATIONS AND RELAT	DELIVERY OF BENEFITS TO MEM	IBERS, FRATERNAL AND SOCIAL A	CTIVITIES, SUPPORT OF
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	, (C.)	\) (D +	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedule O)			
	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service e	xpenses ⊁ \$			

Part IV	Checklist	of Red	uired	Sche	dules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

art V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3,213			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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)?	4a	Yes	
Ь	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

DETROIT, MI 48214 (313) 926-5053

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

<u> </u>	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 17					
b	Enter the number of voting members that are independent 1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. з		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Νο		
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο		
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		Νo		
14	Does the organization have a written document retention and destruction policy?	14		Νo		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		Νo		
b	Other officers or key employees of the organization	15b		Νo		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?					
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of t KIM GEROMIN CHFACT 8000 E JEFFERSON	he orga	nızatıor	n ►		

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	▶-	3,533,872	698,400

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►524

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual				
	on time 1a* 11 Yes, comprete schedule 310r Such matvidual	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MESSAGE AND MEDIA 100 ALBANY STREET NEW BRUNSWICK, NJ 08901	ADVERTING SERV	2,979,560
SWEET CONSTRUCTION CORPORATION 5 HANOVER SQUARE NEW YORK, NY 10004	OFFC RENOVATION	1,010,891
GRAND VIEW CONSTRUCTION INC 2465 23 MILE RD SHELBY TWP, MI 48316	PARKING LOT	894,739
MACKCROUNSE GROUP LLC 2001 N BEAUREGARD STREET ALEXANDRIA, VA 22311	MEDIA SERVICES	858,144
KLIMIST MCKNIGHT SALE MCCLOW & CANZANO PC 400 GALLERIA OFFICENTER SOUTHFIELD, MI 480348460	LEGAL SERVICES	785,862
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►44) who received more than	

Page 8

Form 99	•	<u> </u>						Page 9
Part v		Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats Ste	1a	Federated cam	paigns 1a					
亞吉	ь	Membership du	es 1b					
ું.લ	c	Fundraising eve	ents 1 c					
Contributions, gifts, grants and other similar amounts	d	Related organiz	zations 1d					
<u>∞ E</u>	e	Government grants	s (contributions) 1e					
흔	f	All other contribution	ons, gifts, grants, and 1f					İ
<u>\$</u>	g		butions included in					
븉귤								
ပိုင်္ခ	h	Total. Add lines	s 1a-1f	· · · •				
<u> </u>				Business Code				
Program Service Revenue	2a	PER CAPITA TAXES	<u> </u>	900,099	121,683,892	121,683,892		
Es S	ь	INITIATION FEES		900,099	20,417	20,417		
9	c	CHARTER FEES		900,099	60	60		
er E	d		_					
ر د	e		_					
⊕ E	f	All other progra	am service revenue					
£	g	Total Add lines	s 2a-2f	b -	121,704,369			
	3		ome (including dividen		121,701,303			
			aramounts)	. F	27,783,191			27,783,191
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u></u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	63,988					
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses	62,000					
	c	Gain or (loss)	63,988	<u> </u>	63,988	63,988		
	d 8a		rom fundraising		03,900	03,900		
<u>Φ</u>	"	events (not inc	_					
Other Revenue		\$	 s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а					
Ě	Ь		penses b					
0	С		(loss) from fundraising	events P				
	9a	Gross income f See Part IV, lin	rom gaming activities					
		,	а					
	ь		penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	с	Net income or ((loss) from sales of inv	entory 🗠				
		Miscellaneous	s Revenue	Business Code				
	11a	RETIREES VO	LUNTARY FEES	900,099	9,996,302	9,996,302		
	ь	ROYALTIES		900,099	1,907,009			1,907,009
	С	ADMINISTRAT	TIVE FEES	900,099	1,324,926	1,324,926		
	d	All other reven			4,956,189	4,956,189		
	e	Total. Add lines	s 11a-11d		18,184,426			
	12	Total revenue.	See Instructions .	▶[167,735,974	138,045,774		29,690,200

	990 (2009)				Page 10		
Part IX Statement of Functional Expenses							
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mull other organizations must complete column (A) but are not required to			(D).			
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members	19,956,830					
5	Compensation of current officers, directors, trustees, and key employees	2,652,040					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	72,690,594					
8	Pension plan contributions (include section 401(k) and section				-		
	403(b) employer contributions)	6,640,734					
9	Other employee benefits	38,377,933					
10	Payroll taxes	6,070,541					
11	Fees for services (non-employees)						
а	Management						
b	Legal	4,472,477					
c	Accounting						
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	2,427,890					
g	Other	12,247,263					
12	Advertising and promotion	1,364,247					
13	Office expenses	603,261			_		
14	Information technology	783,230					
15	Royalties						
16	Occupancy	2,016,527					
17	Travel	8,023,278					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	7,209,972					
20	Interest	308,330					
21	Payments to affiliates	4,030,627					
22	Depreciation, depletion, and amortization	1,624,534					
23	Insurance	3,498,677					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	SERVICING SUBSIDY	25,015,087					
ь	SPECIAL ORGANIZING	4,111,267					
c	LOCAL FUND RETIRED MEMBER	3,152,855					
d	UTILITIES	2,619,145			_		
e	POSTAGE	2,287,439			_		
f	All other expenses	9,275,317			-		
25	Total functional expenses. Add lines 1 through 24f	241,460,095		0	0		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				<u> </u>		
	campaign and fundraising solicitation		I				

Pa	rt X	Balance Sheet									
					(A)		(B)				
	Ι.				Beginning of year		End of year				
	1	Cash—non-interest-bearing	4,456,577	1	2,349,026						
	2	Savings and temporary cash investments		2							
	3	Pledges and grants receivable, net	•			3					
	4	Accounts receivable, net			4,989,317	4	3,653,859				
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	ables from current and former officers, directors, trustees, key employees, and compensated employees Complete Part II of								
		Schedule L				5					
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and							
		Schedule L		6							
ssets	7	Notes and loans receivable, net			1,924,358	7	1,759,329				
8	8	Inventories for sale or use			720,653	8	651,106				
⋖	9	Prepaid expenses and deferred charges				9					
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	39,002,740							
	Ь	Less accumulated depreciation	10b	35,177,244	4,359,686	10c	3,825,496				
	11	Investments—publicly traded securities			1,031,471,109	11	956,684,343				
	12	Investments—other securities See Part IV, line 11				12					
	13	Investments—program-related See Part IV, line 11				13					
	14	Intangible assets				14					
	15	Other assets See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,047,921,700	16	968,923,159				
	17	Accounts payable and accrued expenses .			1,981,752	17	2,689,799				
	18	Grants payable				18					
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities				20					
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,								
Lia		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties	5.			23					
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			3,646,652	25	2,773,113				
	26	Total liabilities. Add lines 17 through 25			5,628,404	26	5,462,912				
-5		Organizations that follow SFAS 117, check here ▶ ☐ and com	plete	lines 27							
-		through 29, and lines 33 and 34.									
an	27	Unrestricted net assets			27						
8	28	Temporarily restricted net assets			28						
Ξ	29	Permanently restricted net assets				29					
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ 🔽 a	nd con	nplet e							
JO.		lines 30 through 34.									
	30	Capital stock or trust principal, or current funds				30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other f	unds		1,042,293,296		963,460,247				
Net	33	Total net assets or fund balances			1,042,293,296		963,460,247				
I	34	Total liabilities and net assets/fund balances			1,047,921,700	34	968,923,159				

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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DLN: 93493162002080

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
INTERNATIONAL UNION - UAW

Employer identification number
38-0679801

	Outputions Maintaining Days A	duined Funda es (Othor Cimilar F		0679801	- Cample	مطاعر ما
art I	Organizations Maintaining Donor Agorganization answered "Yes" to Form 99	0, Part IV, line 6.		unas (or Accounts	s. Comple	te ir the
		(a) Donor adv	rised funds	(b) Funds and	other accou	nts
	number at end of year						
	gate contributions to (during year)						
	gate grants from (during year)						
	gate value at end of year						
	ne organization inform all donors and donor advi are the organization's property, subject to the	_		or advı	sed	☐ Yes	▽ No
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ber rring impermissible private benefit					☐ Yes	ן No
	Conservation Easements. Complete	ıf the organization	answered "Yes" t	o Form	n 990, Part I	V, line 7.	
Г Р Г Р	ese(s) of conservation easements held by the or reservation of land for public use (e g , recreat rotection of natural habitat reservation of open space	· _	that apply) Preservation of an Preservation of a		•	•	a
•	olete lines 2a–2d if the organization held a qual ment on the last day of the tax year	ıfıed conservatıon con	tribution in the form	of a co	onservation		
					Held at the	e End of the	Year
Total	number of conservation easements			2a			
Total	acreage restricted by conservation easements	3		2b			
Numb	er of conservation easements on a certified his	storic structure includ	ed ın (a)	2c			
Numb	er of conservation easements included in (c) a	cquired after 8/17/06		2d			
	er of conservation easements modified, transfe ixable year 🛌	erred, released, exting	uished, or terminate	d by th	ie organization	during	
Numb	er of states where property subject to conserv	ation easement is loca	ted Ի				
	the organization have a written policy regarding cement of the conservation easements it holds		ng, inspection, hand	dling of	violations, an	d ┌ Yes	▼ No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing	conservation easem	nents di	uring the year	-	
A mou	int of expenses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	s during	g the year ► \$		
	each conservation easement reported on line 2 n)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	tion		☐ Yes	▽ No
balan	rt XIV, describe how the organization reports c ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easer	the footnote to the org					
rt III	Organizations Maintaining Collection Complete of the organization answered			or Otl	her Similar	Assets.	
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fir	for public exhibition,	education or resear	ch in fu			€,
histor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for de the following amounts relating to these items	public exhibition, educ				•	
(i) _{Re}	evenues included in Form 990, Part VIII, line 1				► \$		
	ssets included in Form 990, Part X						
Ifthe	ssets included in Form 990, Part X organization received or held works of art, hist ring amounts required to be reported under SFA			or finan			
	nues included in Form 990, Part VIII, line 1				b - ⊄		
Kevel	nues meruueu mir omi 550, rait viii, mie 1				F ⊅		

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Ti</u>	reasu	ires, or C	the	r Similar <i>I</i>	Asset	S (cc	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that ar	e a significa	ant u	se of its colle	ection		
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams				
ь	Scholarly research		e	\sqcap	O the	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	, furth	artha (organization	1'c av	emnt nurnos	e in		
-	Part XIV									e III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Гγ	A C	✓ No
Par	t IV Escrow and Custodial Arrang								es" to Form			, 110
	Part IV, line 9, or reported an an						ii answere	u 1	C5 (0 10111	. ,,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	edıary	for c	ontribu	utions	or other ass	etsı	not	┌	es	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
										A moun	t	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e		_		
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_				es	√ No
ь	If "Yes," explain the arrangement in Part XIV	,										
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990,	Par	t IV, line 10).		
	•	(a)Current Year	(b)	Prior `	⁄ear	(c)Tw	o Years Back	(d)	Three Years Bac	k (e) F	our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as					'				
а	Board designated or quasi-endowment	%										
ь	Permanent endowment - %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are hel	d and a	administere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									a(i)		Νο
	(ii) related organizations							•	🔼	a(ii)		No
	If "Yes" to 3a(II), are the related organizatio							•		3b		No
4	Describe in Part XIV the intended uses of th					100 D	aut V luaa	10				
Раг	t VI Investments—Land, Buildings	s, and Equipme	nt. 5							. 1		
	Description of investment				Cost or s (inves		(b)Cost or o basis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1 a l	and						3,35	6,712				3,356,712
_	Buildings				· · · · · · · · · · · · · · · · · · ·							
b E												
	easehold improvements											
c l	Leasehold improvements	 										
c l	,	 					35,640	5,028	35,177	,244		468,784

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	d of valuation f-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	f-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	<u> </u> e 15.	
(a) Descrip		(b) Book value
Total (Column (h) should say at Form 2000 Part V1 (R) I	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
VEBA PAYABLE	1,301,261	
LOANS PAYABLE	700,000	
TROUBLED WORKERS PAYROLL DEDUCTIONS	639,446 132,406	
LOCAL UNION REBATES PAYABLE	132,400	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,773,113	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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Nam	e ot	t he	orga	nıza	at ioi
NTER	(TAN	ONAL	LUNIO	ON -	UAW

Employer identification number

38-0679801

Ра	Questions Regarding Compensation				
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the followage 990, Part VII, Section A, line 1a Complete Part III to provide any relevant				
	First-class or charter travel Housing allo	wance or residence for personal use			
	Travel for companions Payments fo	r business use of personal residence			
		cial club dues or initiation fees			
	Discretionary spending account Personal ser	vices (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a wr reimbursement orprovision of all the expenses described above? If "No,"		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowin officers, directors, trustees, and the CEO/Executive Director, regarding t		2	Yes	
3	Indicate which, if any, of the following the organization uses to establish to organization's CEO/Executive Director Check all that apply	he compensation of the			
		oyment contract			
		on survey or study			
	Form 990 of other organizations Approval by	the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A , I or a related organization	ne 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retir	ement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation a	rrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	imounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organ compensation contingent on the revenues of	ization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organ compensation contingent on the net earnings of	ızatıon pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organ payments not described in lines 5 and 6? If "Yes," describe in Part III	nization provide any non-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursusubject to the initial contract exception described in Regs section 53 49 in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumpt section 53 4958-6(c)?	cion procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 38-0679801

Name: INTERNATIONAL UNION - UAW

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
DONALD OETMAN	(I) (II)	147,354			7,815	21,279	176,448		
GARY CASTEEL	(I) (II)	145,859			7,815	21,279	174,953		
MAURICE DAVISON	(ı) (ıı)	145,312			7,815	21,279	174,406		
JOSEPH PETERS	(i) (ii)	145,244			7,815	21,279	174,338		
JOSEPH ASHTON	(I) (II)	144,078			7,815	21,279	173,172		
JAMES WELLS	(i) (ii)	143,406			7,815	21,279	172,500		
ROBERT MADORE	(i) (ii)	143,027			7,815	21,279	172,121		
DUANE ZUCKSCHWERDT	(I) (II)	142,849			7,815	21,279	171,943		
RORY GAMBLE	(i) (ii)	142,808			7,815	21,279	171,902		
DENNIS WILLIAMS	(i) (ii)	142,556			7,815	21,279	171,650		
KENNETH LORTZ	(ı) (ıı)	141,414			7,593	21,279	170,286		
RONALD GETTELFINGER	(I) (II)	171,557			9,465	21,279	202,301		
ROBERT KING	(i) (ii)	160,791			8,821	21,279	190,891		
ELIZABETH BUNN	(i) (ii)	156,914			8,775	21,279	186,968		
CALVIN RAPSON	(I) (II)	155,855			8,505	21,279	185,639		
JAMES SETTLES	(i) (ii)	154,975			8,505	21,279	184,759		
GENERAL HOLIEFIELD	(ı) (ıı)	154,403			8,505	21,279	184,187		
MERRILL JAY WHITMAN	(I) (II)	199,424			11,057	21,279	231,760		
ARTHUR MINNIS	(I) (II)	174,960			9,519	21,279	205,758		
JERRY GRAY	(ı) (ıı)	172,532			9,398	21,279	203,209		
EDWARD ROBINSON	(ı) (ıı)	168,026			9,155	21,279	198,460		
JAMES WIDEMAN	(I) (II)	166,890			9,034	21,279	197,203		

DLN: 93493162002080

OMB No 1545-0047

Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization INTERNATIONAL UNION - UAW

Employer identification number

38-0679801

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b	

(c) Corrected? (a) Name of disqualified person (b) Description of transaction

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ${f 3}$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to (e) In Approved (g)Written (a) Name of interested person and or from the (c)Original default? by board or agreement? (d)Balance due organization? purpose principal amount committee? From Yes Yes No Τо Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested (c) A mount of person and the transaction		(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
STEVEN SPANGLER	FAMILY OF DIR	78,605	COMPENSATION		Νo	
TRACI SEELY	FAMILY OF DIR	67,953	COMPENSATION		Νo	
ANDREA WILLIAMS	FAMILY OF DIR	59,069	COMPENSATION		No	

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization INTERNATIONAL UNION - UAW

Employer identification number

38-0679801

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	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
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CANADA
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	UAW MEMBERSHIP IS GOVERNED BY THE UAW CONSTITUTION AND FEDERAL LABOR LAW AND IS FREELY AVAILABLE TO PERSONS WORKING IN BARGAINING UNITS FOR WHICH THE UAW HAS BEEN DESIGNATED AS THE EXCLUSIVE COLLECTIVE BARGAINING REPRESENTATIVE UNDER FEDERAL LABOR LAW
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	UAW MEMBERS ARE ENTITLED TO VOTE FOR VARIOUS ELECTED LEADERSHIP, IN ACCORDANCE WITH THE UAW CONSTITUTION AND FEDERAL LABOR LAW AS PERMITTED BY FEDERAL LABOR LAW, THE UAW ELECTS ITS LEADERSHIP THROUGH A CONVENTION AT WHICH ELECTED DELEGATES ELECT THE OFFICERS OF THE INTERNATIONAL UNION
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	UAW MEMBERS ARE ENTITLED TO VOTE ON A VARIETY OF SUBJECTS, INCLUDING AUTHORIZATION FOR STRIKE ACTIONS, RATIFICATION OF COLLECTIVE BARGAINING AGREEMENTS AND OTHER MATTERS IN ACCORDANCE WITH THE UAW CONSTITUTION AND FEDERAL LABOR LAW
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	THE CONSTITUTION OF THE INTERNATIONAL UNION UAW REGULATES THE LOCAL UNIONS ORGANIZED UNDER THE INTERNATIONAL
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FORM 990 WAS PREPARED UNDER THE SUPERVISION OF THE INTERNATIONAL SECRETARY-TREASURER WHO IS RESPONSIBLE FOR SUCH FILINGS UNDER THE TERMS OF THE UAW CONSTITUTION
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	IN ACCORDANCE WITH FEDERAL LABOR LAW, VARIOUS GOVERNING DOCUMENTS - INCLUDING THE UAW CONSTITUTION AND THE UAW ETHICAL PRACTICES CODE - ARE FREELY AVAILABLE TO UAW MEMBERS

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART VI, LINE 12A - ORGANIZATION'S CONFLICT OF INTEREST POLICY - THE ORGANIZATION FOLLOWS THE UAW ETHICAL PRACTICES CODE FORM 990, PART VI, LINE 15 - DETERMINATION OF COMPENSATION - THE ORGANIZATION'S OFFICER AND STAFF COMPENSATION IS SUBJECT TO REVIEW AND APPROVAL AT EACH CONSTITUTIONAL CONVENTION

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DLN: 93493162002080

OMB No 1545-0047 2009

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service Name of the organization INTERNATIONAL UNION - UAW

Employer identification number

38-0679801

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

UNION BUILDING CORPORATION 8000 E JEFFERSON

38-6111612

DETROIT, MI 48214

TITLE HOLD

ΜI

501

INTL UAW

INTERNATIONAL UNION-UAW

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

No

Yes

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	
		1

Part V Transactions With Related Organizations (Complete if the organization a	nswered "Yes" on Form 990, Part IV, line 34, 35, or 36.)
Note. Complete line 1 if any entity is listed in Parts II, III or IV	
$\textbf{1} During the tax year, did the orgranization engage in any of the following transactions with one or model model or model or model or \mathsf$	e related organizations listed in Parts II-IV?
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a
b Gift, grant, or capital contribution to other organization(s)	1b
c Gift, grant, or capital contribution from other organization(s)	1c
d Loans or loan guarantees to or for other organization(s)	1d
e Loans or loan guarantees by other organization(s)	1e
f Sale of assets to other organization(s)	1 f
g Purchase of assets from other organization(s)	19
h Exchange of assets	1h
i Lease of facilities, equipment, or other assets to other organization(s)	1i
j Lease of facilities, equipment, or other assets from other organization(s)	1j
k Performance of services or membership or fundraising solicitations for other organization(s)	1k
I Performance of services or membership or fundraising solicitations by other organization(s)	11
m Sharing of facilities, equipment, mailing lists, or other assets	1m
n Sharing of paid employees	1n

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	·	,	J	(b) Transaction type(a-r)	(c) Amount involved
(1) UNION BUILDING CORPORATION					R	284,929

Reimbursement paid to other organization for expenses

Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

(1) See Additional Data Table

(2)

(4)

(3)

(5)

(6)

		284

10

1р

1q

Yes

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493162002080

OMB No 1545-0172

Department of the Treasury

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number INTERNATIONAL UNION - UAW INDIRECT DEPRECIATION 38-0679801 **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. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 800.000 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 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 2008 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 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 1,463,591 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 135.055 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-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 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 1.624.534 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2009) Page 2 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? Yes No 24b If "Yes," is the evidence written? Yes No (c) (e) (i) (b) (d) (f) (h) (a) Business/ (g) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) basis Convention . deduction period cost use only) percentage 25Special depreciation allowance for qualified listed 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 25,888 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 (do not include commuting miles)	V e hi	-	V e h	cle 2	V e hic	-	Vehic	•	Vehic	-	V e hid	•
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	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?												
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	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	B 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	On 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 th vehicles, and retain the information received?	e	
41	L Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) $\cdot \cdot \cdot \cdot$		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		
Pā	art VI Amortization		
	(b) (e)		

Part VI Amortization							
(a) Description of costs	(b) Date amortization begins	(c) A mortizable amount	(d) Code section	(e) A mortizat period o percenta	r	(f) A mortization for this year	
42 A mortization of costs that be	egins during your 2	2009 tax year (see instructi	ions)				
43 A mortization of costs that be	4	3					
44 Total. Add amounts in colum	4	4					

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
1995 FORD VAN	2005-05-26	100 00 %	2,456	2,456	5 0	200 DB-HY	283	
1998 FORD PICK UP TR	2005-04-28	100 00 %	7,353	7,353	5 0	200 DB-HY	847	
1998 PICK UP TRUCK	2005-08-03	100 00 %	4,043	4,043	5 0	S/L-S/L	808	
2008 FORD ESCAPE HYB	2005-05-15	100 00 %	28,603	28,603	5 0	S/L-S/L	1,875	
2008 FORD ESCAPE HYB	2008-01-25	100 00 %	28,443	28,443	5 0	S/L-S/L	5,100	
2004 FORD VAN	2008-05-15	100 00 %	6,969	6,969	5 0	S/L-S/L	1,394	
1999 CHEVY PICK UP	2008-07-16	100 00 %	4,385	4,385	5 0	S/L-S/L	877	
2005 GMC YUKON	2005-07-25	100 00 %	42,202	42,202	5 0	200 DB-HY	4,862	
2002 FORD E-450 DIAM	2008-02-04	100 00 %	23,907	23,907	5 0	S/L-S/L	4,781	
2001 FORD E-450 THOM	2008-02-04	100 00 %	25,307	25,307	5 0	S/L-S/L	5,061	

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Department of the Treasury Internal Revenue Service

► Attach to your tax return.

2009

Attachment Sequence No 109

	e(s) shown on tax return	Ident	Identifying number			
INTI	ERNATIONAL UNION - UAW			38-0	679801	
Pa	rt I Information on the Like-Kind E	xchange				
	Note: If the property described on line 1 or line 2 is	real or personal property lo	cated outside the United S	itates, ındı	cate the country.	
1	Description of like-kind property given up GOLI	CARTS - 60 YAMAHA				
2	Description of like-kind property received RECI	EIVED IN TRADE FOR AS	SET 342			
3	Date like-kind property given up was originally ac	equired (month, day, year)		. 3	10-04-2001	
4	Date you actually transferred your property to ot	her party (month, day, year)	. 4	06-18-2009	
5	Date like-kind property you received was identific See instructions for 45-day written notice require	•	her party (month, day, y	ear) 5		
6	Date you actually received the like-kind property	from other party (month, d	ay, year) See instructio	ns 6		
	Was the exchange of the property given up or recast through an intermediary)? See instructions I rt II Related Party Exchange Inform	f "Yes," complete Part II I	f "No," go to Part III .	<u> </u>	. TYes V No	
Pa 8	rt II Related Party Exchange Inform Name of related party	nation	Relationship to you	Related p	arty's identifying number	
9	Address (no , street, and apt , room, or suite no , During this tax year (and before the date that is exchange), did the related party sell or dispose of	2 years after the last trans	fer of property that was			
	intermediary) in the exchange or transfer proper intermediary), that became your replacement pro	·	ly or indirectly (such as	_	n . 「Yes 「No	
10	During this tax year (and before the date that is exchange), did you sell or dispose of any part of	•		oart of the	. 「Yes 「No	
	If both lines 9 and 10 are "No" and this is the year of the exchange, stop here. If either line 9 or line 10 is from line 24 unless one of the exceptions on line 1.	"Yes," complete Part III and			•	
11	If one of the exceptions below applies to the disp	osition, check the applicab	le box			
ā	The disposition was after the death of either of	fthe related parties				
J	The disposition was an involuntary conversion	, and the threat of convers	on occurred after the ex	change		
	: Tyou can establish to the satisfaction of the IR	S that neither the exchange	nor the disposition had	tax avoid	ance as one of its	

principal purposes If this box is checked, attach an explanation (see instructions)

Name(s) shown on tax return Do not enter name and social security number if shown on other side

38 Basis of replacement property. Subtract line 37 from line 33

Your social security number

t IIII Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property	Received
Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other Reporting of multi-asset exchanges in the instructions.	(not like-kind) property, see
Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line	15.
Fair market value (FMV) of other property given up 12	
Adjusted basis of other property given up 13	
Gain or (loss) recognized on other property given up Subtract line 13 from line 12 Report the gain or (loss) in the same manner as if the exchange had been a sale	14
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.	
Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15
FMV of like-kind property you received	16
Add lines 15 and 16	17
Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18
Realized gain or (loss). Subtract line 18 from line 17	19
Enter the smaller of line 15 or line 19, but not less than zero	20
Ordinary income under recapture rules Enter here and on Form 4797, line 16 (see instructions)	21
Subtract line 21 from line 20 If zero or less, enter -0 - If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22
Recognized gain. Add lines 21 and 22	23
Deferred gain or (loss) Subtract line 23 from line 19. If a related party exchange, see instructions .	24
	25
only if the cost of the replacement property is more than the basis of the divested property. Enter the number from the upper right corner of your certificate of divestiture (Do not attach a copy of your certificate Keep the certificate with your records)	rements. This part can be used
Description of divested property -	
Description of replacement property	
Date divested property was sold (month, day, year)	29
Sales price of divested property (see instructions)	-
	32
	. 34
Ordinary income under recapture rules Enter here and on Form 4797, line 10 (see instructions)	35
Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36
	Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line Fair market value (EMV) of other property given up

Form 8824

Like-Kind Exchanges

(and section 1043 conf lict-of-interest sales)

DLN: 93493162002080

OMB No 1545-1190

2009

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Attachment Sequence No **109**

	e(s) shown on tax return ERNATIONAL UNION - UAW			10	dent	ifying number	
				3	8-06	579801	
a	rt I Information on the Like-K	Kind Exchange					
	Note: If the property described on line 1 or	line 2 is real or personal property lo	ocated outside the United	States,	ındıc	ate the country.	
	Description of like-kind property given up	GOLF CARTS - 15 BOYLAN					
	Description of like-kind property received	RECEIVED IN TRADE FOR AS	SET 344				
	Date like-kind property given up was origi	nally acquired (month, day, year)		. L	3 11-20-2001		
	Date you actually transferred your propert	ty to other party (month, day, year	r)		4	06-18-2009	
	Date like-kind property you received was See instructions for 45-day written notice	•	ther party (month, day, y	/ear)	5		
	Date you actually received the like-kind p	roperty from other party (month, o	day, year). See instruction	ons	6		
	Was the exchange of the property given u as through an intermediary)? See instruct	tions If "Yes," complete Part II I		ındırec	tly (s	such . Yes	F N
ĺ	t II Related Party Exchange In Name of related party	nformation	Relationship to you			ırty's ıdentıfyını	
	Address (no , street, and apt , room, or su	ite no , city or town, state, and ZI	P code)				
	During this tax year (and before the date exchange), did the related party sell or di intermediary) in the exchange or transfer intermediary), that became your replacen	spose of any part of the like-kind property into the exchange, direc	property received from	you (or	an	ì . ┌ Yes	ΓN
	During this tax year (and before the date exchange), did you sell or dispose of any	•		part of •	the •	. 「Yes	ΓN
	If both lines 9 and 10 are "No" and this is the exchange, stop here. If either line 9 or line from line 24 unless one of the exceptions or	ne 10 ıs "Yes," complete Part III and					•
	If one of the exceptions below applies to t	he disposition, check the applical	ble box				
а	The disposition was after the death of e	either of the related parties					
Ь	The disposition was an involuntary con	version, and the threat of convers	ion occurred after the ex	xchange	e		
c	You can establish to the satisfaction of	_	•	d tax av	oıda	ince as one of i	ts

Name(s) shown on tax return Do not enter name and social security number if shown on other side

Your social security number

Par	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property	Rec	eived
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other Reporting of multi-asset exchanges in the instructions.		
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line	15.	
12	Fair market value (FMV) of other property given up 12		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up Subtract line 13 from line 12 Report the gain or (loss) in the same manner as if the exchange had been a sale	14	
	the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	
16	FMV of like-kind property you received	16	
17	Add lines 15 and 16	17	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	
19	Realized gain or (loss). Subtract line 18 from line 17	19	
20	Enter the smaller of line 15 or line 19, but not less than zero	20	
21	Ordinary income under recapture rules Enter here and on Form 4797, line 16 (see instructions)	21	
22	Subtract line 21 from line 20 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss) Subtract line 23 from line 19 If a related party exchange, see instructions .	24	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	
Par	t IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales	•	
26	Note: This part is to be used only by officers or employees of the executive branch of the Federal Government Federal Government (including certain spouses, minor or dependent children, and trustees as described in sec nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirement only if the cost of the replacement property is more than the basis of the divested property. Enter the number from the upper right corner of your certificate of divestiture (Do not attach a copy of your certificate Keep the certificate with your records)	tıon 10	143) for reporting
27	Description of divested property 🟲		
28	Description of replacement property •		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property (see instructions)		
31	Basis of divested property		
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date of sale 33		
34 35	Subtract line 33 from line 30 If zero or less, enter -0	34	
36	Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	

Software ID: Software Version:

EIN: 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) A verage Position (check all hours that apply)							(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	t	hat a	pply		lo =	1	compensation from the	compensation from related	amount of other compensation	
	week	호를	lns			digit.		organization (W- 2/1099-MISC)	organizations (W- 2/1099-	from the organization and	
		individual t or director	##ut		天 (P) (B)	est o		2/1099-M13C)	MISC)	related	
		co lual	onal	Office) 흥	™ ŏ	Former			organizations	
		Individual trustee or director	Institutional Trustee	<u></u>	employee	pena	4				
		iri Tri	stee		۳.	Highest compensated employee					
DONALD OETMAN REGIONAL DIR	52 00	Х	<u> </u>				<u> </u>	147,354	0	29,094	
GARY CASTEEL	52 00	Х						145,859	0	29,094	
REGIONAL DIR MAURICE DAVISON								445.040		20.004	
REGIONAL DIR	52 00	Х						145,312	0	29,094	
JO SEPH PETERS REGIO NAL DIR	52 00	X						145,244	0	29,094	
JOSEPH ASHTON	52 00	Х						144,078	0	29,094	
REGIONAL DIR JAMES WELLS								·			
REGIONAL DIR	52 00	Х						143,406	0	29,094	
ROBERT MADORE REGIONAL DIR	52 00	Х						143,027	0	29,094	
DUANE ZUCKSCHWERDT REGIONAL DIR	52 00	Х						142,849	0	29,094	
RORY GAMBLE REGIONAL DIR	52 00	Х						142,808	0	29,094	
DENNIS WILLIAMS	52 00	Х						142,556	0	29,094	
REGIONAL DIR KENNETH LORTZ	32 00	^							Ç		
REGIONAL DIR	52 00	Х						141,414	0	28,872	
LLOYD MAHAFFEY REGIONAL DIR	52 00	Χ						103,929	0	27,142	
FELIPE SANCHEZ TRUSTEE		Χ						3,224	0	336	
MICHAEL WATIER TRUSTEE		X						3,224	0	1,227	
DANIEL NORRIS TRUSTEE		Х						1,795	0	0	
RONALD GETTELFINGER PRESIDENT	52 00			Х				171,557	0	30,744	
ROBERT KING VICE PRESIDE	52 00			Х				160,791	0	30,100	
ELIZABETH BUNN SEC-TREASURE	52 00			Х				156,914	0	30,054	
CALVIN RAPSON VICE PRESIDE	52 00			Х				155,855	0	29,784	
JAMES SETTLES VICE PRESIDE	52 00			Х				154,975	0	29,784	
GENERAL HOLIEFIELD VICE PRESIDE	52 00			X				154,403	0	29,784	
TERRY THURMAN VICE PRESIDE	52 00			X				1,466	0	15,075	
MERRILL JAY WHITMAN	52 00					X		199,424	0	32,336	
ARTHUR MINNIS	52 00					X		174,960	0	30,798	
JERRY GRAY	52 00					X		172,532	0	30,677	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Average Position (check				all		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
EDWARD ROBINSON	52 00					Х		168,026	0	30,434	
IAMES WIDEMAN	52 00					Х		166,890	0	30,31	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SERVICING SUBSIDY	25,015,087			
SPECIAL ORGANIZING	4,111,267			
LOCAL FUND RETIRED MEMBER	3,152,855			
UTILITIES	2,619,145			
POSTAGE	2,287,439			