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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

Open to Public Inspection

A	For the	2011 cale	ndar year, or tax year beginning	January 1	, 2011, and en	ding Dece	mber 31	, 20 11
В	Check if	applicable	C Name of organization International	I Union, UAW, Local 653			D Employ	er identification number
	Address	change	Doing Business As Labor Organi	zation				38-1119397
$\overline{\Box}$	Name ch	•	Number and street (or P O box if ma	il is not delivered to street addi	ress) Room	/suite	E Telepho	ne number
Ħ	Initial ret	-	670 E. Walton Blvd.					248-373-7774
\exists	Terminat		City or town, state or country, and ZII	P + 4				
Η			Pontiac, MI 48340				G Gross re	eceipts \$ 1.383.391
H	Amende		F Name and address of principal officer			14/03/10/15		for affiliates? Yes Vo
ш	Applicati	ion pending	Michael G. Warchuck, 670 E. Wal		240			
								ncluded? LYes No a list (see instructions)
<u>ب</u>		npt status	☐ 501(c)(3)	5) ◀ (insert no) ☐ 4947	(a)(1) or L 527			
<u></u>	Website				1			n number ▶
		organization		on ☐ Other ►	L Year of form	nation. 1939	M State	of legal domicile MI
F	art I	Summ	••••••••••••••••••••••••••••••••••		Ali dali			
	1		escribe the organization's mission					
ĕ	1		bargaining, meetings, education					
Activities & Governance	1		nization, maintenance of its prope	i	of benefits to re	presented mei	nbers, fra	iternal and social
E			which further the common interes					
Š	2		is box ▶☐ if the organization d	· · · · · · · · · · · · · · · · · · ·	-		า 25% of	its net assets.
<u>ح</u>	3		of voting members of the gover	• • •	•		3	18
es	4	Number	of independent voting members	s of the governing body	(Part VI, line 1	b)	4	16
Ϋ́	5	Total nur	nber of individuals employed in	calendar year 2011 (Pa	rt V, line 2a)		5	49
5	6	Total nur	nber of volunteers (estimate if n	ecessary)			6	97
•	7a	Total unr	elated business revenue from P	art VIII, column (C), line	12		7a	0
	b	Net unre	ated business taxable income f	rom Form 990-T, line 34	·		7b	0
			-			Prior Y	ear	Current Year
•	8	Contribu	tions and grants (Part VIII, line 1	h)			0	0
Revenue	9	Program	service revenue (Part VIII, line 2	?g)		,	1,093,238	1,202,566
Š	10	Investme	nt income (Part VIII, column (A)	, lines 3, 4, and 7d) .			215	29
ď	11		renue (Part VIII, column (A), lines	•			87,523	174,047
	12		enue—add lines 8 through 11 (m			,	1,181,192	1,376,642
	13		nd similar amounts paid (Part IX				5,000	0
	14		paid to or for members (Part IX,				0	0
s	15		other compensation, employee b		A), lines 5–10)		477,996	202,479
Expenses	16a		onal fundraising fees (Part IX, co				0	0
per	b		draising expenses (Part IX, colu			- T. C. D. C. S. C.	-St. me English	
ă	17		penses (Part IX, column (A), line			7.00 -40.00.00	912,212	1,073,350
	18		enses. Add lines 13-17 (must e		-line-25)		1,395,196	1,275,829
	19	•	less expenses. Subtract line 18		, <u>1</u> 0,		214,004	100,813
- S					70	Beginning of Ci		End of Year
ats of	20	Total ass	ets (Part X, line 16)		<u> </u>		2,872,820	2,945,331
ASS	21		ilities (Part X, line 26)	MAY 0 2 2012	. 131		103,636	51,086
Net Assets Fund Balanc	22		ts or fund balances. Subtract lin	ne 21 from line 20	[<u>R</u>]		2,769,184	2,894,245
_	art II		ture Block	OGDEN III		<u> </u>	-,, -,, -,,	
_			ry, I declare that I have examined this re		schedules and st	atements and to t	he best of r	my knowledge and belief it is
			ete Declaration of preparer (other than					, wiewiedge wie zellen, it is
_		N Q	ames C. Bailer	·				
Sig	gn	Sign	ature of officer		•		ite	
He	-	I J	ames C. Bailey	Financia	Secre	tary	41	26/2012
		<u> </u>	or print name and title	• • •	•			
_		Print/Ty	pe preparer's name	Preparer's signature		Date	Character	PTIN
Pa		_					Check self-em	
	epare	1	ame ▶			Eier	n's EIN ▶	
US	se Onl	у —	ddress ►				one no	
Ma	v the IF		s this return with the preparer s	hown above? (see instru	ictions)	Leik	,	Yes No
_			ction Act Notice, see the separat		•	t. No. 11282Y		Form 990 (2011)
					Ou.			

Form 99	0 (2011)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u>. </u>
1	Briefly describe the organization's mission: Promote social and economic justice through collective bargaining, meetings, education, communication, organizing new bargunits, community action, administration of the organization, maintenance of its property and assets, delivery of benefits to represented members, fraternal and social activities and related activities which further the common interests of the members	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A Collective bargaining and representation of 17,739 members.	·
4b	(Code:) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A N/A))
4c	(Code:) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A N/A)
4d	Other program services (Describe in Schedule O.) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)	
40	Total program comics expenses	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		İ	
	complete Schedule A	1	L	✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	/
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			1
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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	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	11b		1
С	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	11c	1	·
d	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>▼</u>
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			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 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		1
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	1
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):	; ;		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>y</i>
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		√
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		√
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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		✓
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	1	
			000	(0044)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	
		 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	ļ .	,	, X
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	\$ j	. W.	<u> </u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u> </u>	<u> </u>
•	reportable gaming (gambling) winnings to prize winners?	1c	3. 💎	- 1/2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ľ	5. Se 2.	
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 49	2b		منگلته_
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 (see instructions)	20	V	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2001-100 K	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	\$ · *	%	837
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	* 35		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	No deservit	2008
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7-	<u> </u>	32
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		% - 4.3	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1000	20.700
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Table 1	1	1 3 40
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	2	* .	Ž.
	organization, have excess business holdings at any time during the year?	8		/ tub.
9	Sponsoring organizations maintaining donor advised funds.	<u>L</u>	<u> </u>	
a	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		20 K.P.W.
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		2,000	
a b	Initiation fees and capital contributions included on Part VIII, line 12		1316 1318.	
11	Section 501(c)(12) organizations. Enter:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
''a	Gross income from members or shareholders	₩. / ;	3150	
b	Gross income from other sources (Do not net amounts due or paid to other sources	.0		
	against amounts due or received from them.)			233
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	\$ · ;	18	£ \$6.75
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\$	ş	1 36 6
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		2 %4	ş · · ː
b	Enter the amount of reserves the organization is required to maintain by the states in which	*	***	300
_	the organization is licensed to issue qualified health plans	×	, ,	
C	Enter the amount of reserves on hand	<u>.</u>		1, 1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	- n - res - nas o metra como rzo no cenom mese payments (B. 190 - DIDVIDE AD EXDIADADO III SCHEDIIE U			

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (). See in	struct	ions.
C4	Check if Schedule O contains a response to any question in this Part VI	· · ·	•	. 🗸
Secti	on A. Governing Body and Management		Yes	l Na
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	18	162	No
14	If there are material differences in voting rights among members of the governing body, or		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		1.5	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th 🔆		
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct 🗀		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	Ĺ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt		
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member		1	
	stockholders, or persons other than the governing body?	7b	7 (80) 40	A12 624
8	Did the organization contemporaneously document the meetings held or written actions undertaken durir the year by the following:	9		
_		<i>3.7</i> .	1213	
a b	The governing body?	8a 8b	/	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		-	<u> </u>
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	^ ₉		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	3,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			\
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	or Y	3.6
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts		✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done		,	
12		12c	-	
13 14	Did the organization have a written whistleblower policy?	13		✓
15	Did the process for determining compensation of the following persons include a review and approval by	14	Marie A	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, 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	nt 🌅	7.4	
	with a taxable entity during the year?	16a		✓
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s e		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	e 🔼	176	
0	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable).	ion EOd	مراری ماری	
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	100 501(<u>(၂(၃)</u>	oniy)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflic	t of into	rpet n	olicy
	and financial statements available to the public during the tax year.	. Or mitel	oor b	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and recor	ds of the	,	
	organization: ► James C. Bailey, 670 E. Walton Blvd., Pontiac, MI 48340 248-373-7774			

Form 990 (2011)
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Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part VII	 	

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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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, and 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 neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	rson	e than o is both or/trust	n an		(E) Reportable compensation from	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Arlando Williams Trustee	2	✓		√	! !			471	o	C
(2) Jerry Coe			П	_						
Trustee	2	1		✓				о	0	O
(3) Ramon Ruffin			П							
Trustee	2	1		1	l			24	0	
(4) Kit Walk										
President	60			✓				3180	o	o
(5) Mike Warchuck										
1st Vice President & President	60			1				5204	o	C
(6) James C. Bailey										
Financial Secretary	60			✓				6620	0	C
(7) Belinda Jo Halabicky										
Recording Secretary	3			\				450	0	C
(8) Ed Briones										
2nd Vice President & 1st Vice President	2			✓				0	0	c
(9) William Bynum										
2nd Vice President	2			\				o (0	0
(10) Raymond Richard										
Guide	11_		L.	✓		L	L	o	0	
(11) Aaron Edwards			П							
Sergeant @ Arms	11		∐l	✓		l	L	o	0	
(12) Bonnie Melton			П				<u> </u>			
Chairperson-Retired Members Chapter	5		L ∣	\			L	980	0	O
(13) John Stewart										
Chairperson	60			✓		1		253	o	0
(14) Norman Greenfield			П							
Chairperson	60			✓				3226	o	0

	<u> </u>				_	_					
Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees (conti	nued)
					•	(C)					
	(A)	(B)	l (do r	not ch		sition	n 'e than d	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	erson	ıs both	h an	Reportable	Reportable	Estimated
		hours per week		_	т —	_	tor/trust	-	compensation	compensation from related	amount of other
		(describe	유	l light	Officer	<u>₹</u>	l aggr	Former	the	organizations	compensation
		hours for related	lirec	Ì₹	E	Key employee	jo gg	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		related organizations	함할	ona		ğ	8 8		(VV-2/1099-IVIIOU)	1	and related
		ın Schedule		Institutional trustee		8	npe			1	organizations
		O)	8	stee			Highest compensated employee			İ	
/4.5\ D	aniel Patterson	 	 		⊢	\vdash	<u> </u>	₩			
		60	'	'						0	o
	person	60	+'	├─	 	┼	├	₩	0	ļ <u>.</u>	<u>'</u>
32	elanie Swords	∮	'	'	١,						
	person	6	 	₩	⊬	₩	—	₩	838	0	0
2	errick Broadnax	-			,						
	person	6	 	╨	 •	\vdash	├─	₩	0	0	0
	oddree Turner person	6	'		1				0	0	0
		 	 '	╁╌╵	-	\vdash	 	┼	<u> </u>	<u>-</u>	·
323	yan Sanders	٠,	'								.]
	person	6	 '	₩	<u> </u>	\vdash	 	\vdash	0	0	0
	homas Kurzyniec	3	'		1,				1522		
	rding Secretary	- 3	 	₩	 *	⊬	 	╀	1522	0	0
(21)		1	'								
(22)		 	+	\vdash	-	\vdash	\vdash	\vdash			†
37.72		1	'				'				
(23)				\Box		\Box					
			<u> </u>	\bigsqcup	L	丄	<u> </u>	$oxed{oldsymbol{ol}}}}}}}}}}}}}}}}}}$			
(24)											
			<u> </u>	igspace	\vdash	╄	└	↓_	<u> </u>		
(25)		4	1				'				
46	0.4 4-4-1			Ш	Ц_	Щ		Ļ	22.769		ļ <u> </u>
1b	Sub-total			•	•				22,768	 	
C	Total from continuation sheets to Part			•	•		•		22,768	<u> </u>	0
d	Total (add lines 1b and 1c)						<u> </u>	<u> </u>		<u> </u>	204
2	Total number of individuals (including but reportable compensation from the organi		j to tn	iose) IIST	(ea	above	3) W	ho receivea m	ore than \$100,00	J0 of
	reportable compensation from the organi	Zation			—				 		Yes No
3	Did the organization list any former of	ficer, direc	etor, c	or tr	rust	ee.	key (emr	plovee, or high	est compensate	1
-	employee on line 1a? If "Yes," complete s							٦٠٠٠			3 /
4	For any individual listed on line 1a, is the							ากล	and other come	ensation from t	- - - - - - -
•	organization and related organizations										
	individual										4
5	Did any person listed on line 1a receive o	or accrue c	ompe	nsa	tion	fro	m anv	v un	related organiz	zation or individu	
•	for services rendered to the organization?										
Section	on B. Independent Contractors								<u> </u>		
1	Complete this table for your five highest of	compensat	ted inc	dep	end	ent	contr	acte	ors that receive	ed more than \$1	00,000 of
	compensation from the organization. Repyear.										
	(A)							П	(B)		(C)
	Name and business add	iress						<u>↓</u>	Description of s	ervices	Compensation
N/A								ot			
								╄			
								⊢			
				—	—	—		\vdash			
2	Total number of independent contractor	ors (includi	na bi	ut n	ot	limi	ted to	o th	nose listed abo	ove) who	7 × 3 × 3
	received more than \$100,000 of compens	-	-							ر. دس	A 71 88 A 4

	90 (201 VIII	Statement of Rever	nue					Page 9
Mary Control					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a	0	# 15 X	(\$ \$ 1.00 B	海人 養 小 夢
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0	, , , , , , , , , , , , , , , , , , ,			80 - 20 × 30 - 20 - 20 - 1
S, C	С	Fundraising events .		0				
를 즐	d	Related organizations		0				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ž.	е	Government grants (conti		0	e de la compania	to the first state of		
er S	f	All other contributions, gift			3 - Z 3 - Z		La Dismis dia	
혈美		and similar amounts not incl	لنتيا	0				
و م ام و	g	Noncash contributions include		0	tat saltanaday selat j	· A - A Market	多的 的第三	
	h	Total. Add lines 1a-1f	<u></u>	Business Code	0	S St District Co.	A A A A A A A A A A A A A A A A A A A	\$ \$. \$. \$
Program Service Revenue	0-	Duna			4427442			
eve	2a	Dues Social & Recreational		900099	1127142 71812	0		0
ė į	b	Initiation Fees		900099	3480	0		
٦	ر ا	Interest on Loan		900099	132	0		0
\(\frac{1}{2} \)	u	interest on Loan		300033	0	0		0
grar	f	All other program servi	ice revenue		0	0	0	0
Ę.	g	Total. Add lines 2a-2f		Þ	1202566	Kirkel ike		
-	3	Investment income (i					ĺ	
		and other similar amou	ınts)	•	29	о	о	0
	4	Income from investment	of tax-exempt bo	ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>	🕨	0	0	0	0
-			(i) Real	(ii) Personal				
	6a	Gross rents	3375	0			And the second	
	b	Less: rental expenses	4893	0				
	C	Rental income or (loss)	(1518)	0		************		
	d 7a	Net rental income or (le Gross amount from sales of	(i) Securities	(ii) Other	(1518)	0	0	<u> </u>
Ì	'a	assets other than inventory	(,) 0000111100	(4) 64.6.			sign of the first	A. · · · · · · · · · · · · · · · · · · ·
	b	Less: cost or other basis		- U			AND THE STREET	A COMPANY
		and sales expenses .	o	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		🕨	0	0	0	0
				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 17 1 2 3 4 W		
Ž	8a	Gross income from fur	ndraising		de de la	Car Marine Long &	real is the	
Š		events (not including \$	0					
Other Reve		of contributions reported See Part IV, line 18 .	•	_				to go a to the first
Ę.			· · · · a	0	**************************************		Section Section	Cours to be to
ŏ	b	Less: direct expenses Net income or (loss) fro	,		0		0	<u> </u>
	c 9a	Gross income from gar		events . P	, , , ,	157 4-280 854		751 5 54 8 AT
		0 0 . 114 11 40	a	o		* * * * * * * * * * * * * * * * * * *	The state of the s	14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	b	Less: direct expenses	b	0		2 3 10 10 10	~ · · · · · · · · · · · · · · · · · · ·	
	С	Net income or (loss) fro	om gaming acti	vities ►	0	0	0	0
	10a	Gross sales of inv			*** "	,	* ~ ~ <\f_0	- 4, 2, 1 4 W
		returns and allowances	-	2467				1 0 00 00
	b	Less: cost of goods so		1856	5 4° 40 2	ķ ,\ \ '		
	C	Net income or (loss) fro			611	0	0	0
	44-	Miscellaneous Re	venue	Business Code	400404			ليدخد
	11a	Strike Fund Rebate Miscellaneous Reimbur	coment	900099	160184 10091	0	0	0
	b	From Members for Dist		900099	1330		0	0
	d	All other revenue .	on John City City	900099	3349		0	0
	e	Total. Add lines 11a-1	1d .		174954	·	<u> </u>	7
	12	Total revenue. See ins		•	1376642	0	0	0
								Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX	require	required to complete columns (b), (c), and (b).				
Grants and other assistance to governments and organizations in the United States. See Part IV, line 22						
organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation included above, to disqualified persons described in section 4958(i/g) and persons described in section 4958(i/g) a			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1		0	0	kokala a di	
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid or of for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other safaries and wages 7 Other safaries and wages 8 Penson plan accrusials and contributions (include section 4958()(19) and parsons described in a section 4958()(19) and parson	2	Grants and other assistance to individuals in		0	, , , , , , , , , , , , , , , , , , , ,	
Compensation of current officers, directors, trustees, and key employees and key employees and key employees and key employees and key employees and key employees and expenses described in section 4584(f)(f)) and persons (described in section 401(f) and 403(b) employer contributions (f) field section 401(f) field fiel	3	organizations, and individuals outside the	0	0		
persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(3)(8) 7 Other salaries and wages 8 Penson plan acoruals and contributions (include section 4016) and 402(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees): a Management 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	=	Compensation of current officers, directors,		_	3	_
7 Other salaries and wages 76643 0 0 0 0	6	persons (as defined under section 4958(f)(1)) and	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	-		70042			
section 401(k) and 403(b) employer contributions) 9 Other employee benefits		•	/0043		<u> </u>	<u> </u>
10 Payroll taxes	8	section 401(k) and 403(b) employer contributions)			<u>.</u>	0
11 Fees for services (non-employees): a Management 0 0 0 0 0 b Legal 1924 0 0 0 0 c Accounting 0 0 0 0 0 0 d Lobbying 0 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 0 Other 39754 0 0 0 0 0 Other 39754 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 0 0 Office expenses 79263 0 0 0 0 0 Office expenses 79263 0 0 0 0 0 Information technology 3963 0 0 0 0 Revalution 79241 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fundraising services. See Part IV, line 17 10 0 0 0 Professional fun	9	Other employee benefits	93273	0	0	0
Management	10	Payroll taxes	8725	0	0	0
b Legal	11	Fees for services (non-employees):				
C Accounting 0 0 0 0 0 0 0 0 0	а	Management	0	0	l o	0
C Accounting d Lobbyring Professional fundraising services. See Part IV, line 17 f Investment management fees Other Oth	b	Legal	1924	0	0	0
Lobbying 0 0 0 0 0 0 0 0 0	C	•	0	0	0	0
e Professional fundraising services. See Part IV, line 17 f Investment management fees	ď	-	0	0	0	0
Investment management fees	•				l	
Other 39754 0 0 0 0 0 12 Advertising and promotion 0 0 0 0 0 0 0 13 Office expenses 79263 0 0 0 0 0 0 0 0 0	4				<u> </u>	
Advertising and promotion 0 0 0 0 0 0 0 0 0	-	=				
13 Office expenses	-			<u>-</u>	<u>.</u>	
Information technology 3963 0 0 0 0				-	ļ <u>-</u>	
15 Royalties	_		79263	0	0	0
16	14		3963	0	0	0
17 Travel	15	Royalties	0	0	0	0
Payments of travel or entertainment expenses for any federal, state, or local public officials 0	16	Occupancy	70241	0	0	0
for any federal, state, or local public officials 19	17	Travel	6125	0	0	0
19 Conferences, conventions, and meetings . 78761 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18		0	0	0	0
20 Interest	19		78761	0	0	
21 Payments to affiliates			70.01	0	0	<u> </u>
Depreciation, depletion, and amortization Depreciation Depr			702662	0	0	<u> </u>
23 Insurance 9481 0 0 0 0 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Recreational Activity 55713 0 0 0 b Donations 18840 0 0 0 c Miscellaneous Reimbursement 2562 0 0 0 d From Members for Disbursement on their b 1330 0 0 0 e All other expenses 1731 0 0 0 25 Total functional expenses. Add lines 1 through 24e 1275829 0 0 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) 0 0 0 0		-	703002	<u> </u>	0	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Recreational Activity 55713 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	0404	0	0	<u> </u>
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Recreational Activity 55713 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			9481	·		0
(A) amount, list line 24e expenses on Schedule O.) a Recreational Activity b Donations C Miscellaneous Reimbursement C M	24			40 A	3 44 36 44 4	north Millians
(A) amount, list line 24e expenses on Schedule O.) a Recreational Activity b Donations C Miscellaneous Reimbursement C M						
a Recreational Activity 55713 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(参: 查: 多: 参: 4)	・変様、ほぞい		
b Donations 18840 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(A) amount, list line 24e expenses on Schedule O.)	A	The state of the s		J. &
C Miscellaneous Reimbursement 2562 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	а	Recreational Activity	55713	0	0	0
d From Members for Disbursement on their b 1330 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Donations	18840	0	0	0
d From Members for Disbursement on their b 1330 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c	Miscellaneous Reimbursement	2562	0	0	0
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)	d	From Members for Disbursement on their b	1330	0	0	0
Total functional expenses. Add lines 1 through 24e 1275829 0 0 0 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)	e					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	_					
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 0 0			12/3023			<u> </u>
	20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		<u></u>	0	n
		9 (1	<u>_</u>	ı <u>.</u>	Form 990 (2011)

"Part	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	0	1	0
2	Savings and temporary cash investments	218844	2	319657
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	0
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	0
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			- u
	employers and sponsoring organizations of section 501(c)(9) voluntary			
इ	employees' beneficiary organizations (see instructions)	0	6	0
Assets 2 2	Notes and loans receivable, net	0	7	0
₹ 8	Inventories for sale or use	2254	8	0
9	Prepaid expenses and deferred charges	7578	9	0
10	, , , , , , , , , , , , , , , , , , , ,			_
	other basis. Complete Part VI of Schedule D 10a 2525674			0505074
	b Less: accumulated depreciation	2551722	_	2525674
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	100000	12 13	100000
13	Investments—program-related. See Part IV, line 11	100000	14	100000
14	Intangible assets	0	15	0
15	- ·	2872820	16	2945331
16	Total assets. Add lines 1 through 15 (must equal line 34)	16502	17	4309
18	· ·	0	18	0
19	· •	0	19	0
20	'	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
1				
Liabilities	employees, highest compensated employees, and disqualified persons.	_		· .
	Complete Part II of Schedule L	0	22	0
∄ 23	Secured mortgages and notes payable to unrelated third parties	0	23	0
24		0	24	0
25	Other liabilities (including federal income tax, payables to related third			-
1	parties, and other liabilities not included on lines 17-24). Complete Part X	87134		46777
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	103636	26	51086
s	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances		0	27	0
E 28		0	28	0
B 29	· · · ·	0	29	0
5	Organizations that do not follow SFAS 117, check here ▶ □ and			'3
<u> </u>	complete lines 30 through 34.		İ	,
ي ا	Capital stock or trust principal, or current funds	215208	30	368571
9 31	in the contract of the contrac	2553976	31	2525674
¥ 32		0	32	0
5 33		2769184		2894245
34	Total liabilities and net assets/fund balances	2872820	34	2945331

Form 9	90 (2011)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		137	76642
2	Total expenses (must equal Part IX, column (A), line 25)	2		127	75829
3	Revenue less expenses. Subtract line 2 from line 1	3		10	00813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		276	69184
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	24248
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-	289	94245
Part	• •				
	Check if Schedule O contains a response to any question in this Part XII			- : : :	<u>, U</u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ıı	n .	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 versigh	. 2b		✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were	е		
3a	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ir	n 3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_			•

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number International Union, UAW, Local 653 38-1119397 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an nistorically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . 2a N/A Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X .

Schedule Di	(Form 9	990) 201	1

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Part	U Organizations Maintaining	Collections of	<u>AΓτ, HIS</u> το	orical I	<u>reasures</u>	, or Ut	<u>ner Similar</u> As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her record	is, checi	any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		dГ	☐ Loan (or exchang	ie prog	rams	
b	☐ Scholarly research		e [-	-	, , ,		
c	☐ Preservation for future generations	1	• •					
4	Provide a description of the organizat		and evnlai	n how th	ev further	the oro	ianization's ever	mnt nurnose in Part
7	XIV.	ion a conections t	and explain	11 11044 (1	ey lui illei	uie oig	anization 3 exc	inpr purpose in rair
_		P - W						I=
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	line 9, or reported an amoun	t on Form 990, I	Part X, lin	e 21.				
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the foll	owing ta	ıble:		A	Amount
С	Beginning balance					10		N/A
d	Additions during the year					1d		
	Distributions during the year					1e		
e						1f		
f	Ending balance							
2a	Did the organization include an amour		art X, line 2	217	• • •	• • •		☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa		···		() / N / F	- 0	00 5 1 1 1 1 1	-10
Part	V Endowment Funds. Comple							
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years bac	1
1a	Beginning of year balance							
b	Contributions	N/A					<u>-</u>	
C	Net investment earnings, gains, and							
	losses			ļ		- 1		
d	Grants or scholarships				·			50.74
е	Other expenditures for facilities and	<u>-</u>						2 1 1 1
	programs			1		1		
f	Administrative expenses							
g	End of year balance							XXXXXXXXXXX
2	Provide the estimated percentage of t	ho current year en	d balanco	(line 1a	column (a)) bold :		20-7-7-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Board designated or quasi-endowmer		OZ	tille ig,	coluitiii (a	y) Held a	25.	
a			⁷⁰					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment	%						
•	The percentages in lines 2a, 2b, and 2							
за	Are there endowment funds not in the	e possession of the	ie organiza	ation tha	t are neta	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations	<i>.</i>						3a(i)
	(,							3a(ii)
b	If "Yes" to 3a(II), are the related organi							3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Form	n 990, Pa	rt X, line	10.			
	Description of property	(a) Cost or ot (investm			other basis her)		Accumulated epreciation	(d) Book value
1a	Land	.	0		138,500	, / (M) (* 9)	(200 200 VSS	138,500
b	Buildings		0		2,134,313			2,134,313
C	Leasehold improvements	. -	0		0		0	0
ď	Equipment	.	Ö		252,861		0	252861
e	Other	. 	0		0		0	0
	Add lines 1a through 1e. (Column (d) n	oust equal Form 9		column)(c))	.	2,525,674
	riac inios ra anoagir ro. Joolanin ja) n	.aoc oquar i onii o	, · a · · /,	Joinin	12/, 1110 10	19/-/		2,020,074

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	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A) N/A				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			2 8
Part VIII	Investments—Program Related	L See Form 990 Part X		(n 400
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Loan to	International	100,000	Cost	
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	(h) must equal Form 000, Part V and (B) line 12 \			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Pa	ut V ling 15		9.29
raitin		i) Description	(b) Book value	
(1) N/A		, Dodd (plast)	(b) book value	
(2)				
(3)				
(4)				
(5)	-		-	
(6)				
(7)				
(8)				
(9)	·			
(10)	41 45 000 0 114			
	umn (b) must equal Form 990, Part X, co		<u> ▶ </u>	
Part X	Other Liabilities. See Form 990,			DV 1000000
1. (1) Fodoral	(a) Description of liability I income taxes	(b) Book value		
	pita Taxes	0		
(2) Per Ca ₁	pita Taxes	46,777		
(4)				
(5)				, A
(6)	. –			
(7)				
(8)			The state of the s	
(9)				
(10)			A CONTRACTOR OF THE PARTY OF TH	
(11)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 4
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,777		

Schedu	e D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	N/A
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	<i>.</i> 1	7	
8	Other (Describe in Part XIV.)	· · · · · · · · · · · · · · · · · · ·	8	
9	Total adjustments (net). Add lines 4 through 8	1	9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part				
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		: 4	
а	Net unrealized gains on investments	2a	. X	
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	N/A
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part				
1	Total expenses and losses per audited financial statements	<u></u>	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses		- 1	
ď	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	N/A
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		E COMP	
a .	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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part				
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII ditional information.			
	·-			
	······································			

Schedule D (For	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
·		
		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

International Union, UAW, Local 653

► Attach to Form 990 or 990-EZ. Name of the organization

Open to Public Inspection Employer identification number

38-1119397

Part VI, Section A, Line 6: Anyone who has applied for and been accepted for membership is a regular member.
Part VI, Section A, Line 7b: All decisions are subject to membership approval.
Part VI, Section B, Line 11b: There is no process used by the organization to review this form before filing.
Part VI, Section B, Linda 12c: All officers are covered under the policy. Local Unions may determine if conflicts exist by constitutionally
required trustee audits and the review of monthly financial reports. The parent organization also conducts periodic audits.
Restrictions imposed are described in the International Constitution.
Part VI, Section B, Line 19: Copies are provided upon request.
Part XI, Line 5: Difference between payables 2010 (\$103,636) and payables 2011 (\$51,086). Total \$52,550. Difference between other assets
2010 (\$2,254) and other assets 2011 (\$0). Total \$2,254. Total furniture and equipment scrapped or removed from inventory in 2011 totalling
\$26,048.00.