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DLN: 93493048018965

Form **990** 

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A 10		ZOTO Cale	endar year, or tax year beginning 01-01-2013     , 2013, and ending 12-3	31-2013			
<b>B</b> Ch	eck ıf a	applicable	C Name of organization INTERNATIONAL UNION - UAW		D Emplo	yer iden	ntification number
☐ Ad	dress ch	hange			38-06	79801	
∏ Na	me cha	ange	Doing Business As				
┌ Ini	tıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	E Telepho	one numl	ber
Гте	rmınate	ed	8000 E JEFFERSON AVENUE			926-5	
<b>✓</b> Am	nended	return	City or town, state or province, country, and ZIP or foreign postal code DETROIT. MI 48214		(313)	920-3	431
Гар	plication	n pending	DETROIT, MI 48214		<b>G</b> Gross r	eceıpts \$	171,406,443
			F Name and address of principal officer	H(a) I	s this a group	return	for
			GARY CASTEEL 8000 E JEFFERSON AVENUE	1	ubordinates?		┌ Yes 🗸 No
			DETROIT, MI 48214	H(b) /	Are all subordi	nates	┌ Yes ┌ No
					ncluded?	naces	1 1651 110
I Ta	ıx-exen	npt status	501(c)(3) ✓ 501(c) (5) ◀ (insert no )	I	f "No," attach	a list	(see instructions)
J W	ebsite	e: <b>►</b>		H(c)	Group exempt	ion nun	nber ►
			Corporation	<b>L</b> Year	of formation 19	41 <b>M</b>	State of legal domicile MI
Pa	rt I	Sum	mary				
Activities & Governance	2	SUBORD MEMBER Check th	RY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVIDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURSHIP  This box I fithe organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)	of more th	E COMMON I	NTERE	ESTS OF THE
٦ ا			mber of individuals employed in calendar year 2013 (Part V, line 2a)	•		5	1,162
-			mber of volunteers (estimate if necessary)			6	1,102
			related business revenue from Part VIII, column (C), line 12			7a	-567,390
	Ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	-567,390
					Prior Year		Current Year
		Contril	butions and grants (Part VIII, line 1h)				0
	8	Contin					
nue	9		m service revenue (Part VIII, line 2g)		109,727,	351	109,932,429
enuese		Progra			109,727, 41,978,	_	109,932,429 32,807,740
Rayenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)			156	109,932,429
Rayente	9 10	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)		41,978,	156	109,932,429 32,807,740
Revenue	9 10 11	Progra Invest Other Totalr 12).	m service revenue (Part VIII, line 2g)		41,978, 26,818,	156	109,932,429 32,807,740 28,660,302
Revenue	9 10 11 12	Progra Invest Other Totalr 12). Grants	m service revenue (Part VIII, line 2g)	e	41,978, 26,818,	156 402 909	109,932,429 32,807,740 28,660,302 171,400,471
	9 10 11 12	Progra Invest Other Total r 12). Grants Benefit	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614,	156 402 909	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10)	m service revenue (Part VIII, line 2g)	е	41,978, 26,818, 178,523,	156 402 909	109,932,429 32,807,740 28,660,302 171,400,471
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)	е	41,978, 26,818, 178,523, 4,614,	156 402 909	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626,	156 402 909 701	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total ful Other	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626,	156 402 909 701 790	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626,	701 790 359	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre	156 402 909 701 790 359 350 441	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Reveni	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year	156 402 909 701 790 359 350 441 <b>nt</b>	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975,	156 402 909 701 790 359 350 441 <b>nt</b>	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year 801,202,424
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year	156 402 909 701 790 359 350 441 <b>nt</b>	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Revent	m service revenue (Part VIII, line 2g)	e	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975, 6,886,9	156 402 909 701 790 359 350 441 <b>nt</b>	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year 801,202,424 6,551,364
A Sund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penanowledarer ha	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profes Total fut Other Total e Reven  Total I Net as  Sign alties of r dge and h as any kr	mservice revenue (Part VIII, line 2g)	e Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975, 6,886, 814,088,	156 402 701 790 359 350 441 <b>nt</b> 794 995 799	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year  801,202,424 6,551,364 794,651,060
Net Assets or Expenses  Land Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penanowledarer ha	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven  Total a Total I Net as  Sign alties of p dge and b as any kr	m service revenue (Part VIII, line 2g)	e Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975, 6,886, 814,088, edules and star r) is based on	156 402 701 790 359 350 441 <b>nt</b> 794 995 799	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year  801,202,424 6,551,364 794,651,060
Net Assets or Expenses  Land Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penanowledarer ha	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven  Total I Net as  Sign alties of p dge and b as any kr	m service revenue (Part VIII, line 2g)	e  Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975, 6,886, 814,088, edules and star r) is based on	156 402 701 790 359 350 441 <b>nt</b> 794 995 799	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year  801,202,424 6,551,364 794,651,060
Net Assets or Expenses  Her Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penanowledarer ha	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profes Total fun Other Total e Revent  Total I Net as  Sign alties of p dge and b as any kr  #*** Signa  GARY Type	m service revenue (Part VIII, line 2g)	e Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374,42,850, nning of Curre Year 820,975, 6,886, 814,088, edules and start) is based on  2015-02-16 Date  Check   f	156 402 701 790 359 350 441 <b>nt</b> 794 995 799	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year 801,202,424 6,551,364 794,651,060 es, and to the best of rmation of which
Net Assets or Expenses  Not Assets or Expenses  Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profes Total fun Other Total e Revent  Total I Net as  Sign alties of p dge and b as any kr  FAREA  GARY Type  P J J F	m service revenue (Part VIII, line 2g)	e Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374, -42,850, nning of Curre Year 820,975, 6,886, 814,088, edules and star r) is based on	156   402   701   790   790   794   794   799	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year 801,202,424 6,551,364 794,651,060 cs, and to the best of rmation of which
Net Assets of Expenses Bundle Balances Park	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penanowledarer ha	Progra Invest Other Total r 12) .  Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven  Total a Total I Net as Sign alties of p dge and b as any kr  F  GARY Type  P  J, F	m service revenue (Part VIII, line 2g)	e Begin	41,978, 26,818, 178,523, 4,614, 118,626, 98,132, 221,374,42,850, nning of Curre Year 820,975, 6,886, 814,088, edules and start) is based on  2015-02-16 Date  Check if self-employed	790 790 359 359 350 441 <b>nt</b> 794 995 799 tement all infoi	109,932,429 32,807,740 28,660,302 171,400,471 0 4,385,468 107,747,893 0 73,894,668 186,028,029 -14,627,558 End of Year 801,202,424 6,551,364 794,651,060 es, and to the best of rmation of which

(Expenses \$ including grants of \$

Total program service expenses ►

Other program services (Describe in Schedule O )

) (Revenue \$

art IV	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," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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		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		No
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 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
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, 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	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		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? <i>If "Yes," complete Schedule M</i>	30		No
31	Part I	31		No
32	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

αГ	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   838		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
a	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			
)	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)	2b	Yes	
,	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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	
)	If "Yes," enter the name of the foreign country •CA			
	See instructions for 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the order of supering and the form of the first of the firs	5c		
1	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 as charitable contributions?	6a		No
	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	7c		
	file Form 8282?	76		
	74   74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h		

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.

Se	ection A. Governing Body and Management					1
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com	d by or	under the direct	3		No
4	Did the organization make any significant changes to its governing documents since t			4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nanızai	tion's assets?	5		No
6	Did the organization become aware daring the year of a significant artersion of the organization have members or stockholders?	gumzu	don's dasces.	6	Yes	110
	Did the organization have members of stockholders, or other persons who had the powe	• arto al	ect or appoint one or		103	
	more members of the governing body?			7a	Yes	
	or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns und	lertaken during the			
а	The governing body?			8a	Yes	
b		8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule Co			9		No
Se	ection B. Policies (This Section B requests information about policies not re	require	ed by the Internal R	evenu	ie Cod	e.)
			Ī		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	s gover	ning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Fo	orm 99	0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?	y intere	ests that could give	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done	the pol	ıcy? If "Yes," describe	12c		
13	Did the organization have a written whistleblower policy?			13		No
14		14		Νo		
15	Did the process for determining compensation of the following persons include a revieundependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a		No
b	Other officers or key employees of the organization			15b		No
	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					
	taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organiz participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	steps	to safeguard the	16b		
e-	ection C. Disclosure		-	100		<u> </u>
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)	). 99n	and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Che					
19	Own website Another's website V Upon request Other (explain in Sched	dule O	)			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►KIM GEROMIN CHF ACT 8000 E JEFFERSON

DETROIT, MI 48214 (313) 926-5053

## Part VII 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

- 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) SCOTT ADAMS	52 00	х						149,183	0	34,469	
REGIONAL DIR (2) GERALD KARIEM	52 00										
REGIONAL DIR	32 00	×						145,847	0	30,532	
(3) GARY JONES REGIONAL DIR	52 00	х						145,687	0	33,691	
(4) KENNETH LORTZ	52 00	х						145,557	0	30,333	
REGIONAL DIR								110,007			
(5) RONALD MC INROY	52 00	x						145,386	0	29,848	
REGIONAL DIR (6) GARY CASTEEL	52 00	\						445.264		24.442	
REGIONAL DIR		Х						145,264	0	31,112	
(7) NORWOOD JEWELL	52 00	×						143,953	0	29,610	
REGIONAL DIR (8) RORY GAMBLE	52 00										
REGIONAL DIR		X						143,503	0	29,516	
(9) JULIE KUSHNER	52 00	х						143,442	0	32,398	
REGIONAL DIR								143,442		32,390	
(10) CHARLES HALL	52 00	х						141,946	0	30,563	
REGIONAL DIR (11) MICHAEL WATIER					$\vdash$						
TRUSTEE		×						2,130	0	285	
(12) DANIEL NORRIS								2 420		224	
TRUSTEE		Х						2,130	0	224	
(13) PHYLLIS BLUST		x						1,064	0	399	
TRUSTEE (14) ROBERT KING	52.00							·			
PRESIDENT	52 00			х				177,127	0	32,189	
(15) DENNIS D WILLIAMS	52 00	<del>                                     </del>									
SEC-TREASURE				Х				162,055	0	35,973	
(16) CYNTHIA ESTRADA	52 00			х				155,057	0	30,972	
VICE PRESIDE				Ĺ				133,037		30,372	
(17) GENERAL HOLIEFIELD	52 00			х				154,982	0	33,620	
VICE PRESIDE										Form <b>990</b> (2013)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amount compe from	F) nated of other nsation n the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re	ization elated zations	
(18)	JOSEPH ASHTON	52 00			х				154,090		o	30,482	
	PRESIDE								,				
. ,	JAMES SETTLES	52 00			x				153,715		o	33,062	
	PRESIDE KRISTYNE PETER	52 00	-				-						
(20)	KRISITNE PETEK	52 00					×		172,458	ı	0	29,080	
(21)	MICHAEL GLENNING	52 00					х		163,964		0	28,603	
(22)	DANNY TRULL SR	52 00					x		157,788		0	28,510	
(23)	JAMES GALLAGHER	52 00					х		155,670		0	28,254	
(24)	MICHAEL NICHOLSON	52 00					х		155,377		0	29,396	
											-		
1b	Sub-Total			<u> </u>	<u> </u>		<u> </u>  ►						
	Total from continuation sheets to Part						▶						
d							<b>▶</b> ⊨		3,217,375			653,121	
2	Total number of individuals (including b \$100,000 of reportable compensation					bove	e) who	rec	eived more than	<u>'</u>			
3	Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule 3										Yes	No No	
4	For any individual listed on line 1a, is torganization and related organizations individual	he sum of repor	table c	ompe	ensa	atıor	n and o	othe	r compensation fr	<u> </u>		140	
5	Did any person listed on line 1a receive services rendered to the organization?								-			No	
	action R. Independent Contract	ore .											
1	ection B. Independent Contractor  Complete this table for your five highes		ındana	anda-	)t c -	n+	20+050	tha	t received mare th	22 ¢ 100 000 c	:		
-	Complete this table for your five highes	ic compensated	maepe	nuel		,,,,,,,,,	40.015	uid	c received more ti	1411 \$ 100,000 OI			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRANDVIEW CONSTRUCTION INC 2465 23 MILE RD SHELBY TWP MI 48316	CONSTRUCTION	810,713
QUADGRAPHICS PO BOX 98668 CHICAGO IL 606938668	GRAPHIC DESIGN	713,880
TEMPERATURE SERVICES INC 37107 SCHOOLCRAFT RD LIVONIA MI 48150	HVAC	576,121
SMITH BROTHERS ELECTRIC INC 18445 WEAVER DETROIT MI 48228	ELECTICAL SRV	562,396
MCKNIGHT MC CLOW CANZAND 400 GLLERIA OFFICENTER SUITE 117 SOUTHFIELD MI 48034	LEGAL SERVICES	532,238

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►40

		Check if Schedi	ule O contains a respor	ise or note to any ii	ne in this Part VIII	<del></del>	<u> </u>	<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ह ह								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies 1b					
الجروا	С	Fundraising eve	ents <b>1c</b>					
£ 1	d	Related organiz	zations 1d					
ত ≝	e	Government grant	s (contributions) <b>1e</b>					
Siris		_						
ē a	f	All other contributions in a similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
혈동	g		ons included in lines	i	i			
투드	_	1a-1f \$						
Contand	h	Total. Add lines	s 1 a - 1 f	· · · •				
<u> </u>				Business Code				
ᇎᅵ	2a	PER CAPITA TAXES	5	900099	109,873,801	109,873,801		
. B.	b	INITIATION FEES		900099	58,598	58,598		
ě.	С	CHARTER FEES		900099	30	30		
ž	d							
38	e							
Program Serwce Revenue	f	All other progra	am service revenue					
5	•	All other progre	anii service revenue					
	g	Total. Add lines	s 2a – 2f	▶	109,932,429			
	3		ome (including dividen		32,813,712			32,813,712
	4		ar amounts) stment of tax-exempt bond		, ,			, ,
	5			·				
		Koyarcies I	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteal	(ii) i cibolidi				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and	5,972					
		sales expenses						
	С	Gain or (loss)	-5,972					
	d	Net gain or (los	i		-5,972	-5,972		
۸.	8a	Gross income f events (not inc	from fundraising					
Other Revenue		\$	rading					
<b>⊕</b> ≥		of contributions	s reported on line 1c)					
<u>بة</u> ا		See Part IV, lin	ne 18 <b>a</b>					
<u>a</u>	b	Lace direct ov	penses b					
⇟	c		(loss) from fundraising	events <b>L</b>				
-	9a		from gaming activities					
			ne 19					
			а					
	b		penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
		. Starns and all	a a					
	ь	Less cost of a	oods sold <b>b</b>					
	С		(loss) from sales of inv	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	DUSINCOME	900099	10,093,478	10,093,478		
	b	RETIREES VO	LUNTARY FEES	900099	9,262,930	9,262,930		
	С	ROYALTIES		900099	2,420,690			2,420,690
	d		ue		6,883,204	7,450,594	-567,390	
	e	Total. Add lines		🕨				
	12			<u>,</u>	28,660,302			
	12	rocar revenue.	See Instructions .	· · · · •	171,400,471	136,733,459	-567,390	35,234,402

Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns Al	l other organızatı	ons must comp	lete column (A )	
Check if Schedule O contains a response or note to any line in this	Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grante and other accietance to governments and organizations				

Part X Balance Sheet

Pal	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in	n this f	art X				
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1,978,484	1	1,997,950
	2	Savings and temporary cash investments			ı		2	
	3	Pledges and grants receivable, net			•		3	
	4	Accounts receivable, net				7,582,004	4	6,319,006
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Fischedule L	art II	of			5	
Assets	6	Loans and other receivables from other disqualified persons ( section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section $501(c)(9)$ beneficiary organizations (see instructions) Complete Part II	ntributing mployees'		6			
88	7	Notes and loans receivable, net		_		2,752,091	7	4,020,646
Ř	8	Inventories for sale or use		494,293	8	494,293		
	9	Prepaid expenses and deferred charges				,	9	,
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		41,280,355			
	Ь	Less accumulated depreciation	10b		39,234,523	2,362,133	10c	2,045,832
	11	Investments—publicly traded securities				783,827,025	11	725,852,861
	12	Investments—other securities See Part IV, line 11				21,979,764	12	60,471,836
	13	Investments—program-related See Part IV, line 11				, ,	13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .				820,975,794	16	801,202,424
	17	Accounts payable and accrued expenses				2,031,212	17	1,963,394
	18	Grants payable			•		18	
	19	Deferred revenue			_		19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Sci					21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors, t					
ge		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parti	es .				23	
	24	Unsecured notes and loans payable to unrelated third parties			•		24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete PD	art X o			4,855,783	25	4,587,970
	26	Total liabilities. Add lines 17 through 25				6,886,995	26	6,551,364
ės		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			plete			
anc	27	Unrestricted net assets		-			27	
<u> 중</u>	28	Temporarily restricted net assets					28	
<u> </u>	29	Permanently restricted net assets			•		29	
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	+   <b>▽</b> a	ind			
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Ass	32	Retained earnings, endowment, accumulated income, or other				814,088,799	32	794,651,060
Net '	33	Total net assets or fund balances				814,088,799	33	794,651,060
Z	34	Total liabilities and net assets/fund balances			•	820,975,794	34	801,202,424
						<u> </u>		Form <b>990</b> (2013)

Par	t XI Reconcilliation of Net Assets			<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI	•	• •	• • •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		171,4	100,471
2	Total expenses (must equal Part IX, column (A), line 25)	2		186,0	28,029
3	Revenue less expenses Subtract line 2 from line 1	3		-14,6	527,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		814,0	88,799
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,8	310,181
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		794,6	51,060
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	١		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	า			
За	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?	е	За		No
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	_	

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OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **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. ► Information about Schedule D (Form 990) Open to Public

nal Revenue Service	and its instruct	tions is at <u>www.irs.gov/form990</u> .			Inspect	ion	
ame of the organ			Emp	oloyer identifica	tion numbe	r	
LEWINAL TOWAL OWION	. O/W		38-	0679801			
	nizations Maintaining Donor Adv zation answered "Yes" to Form 990		unds	or Accounts	. Complet	e ıf	th
organi.	Edition anowered Tes to Form 330	(a) Donor advised funds		(b) Funds and	other accou	nts	
Total number a	at end of year						
Aggregate con	tributions to (during year)						
Aggregate grar	nts from (durıng year)						
Aggregate valu	ue at end of year						
	zation inform all donors and donor adviso organization's property, subject to the or		nor adv	ısed	☐ Yes	Г	No
used only for c	zation inform all grantees, donors, and d charitable purposes and not for the benef ermissible private benefit?				┌ Yes	_	No
	ervation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990 Part I\		<u> </u>	
Purpose(s) of or Preservation Preservation Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	anization (check all that apply) or education)	n histor certifie	rically important d historic struc	t land area ture		
•	he last day of the tax year	•		1			
				Held at the	End of the	Yea	ı <u>r</u>
	of conservation easements		2a				
_	restricted by conservation easements		2b				
	servation easements on a certified histo	• •	2c				
historic struct	servation easements included in (c) acc ure listed in the National Register		2d				
the tax year	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization	during		
Number of stat	tes where property subject to conservat	ion easement is located ▶					
	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and	│ ├─ Yes	Γ	No
Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year			
A mount of exp ► \$	enses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year			
	nservation easement reported on line 2(o70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)	┌ Yes	Γ	No
balance sheet,	lescribe how the organization reports coi , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financia					
	nizations Maintaining Collection ete if the organization answered "Y		or Ot	her Similar	Assets.		
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furthera			
If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	nent and balanc		С	
(i) Revenues I	included in Form 990, Part VIII, line 1			<b>►</b> \$			
	luded in Form 990, Part X			<u> </u>			
If the organiza	tion received or held works of art, histor ints required to be reported under SFAS			ncıal gaın, provi	de the		
Revenues incli	uded in Form 990, Part VIII, line 1			<b>▶</b> \$			
Assets include	ed ın Form 990, Part X			<b>►</b> \$			

Part	<b>III</b> Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easu	res, or C	the	r Similar A	ssets (c	ontinued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	any of t	he foll	owing that	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
	Provide a description of the organization's co	ollections and expla	aın hov	w they	/ furthe	r the d	organızatıor	ı's ex	empt purpose	ın	
	During the year, did the organization solicit								nılar	_	_
	assets to be sold to raise funds rather than t								!! to Farms	Yes	l No
2011	Escrow and Custodial Arrang Part IV, line 9, or reported an an						i answere	u r	es to Form	990,	
	Is the organization an agent, trustee, custoc included on Form 990, Part X?						or other ass	etsı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	vıng t	able		_				
							-		Α	mount	
C	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year						<u> </u>	1e			
f	Ending balance							<b>1f</b>			
a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?							☐ Yes	Г No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	e expla	anatı	n has	been p	rovided in I	art	XIII		<u> </u>
Par	t V Endowment Funds. Complete							_			
_	December of work halance	(a)Current year	(b)	)Prior y	/ear	<b>b (c)</b> ⊤	wo years back	(d)	Three years back	(e)Four y	ears back
a L	Beginning of year balance							+		<del>                                     </del>	
b c	Net investment earnings, gains, and losses							+		+	
	wet investment earnings, gams, and losses										
d	Grants or scholarships							<u> </u>			
e	Other expenditures for facilities and programs										
f	Administrative expenses							+		1	
	End of year balance										
-	Provide the estimated percentage of the cur	rent vear end balan	ce (lın	ne 1a.	colum	n (a))	held as				
	Board designated or quasi-endowment ►	,	(	5,		(-,,,					
_	Permanent endowment ►										
	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
а	Are there endowment funds not in the posse	ssion of the organiz	zation 1	that a	re helo	l and a	ıdmınıstere	d for	the		
	organization by								_	Yes	No
	(i) unrelated organizations			•				•		1(i)	<u> </u>
	(ii) related organizations		 dons	Schod	 ula P2			•		(ii) Bb	+
	Describe in Part XIII the intended uses of the							•		<u>"</u>	
	VI Land, Buildings, and Equipme					ansv	vered 'Yes	' to	Form 990, P	art IV, l	ıne
	11a. See Form 990, Part X, line										
	Description of property				Cost or s (invest		(b)Cost or o basis (oth		(c) Accumulate depreciation		ook value
a L	and										
<b>b</b> B	Buildings		•								
<b>c</b> L	easehold improvements										
d E	quipment		•								
							41,28	),355	39,234,5	523	2,045,832
otal	Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X colu	ımn (I	3) line	10(c)					2 045 832

Part VII Investments—Other Securities. Cor	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
See Additional Data Table		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	60,471,836	
Part VIII Investments—Program Related. Co	omplete if the organizatior	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
	n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. Complete if the orga	anization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
	(b) Book value	
Federal income taxes		
LOCAL UNION REBATES PAYABLE	2,879,942	
VEBA PAYABLE TROUBLED WORKERS	691,928	
TROUBLED WORKERS	453,709	
LOANS PAYABLE  PAYROLL DEDUCTIONS	345,000	
PAYROLL DEDUCTIONS	217,391	
Table (October (1)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	4,587,970	
2. Liability for uncertain tax positions In Part XIII, provide	e tne text of the footnote to th	e organization's financial statements that

Par		<b>evenue per Audited Financial Stat</b> vered 'Yes' to Form 990, Part IV, line 1		is with kevenue	per ĸ	<b>eturn</b> Complete i
1		r support per audited financial statements			1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII )		2d			
е	Add lines <b>2a</b> through <b>2d</b> .		<del></del>		2e	
	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		swered 'Yes' to Form 990, Part IV, line			1 .	T
	· ·	raudited financial statements			1	
		t not on Form 990, Part IX, line 25	1 -	I		
3		acilities	2a		_	
b			2b		_	
c			2c			
d	Other (Describe in Part XIII )		2d		4 _	
е	_				2e	
					3	
		0, Part IX, line 25, but not on line 1:	1	I		
a	·	uded on Form 990, Part VIII, line 7b			_	
b			4b		4	
<b>C</b>					4c	
		nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				
		-				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Software ID: Software Version:

**EIN:** 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (b)Book value

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other (A) MESIROW FIN CAP PARTNERSHIP XLP	6,409,463	С
(B) HIGHSTAR CAPITAL IV LIMITED PARTNERS	5,542,513	С
(C) FCT THIRD POINT PARTNERS QUALITY LTD	5,000,000	С
(D) U S GOV'T PROPERTIES, INC	4,601,873	С
(E) STARWOOD DISTRESSED OPPORTUNITY FUND	4,011,371	C
(F) AUTONOMY GLOBAL MACRO FUND	4,000,000	C
(G) O Z CREDIT OPP'S OVERSEAS FUND	4,000,000	С
(H) CORNERSTONE REAL ESTATE FUND	3,900,698	С
(I) LIBREMAX OFFSHORE FUND LTD	3,500,000	C
(J) BALYAS NY ATLAS INSTITUTIONAL LTD	3,500,000	C
(K) OAKTREE ENHANCED INCOME FUND	3,392,932	C
(L) ENTRUST GLOBAL ACTIVITIES FUND	3,000,000	С
(M) ENTRUST SPECIAL OPPORTUNITY FUND II	2,774,578	С
(N) WARBURG PINCUS PRIVATE EQUITY XI	2,716,000	C
(O) TPG SPECIALTY LENDING	2,069,908	С
(P) GLOBAL INFRASTRUCTURE LIMITED PRTNS	1,156,274	С
(Q) STONE PEAK INFRASTRUCTURE FUND	771,226	С
(R) COORDINATED TRAVEL	125,000	С

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

	ie of the organization ERNATIONAL UNION - UAW				Emp	loyer identif	ication number	
					38-0	0679801		
Pa	THE General Information "Yes" to Form 990, Parentee 1 (1997)			ne United States. Co	omplete if th	ie organiza	tion answered	
1	<b>For grantmakers.</b> Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants o	r assistance, and the s	selection crite	eria used	┌ Yes ┌	No
2	<b>For grantmakers.</b> Describe in assistance outside the United	States.	·		_	-	and other	
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed	)		
	( <b>a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program service specific ty	ce, describe ype of	(f) Total expenditu for and investmen in region	
( 1	) NORTH AMERICA	1	4	PROGRAM SERVICES	SERVICE OF MEMBERS		626	,776
( 2	)							
( 3	)							
( 4	)							
( 5	)							
ı	a Sub-total b Total from continuation sheets to Part I	1	4					,776
- (	c Totals (add lines 3a and 3b)	1	4	1			626	,776

Pa						<b>ited States.</b> Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
( :	2)								
(:	3)								
( 4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	।ন	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	[৵	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	্ব	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	굣	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	NORTH AMERICA 626,776 0

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OMB No 1545-0047

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## Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization INTERNATIONAL UNION - UAW **Employer identification number** 

38-0679801

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	$\Gamma$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut			2	Yes	
			ricetor, regulating the Remo Checked in the 14	-	res	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	Compensation committee	$\Gamma$	Written employment contract			
	Independent compensation consultant	$\sqcap$	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	t VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		No
b	Participate in, or receive payment from, a supplementa	l non	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lir compensation contingent on the revenues of					
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, lir compensation contingent on the net earnings of	ne 1 a	a, did the organization 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, lir payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, paid	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	butt	able presumption procedure described in Regulations	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference **Explanation** 

Schedule J (Form 990) 2013

# Software ID: Software Version:

**EIN:** 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Schedule J, Pa	art I	II - Officers, Direc	tors, Trustees,	Key Employees, an	d Highest Compens	ated Employees	, , , , , , , , , , , , , , , , , , ,	
(A) Name		(B) Breakdown of  (i) Base Compensation	f W-2 and/or 1099-f (ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
SCOTT ADAMS REGIONAL DIRECTOR	(I) (II)	149,183	compensus.		29,133	5,336	183,652	
GERALD KARIEM REGIONAL DIRECTOR	(I) (II)	145,847			28,938	1,594	176,379	
GARY JONES REGIONAL DIRECTOR	(I) (II)	145,687			28,938	4,753	179,378	
KENNETH LORTZ REGIONAL DIRECTOR	(I) (II)	145,557			28,938	1,395	175,890	
RONALD MC INROY REGIONAL DIRECTOR	(I) (II)	145,386			28,938	910	175,234	
GARY CASTEEL REGIONAL DIRECTOR	(I) (II)	145,264			28,938	2,174	176,376	
NORWOOD JEWELL REGIONAL DIRECTOR	(I) (II)	143,953			28,938	672	173,563	
RORY GAMBLE REGIONAL DIRECTOR	(I) (II)	143,503			28,938	578	173,019	
JULIE KUSHNER REGIONAL DIRECTOR	(I) (II)	143,442			28,938	3,460	175,840	
CHARLES HALL REGIONAL DIRECTOR	(I) (II)	141,946			28,938	1,625	172,509	
ROBERT KING PRESIDENT	(ı) (ıı)	177,127			30,268	1,921	209,316	
DENNIS D WILLIAMS SEC-TREASURER	(I) (II)	162,055			29,793	6,180	198,028	
CYNTHIA ESTRADA VICE PRESIDENT	(I) (II)	155,057			29,396	1,576	186,029	
GENERAL HOLIEFIELD VICE PRESIDENT	(I) (II)	154,982			29,396	4,224	188,602	
JOSEPH ASHTON VICE PRESIDENT	(I) (II)	154,090			29,396	1,086	184,572	
JAMES SETTLES VICE PRESIDENT	(I) (II)				29,396	3,666	186,777	
KRISTYNE PETER	(I) (II)				29,080		201,538	
MICHAEL GLENNING	(I) (II)				28,603		192,567	
DANNY TRULL SR	(I) (II)				28,510		186,298	
JAMES GALLAGHER	(I) (II)	155,670			28,254		183,924	

Form 990, Schedule J, Pai	<u>rt I</u>	<u>I - Officers, Direc</u>	tors, Trustees, Ke	ey Employees, and	l Highest Compens	<u>sated Employees</u>		
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL NICHOLSON	(I) (II)	155,377			29,396		184,773	

DLN: 93493048018965

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INTERNATIONAL UNION - UAW 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 (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	Talisweled les oill	Olli 330, Falciv, III	16 Z0a, Z0b, 01 Z0c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) TRACI SEELY	FAMILY OF DIR	65,887	COMPENSATION		No
(2) ANDREA WILLIAMS	FAMILY-OFFICER	65,022	COMPENSATION		No
(3) THOMAS ASHTON	FAMILY-OFFICER	125,500	COMPENSATION		Νo
(4) JUSTIN JEWELL	FAMILY OF DIR	110,034	COMPENSATION		No
(5) PATRICK ASHTON	FAMILY-OFFICER	115,125	COMPENSATION		No
(6) MICHAEL GLENNING	FAMILY-OFFICER	166,712	COMPENSATION		No

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

## DLN: 93493048018965

OMB No 1545-0047

Inspection

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization INTERNATIONAL UNION - UAW

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

38-0679801

Employer identification number

Return Reference	Explanation
FORM 990, PAGE 1, ITEM B	Бунанаціон
FORM 990 - ORGANIZATION'S	COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING
MISSION	UNITS , COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND
	ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFF ILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON I NTERESTS OF THE MEMBERSHIP
FORM 990, PAGE 2, PART III, LINE 4D	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 UNAFF ILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON I NTERESTS OF THE MEMBERSHIP
FORM 990, PART V, LINE 4B	CANADA
FORM 990, PART VI	FORM 990, PART VI, LINE 12A - ORGANIZATION'S CONFLICT OF INTEREST POLICY - THE ORGANIZATIO  N FOLLOWS THE UAW ETHICAL PRACTICES CODE FORM 990, PART VI, LINE 15 - DETERMINATION OF CO  MPENSATION - THE ORGANIZATION'S OFFICER AND STAFF COMPENSATION IS SUBJECT TO REVIEW AND AP
EODMANN DA OE O DA DELVILLINE O	PROVAL AT EACH CONSTITUTIONAL CONVENTION
FORM 990, PAGE 6, PART VI, LINE 6	UAW MEMBERSHIP IS GOVERNED BY THE UAW CONSTITUTION AND FEDERAL LABOR LAW AND IS FREELY AVA ILABLE TO PERSONS WORKING IN BARGAINING UNITS FOR WHICH THE UAW HAS BEEN DESIGNATED AS THE EXCLUSIVE COLLECTIVE BARGAINING REPRESENTATIVE UNDER FEDERAL LABOR LAW
FORM 990, PAGE 6, PART VI, LINE	UAW MEMBERS ARE ENTITLED TO VOTE FOR VARIOUS ELECTED LEADERSHIP, IN ACCORDANCE WITH
7A	THE UA W CONSTITUTION AND FEDERAL LABOR LAW AS PERMITTED BY FEDERAL LABOR LAW, THE UAW ELECTS IT S LEADERSHIP THROUGH A CONVENTION AT WHICH ELECTED DELEGATES ELECT THE OFFICERS OF THE INT ERNATIONAL UNION
FORM 990, PAGE 6, PART VI, LINE 7B	UAW MEMBERS ARE ENTITLED TO VOTE ON A VARIETY OF SUBJECTS, INCLUDING AUTHORIZATION FOR STR IKE ACTIONS, RATIFICATION OF COLLECTIVE BARGAINING AGREEMENTS AND OTHER MATTERS IN ACCORDA NCE WITH THE UAW CONSTITUTION AND FEDERAL LABOR LAW
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS PREPARED UNDER THE SUPERVISION OF THE INTERNATIONAL SECRETARY- TREASURER W HO IS RESPONSIBLE FOR SUCH FILINGS UNDER THE TERMS OF THE UAW CONSTITUTION
FORM 990, PAGE 6, PART VI, LINE 19	IN ACCORDANCE WITH FEDERAL LABOR LAW, VARIOUS GOVERNING DOCUMENTS - INCLUDING THE UAW CONS TITUTION AND THE UAW ETHICAL PRACTICES CODE - ARE FREELY AVAILABLE TO UAW MEMBERS
FORM 990, PART XI, LINE 9	CURRENT SUBSIDIARIES LOSSES NOT ON 990 RETURN -4,248,269 SUBSIDIARY VALUE OF LOAN RECEIVAB LE NOT ON 990 63,269 NON CASH TRANSACTIONS 0 NOTE REC AND MISC ADV WRITEOFF -3,851
	FURNIT URE & EQUIPMENT EXPENSED 461,379 ITEMS REPORTED ON UBC 990 EIN 38-6111612 0 EXPENSES FOR UBC PAID FOR BY UAW INTERNATIONAL -280,767 PROCEEDS FROM ASSETS SOLD TRANSFERRED
	TO INT'L
	560,000 UBC ASSETS PURCHASED BY UAW INT'L -1,665,509 EQUIPMENT PURCHASED BY UAW INT'L - 2,6 77 DEPRECIATION RECORDED ON BOTH 990'S 159,824 RENTAL INCOME TRANSFERRED TO UAW INT'L 146, 420

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

(Form 990)

INTERNATIONAL UNION - UAW

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2013

**Employer identification number** 

DLN: 93493048018965 OMB No 1545-0047

> Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization

				38-06798	01			
Part I Identification of Disregarded Entities Complete	ıf the organızatıon	answered "Yes" or	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dii	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions Complete if a tax year.	the organization ar	l nswered "Yes"	l on Form 990, P	l art IV, l	ine 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	non Public charity (if section 501)	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512(b ontrolle tity?
See Additional Data Table							Yes	No
See Additional Data Table								
							$\bot$	
							+	<u> </u>
							+	<u> </u> 
For Paperwork Reduction Act Notice, see the Instructions for Form 990.			<u> </u> 35Y			Schedule R (For	<u> </u>	<u> </u> 2013

<b>(a)</b> Name, address, and related organizat	EIN of ion	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo Income unre exclud tax section	(e) Deminant E(related, Elated, Ided from Under Uns 512- 14)	(f) Share of total income	(g) Share of end-of-ye assets		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gene mana parti	ral or iging ner?	(k) Percentage ownership
COORDINATED TRAVEL		TRVL SERV	MI	N/A	RELATE		22,071	90,74	Yes	No No		Yes	No No	25 000 %
NALKER ST 10IT, MI 48207 573166		INVE SERV					22,071	30,71						23 000 %
									_					
Identification of Relate line 34 because it had one	d Organizations Taxa or more related organiz	ble as a Corp	oratio as a co	n or Trust rporation c	: Comp or trust	plete if t during	the organ the tax y	ızatıon a ear.	nswer	ed "Ye	s" on Form	990	, Pari	iV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreig country)	n	(d) Direct contro entity		(e) ype of en (C corp, corp, or trust)	S inco	f total   Sh	(g) nare of en of-year assets		<b>(h)</b> Percentage ownership	(t	(i) tion 512 b)(13) ntrolled ntity?	2
							<u> </u> 					Y		No

(3) COORDINATED TRAVEL SERVICE

(5) UAW RETIREE HEALTH AND WELFARE

(4) PUBLIC REVIEW BOARD

BENEFITS TRUST VEBA

Pa	rt V	Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, lır	ne 34, 35b, or 36.			
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more	related organizations l	sted in Parts II-IV	?			
а	Receip	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gıft, gı	rant, or capital contribution to related organization(s)				1b		No
С	Gıft, gı	rant, or capital contribution from related organization(s)				1c		No
d	Loans	or loan guarantees to or for related organization(s)				1d		No
e	Loans	or loan guarantees by related organization(s)				1e		No
f	Divide	nds from related organization(s)				1f		No
g	Sale o	f assets to related organization(s)				1g		No
h	Purcha	ase of assets from related organization(s)				1h		No
i	Exchar	nge of assets with related organization(s)				1i		No
j	Lease	of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease	of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Perforr	nance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Perforr	nance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n	Sharing	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharın	g of paid employees with related organization(s)				10		No
р	Reımb	ursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
q	Reımb	ursement paid by related organization(s) for expenses				1q		No
r	Other	transfer of cash or property to related organization(s)				1r	Yes	
s	Other	transfer of cash or property from related organization(s)				1s	Yes	
2	If the a	answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including c	overed relationships	s and transaction thresholds			
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	
<b>(1)</b> U	NION BUI	LDING CORPORATION	S	146,420	TRANSFERS			
	AW NATIO	ONAL COMMUNITY RAM	R	1,100,000	TRANSFERS			

М

R

241,238 SERVICES RENDERED

549,329 REIMBURSEMENTS

8,377,444 TRANSFERS

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

# Software ID: Software Version:

**EIN:** 38-0679801

Name: INTERNATIONAL UNION - UAW

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g) Section 51 (b)(13) controlled entity?
(1) UNION BUILDING	TITLE HOLD	MI	501C2		UAWINTL	Yes No
CORPORATION 8000 E JEFFERSON DETROIT, MI 48214 38-6111612					INTERNATIONAL UNION-UAW	
(1) UAW NATIONAL COMMUNITY ACTION PROGRAM 8000 E JEFFERSON DETROIT, MI 48214 38-2258829		MI	501C5		UAW INT'L	No
(2) PUBLIC REVIEW BOARD	ARBITRATOR	MI	501C5		UAW INT'L	No
904 STARKWEATHER PLYMOUTH, MI 48170 38-1558078						
(3) UAW RETIREE HEALTH AND WELFARE BENEFITS TRUST VEBA 8000 E JEFFERSON DETROIT, MI 48214 26-0891192	VEBA	MI	501C9		UAW INT'L	No
(4) UAW NATIONAL COMMUNITY ACTION PROGRAM 8000 E JEFFERSON DETROIT, MI 48214 38-2258829	СОММ	MI	501C5		UAW INT'L	No
(5) UAW MICHIGAN COMMUNITY ACTION PROGRAM 8000 E JEFFERSON DETROIT, MI 48214 38-2309414	COMMUNITY	MI	501C5		UAW INT'L	No
(6) UAW MICHIGAN V- PAC	GOTV	MI	527		UAW INT'L	No
8000 E JEFFERSON DETROIT, MI 48214 38-3261264						
(7) UAW NATIONAL POLITICAL ACTION COMMITTEE 8000 E JEFFERSON DETROIT, MI 48214 38-2193958	GOTV	MI	527		UAW INT'L	No
(8) UAW REGION 1-A CAP	COMMUNITY	MI	501C5		UAW INT'L	No
8000 E JEFFERSON DETROIT, MI 48214 38-3256790						
(9) UAW REGION 1-C CAP	COMMUNITY	MI	501C5		UAW INT'L	No
8000 E JEFFERSON DETROIT, MI 48214 38-3256787						
(10) UAW REGION 1-D CAP	COMMUNITY	MI	501C5		UAW INT'L	No
8000 E JEFFERSON DETROIT, MI 48214 38-3256789						
(11) UAW REGION 1 CAP	COMMUNITY	MI	501C5		UAW INT'L	No
8000 E JEFFERSON DETROIT, MI 48214 38-3256791						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493048018965 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) 92] Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return INTERNATIONAL UNION - UAW 38-0679801 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 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 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 790.396 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 131,076 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 13,356 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 934,828 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, 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—Depre	ciation a	<u>nd Other Ir</u>	<u>iforma</u>	tion (C	<u>aution</u>	: See :	the ir	<u>ารtru</u>	ctions	s for lii	mits i	for pa	isseng	<u>er au</u>	<u>tomot</u>	<u>iles.</u>
24a Do you have eviden	ce to support t	he business/inve	stment us	e claimed	∘ Г <sub>Үеѕ</sub>	□N₀			<b>24b</b> If	"Yes," ıs	the ev	ıdence	written?	Гүе	Гио	<b>)</b>
(a) Type of property (list vehicles first)	pe of property (list Date placed in investment Cost of		(e) Basis for depreciation (business/investment use only)				(f) Recove period	overy Method/		1	<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
<b>25</b> Special depreciation allo	wance for qual	ified listed proper	ty placed	ın service d	during the	tax year	and us	sed m	ore thai	n						
50% in a qualified busi										25				Ш_		
<b>26</b> Property used more See Additional Data Table	e than 50%		ousiness	use	1											
see Additional Data Table		%							+		+			+-		
		%														
<b>27</b> Property used 50%	or less in a	qualified bus	ıness us	e												
		%							S/L · S/L ·					4		
		%							S/L·		+			$\dashv$		
<b>28</b> Add amounts in co	olumn (h), lır	ies 25 through	1 27 Ent	ter here a	and on Iır	ne 21,	page :	1	28		'	13	,356			
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1				•	· .			29			
				-Infor												
Complete this section														co vobic	loc	
f you provided vehicles to	your employee	es, mst answer ti	ie questioi		a)		)	Texce	(c)			d)		e)		f)
•	Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)			Vehicle 1 Vehicle			•						1			icle 6
<b>31</b> Total commuting i	miles driven	during the yea	ar .													
<b>32</b> Total other persor	nal(noncomm	nuting) miles d	driven													
<b>33</b> Total miles driven through 32	during the y	ear Add lines	30													
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho														+		1
35 Was the vehicle us owner or related p	sed primarily	by a more th	an 5%													
<b>36</b> Is another vehicle		r personal use	e? .													
		stions for I													•	
nswer these question % owners or related		•		eption to	complet	ting Se	ction	B for	vehic	les use	d by e	employ	ees wh	o are	not mo	re th
<b>37</b> Do you maintain a employees?	written police	y statement t	that proh	ııbıts all ı	personal • • •	use of	vehic	les,	ncludi 	ing com	mutin	ng, by	your • • •	<u>\</u>	es	No
<b>38</b> Do you maintain a																
employees? See t						ers, dire	ectors	or:	L% or	more o	wners	•		$\vdash$		
<b>39</b> Do you treat all us	e of vehicles	s by employee	s as per	sonal us	e?			•						$\vdash$		
40 Do you provide mo vehicles, and reta				oyees, ob	otaın ınfo	rmatio • •	n from	n you •	r empl	loyees a	about • •	the us	e of			
<b>41</b> Do you meet the r	equirements	concerning q	ualified a	automobi	le demor	stratio	n use	? (Se	e inst	ruction	s) .					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 ıs "Yes	s," do not	t complet	te Sect	ion B	for t	ne cov	ered ve	hicles	S				
	rtization	· · · · · ·		·	· · ·										<u> </u>	
'		(b)		(-				(4)		(e)	1			(f)		
(a) Date Description of costs amortization begins			(c) A mortizable amount			С	Code A mortization period or percentage			lor	A mortization for this year					
<b>42</b> A mortization of co	sts that beg	ıns durıng you	ır 2013	tax year	(see inst	truction	ns)									
	T			<u> </u>	-		•									
<b>43</b> Amortization of co	sts that beg	an before vou	r 2013 t	ax vear						1	43					
44 Total Add amount	_	-		-			- '	-			44					

## **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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
2003 CLUB CAR TRANSP	2002-11-21	100 00 %	9,535	9,535	5 0	S/L-S/L		
1995 FORD VAN	2005-05-26	100 00 %	2,456	2,456	5 0	200 DB-HY		
1998 FORD PICK UP TR	2005-04-28	100 00 %	7,353	7,353	5 0	200 DB-HY		
1998 PICK UP TRUCK	2005-08-03	100 00 %	4,043	4,043	5 0	S/L-S/L		
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	1,875	
2004 FORD VAN	2008-05-15	100 00 %	6,969	6,969	5 0	S/L-S/L	465	
1999 CHEVY PICK UP	2008-07-16	100 00 %	4,385	4,385	5 0	S/L-S/L	512	
1995 PONTIAC STATION	2002-07-26	100 00 %	6,302	6,302	5 0	S/L-S/L		
1997 CHEVY PICK UP	2002-07-26	100 00 %	4,531	4,531	5 0	S/L-S/L		
1999 CHEVY PICK-UP	2002-07-26	100 00 %	6,286	6,286	5 0	S/L-S/L		
2005 GMC YUKON	2005-07-25	100 00 %	42,202	42,202	5 0	200 DB-HY		
2002 FORD E-450 DIAM	2008-02-04	100 00 %	23,907	23,907	5 0	S/L-S/L	398	
2001 FORD E-450 THOM	2008-02-04	100 00 %	25,307	25,307	5 0	S/L-S/L	422	
2001 CHEV CT3-BUS	2012-10-30	100 00 %	41,098	20,549	5 0	200 DB-MQ	7,809	

## TY 2013 GeneralDependencySmall

Name: INTERNATIONAL UNION - UAW

**EIN:** 38-0679801

卿

**Business Name or Person Name:** 

**Taxpayer Identification Number:** 

Form, Line or Instruction Reference:

**Regulations Reference:** 

**Description:** GENERAL FOOTNOTE

Attachment Information: SEE ADDITIONAL FORMS: UAW INTERNATIONAL UNION 2013 FORM

990T EIN 38-0679801 UNION BUILDING CORPORATION 2013 FORM 990 EIN 38-6111612 UNION BUILDING CORPORATION 2013 FORM 990T EIN 38-6111612 PAT GREATHOUSE EDUCATION CENTER EIN

36-2138521 FORM 990-N FOR 2013

## TY 2013 GeneralDependencySmall

Name: INTERNATIONAL UNION - UAW

**EIN:** 38-0679801

匆

**Business Name or Person Name:** 

**Taxpayer Identification Number:** 

Form, Line or Instruction Reference:

**Regulations Reference:** 

**Description:** WAIVE NOL CARRYBACK

**Attachment Information:**