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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the	2015 cale	endar year, or tax year beginning	, 2015, a	and ending	1		, 20	
В	Check if	applicable	C Name of organization International Union, UAW, Local 653	3			D Employe	er identification	number
	Address	change	Doing business as Labor Union					38-1119397	
	Name ch		Number and street (or P O box if mail is not delivered to street ad	dress)	Room/surt	е	E Telephor	-	
\Box	initial ret	•	670 E. Walton Blvd.					248-373-7774	
\exists		m/terminated		code	'			240-3/3-///4	
\vdash			1	0000					
님	Amende		Pontiac, MI 48340				G Gross re		1,558,225
Ш	Applicati	ion pending	F Name and address of principal officer.			1	•	subordinates? 🖳 Ye	_
	_		Mike Warchuck, 670 E. Walton Blvd., Pontiac, MI 48340					s included? 📙 Ye	
<u> </u>	Tax-exe	mpt status	501(c)(3)	47(a)(1) or	527	If "N	io," attach a	ı lıst (see instruct	ions)
J	Website	: ► http	p://region1.uaw.org/local653/			H(c) Group	exemption	number >	0427
K	Form of	organization	Corporation ☐ Trust	L Ye	ar of formation	on: 1939	M State	of legal domicile:	: MI
Р	art I	Sumn	n ary	•					
	1	Briefly de	escribe the organization's mission or most significant a	activities:	Promot	e social and	l economi	c justice throu	ugh
۾ ڪِ			e bargaining, meetings, education, communication, organ					-	
C & 2018 Governance			nization, maintenance of its property and assets, delivery						
≘ 6€	2		his box ► if the organization discontinued its operation						
_ 8	1				isposed o	i more mai	1 _ 1	ils nei asseis	
ِ ق	3		of voting members of the governing body (Part VI, line	•			3		18
Lies & (4		of independent voting members of the governing body		•		4	ļ - -	16
_, i≣	5		mber of individuals employed in calendar year 2015 (P	art V, line	e 2a) .		5	ļ	40
RD CENT Activities &	6		mber of volunteers (estimate if necessary)				6		96
M A	7a	Total uni	related business revenue from Part VIII, column (C), lin	e 12	 1 .		7a	1	0
_ _	b	Net unre	elated business taxable income from Form 9907 (The	34/ED.			7b	 	0
SCANNED No Acti					731	Prior Y	ear	Current '	Year
Ç,	8	Contribu	utions and grants (Part VIII, line 1h) . 😿		18/		4569		9412
S. Revenue	9		n service revenue (Part VIII, line 2g)	2016	0-SE		1152255	 }	1480716
Š	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)				35		47
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10g) and	AM TANS	~ · · L				
	12						91375		65039
_			/enue – add lines 8 through 11 (must equal Rent VIII, colu		110 12)		1248234		1555214
	13		and similar amounts paid (Part IX, column (A), lines 1–3	9)	· · ·		5500	<u> </u>	5000
	14		paid to or for members (Part IX, column (A), line 4) .		· :		0		0
es	15		other compensation, employee benefits (Part IX, column	(A), lines	5–10)		336832		340916
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e) .		· · L		0		0
×	b	Total fur	ndraising expenses (Part IX, column (D), line 25)				<i>,</i>		_ '
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)				867898		1083626
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 2	5) . [•	1210230		1429542
	19	Revenue	e less expenses. Subtract line 18 from line 12		' F		38004		125672
- ×	3				E	seginning of C		End of Y	
Assets or Relences	20	Total ass	sets (Part X, line 16)				2948841		3074972
Ass	21		Hillian (Dan V. Itan OC)						
Net As	22		•		· · · }		80755		147123
	art II		ets or fund balances. Subtract line 21 from line 20 .		<u>·</u>		2868086	<u> </u>	2927849
			ature Block						
			iury, I declare that I have examined this return, including accompanyin plete. Declaration of preparer (other than officer) is based on all inform					ny knowledge ar	nd belief, it is
		t, and comp	1 A +A	addition with	iicii preparei	Tias any know	ieuge		
۵.		\downarrow	James C. Bailey						
Sig	-	Sign	flature of officer			D	ate	-1 1	
He	ere		James C. Bailer				<u>_</u>	5/a/a010	0
		Тур	pe or print name and title						
D	nid	Print/T	ype preparer's name Preparer's signature		Da	te	Check	PTIN	
	epare	. <u>.</u>					self-em		
	-		name ▶			Fire	m's EIN ▶		
US	se Onl	ייי עי	address ▶		-				
Ms	v the IF		ss this return with the preparer shown above? (see inst	tructione\	<u> </u>		one no		es No
_				a decitoris)			· · · ·		
FO	raper	work Hedi	uction Act Notice, see the separate instructions.		Cat N	o 11282Y		Form	n 990 (2015)

Form 990	0 (2015)						Page 2
Part I		nent of Program Servi					
	Check	if Schedule O contains	a response or note to any	line in this Part III			<u>. </u>
1	•	be the organization's mi					
			rough collective bargaining,				
		n or the organization, mair	ntenance of its assets, deliver	y of benefits to men	ibers, traternal and social	activities ar	10
	acuvitics that	indice the interests of the	e members.				
2	Did the orga	nization undertake any s	ignificant program services	during the year wh	ich were not listed on th	e	-
						☐ Yes	✓ No
		cribe these new services					
3	Did the orga	anization cease conduc	ting, or make significant of	changes in how it			
			• • • • • • • • •			☐ Yes	✓ No
		cribe these changes on S					
4	expenses. S	ection 501(c)(3) and 501	service accomplishments f (c)(4) organizations are requ y, for each program service	ired to report the			
4a	(Code:) (Expenses \$	N/A including grants	of \$) (Revenue \$		<u> </u>
70	Collective ha	ragining and representation	n to 16,763 members.	О Ф) (ι ιονοιίαο φ		- '
							·
4b	(Code:) (Expenses \$	N/A including grants	of \$	\ (Revenue \$		· · · · ·
	(======================================	/ (=p=::=== + <u></u>	g				- '
							·

4c	(Code:) (Expenses \$	N/A including grants	of \$) (Revenue \$)
							- ·
							
		·			•••••••••••••••	·	
4d	Other progra	am services (Describe ın	Schedule O.)				
	(Expenses \$			/A) (Revenue \$	N/A)		
4e	Total progra	m service expenses >	N/A				

² art	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		20140000
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ь	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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		,

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Part	V Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	* :	ij	(** ·
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	/	
		For	m 990	0 (2015)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Check it defledule of contains a response of note to any line in this Part V		Yes	No	-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			7	ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ŀ	·		-
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	ļ.		, ,	
	reportable gaming (gambling) winnings to prize winners?	1c	1		ž
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	(3)	. 3 * 4	Ī
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1		ł
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	8		· 7	•
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1	2
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶		1		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	~ `•	-	,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1	3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b	✓		
7	Organizations that may receive deductible contributions under section 170(c).	" -,		, .	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			عُ عنا	1
	and services provided to the payor?	7a		<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u>↓</u>	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_			
	required to file Form 8282?	7c_		3	3
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>	-
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		-	-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		 	-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├─	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- C -	87		7
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>		-
9	Sponsoring organizations maintaining donor advised funds.	-		 	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	 	-
10	Section 501(c)(7) organizations. Enter:	š. :	<u>}</u>		7
а	Initiation fees and capital contributions included on Part VIII, line 12		\$ · · · ·	1	30.4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		i. or		-
11	Section 501(c)(12) organizations. Enter:			1 3 2 2	
а	Gross income from members or shareholders		1	3	
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 1	
	against amounts due or received from them.)	4.	1 â		٠
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	ę		_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	` `&o\$	i.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			-
	Note. See the instructions for additional information the organization must report on Schedule O.	7			•
b	Enter the amount of reserves the organization is required to maintain by the states in which	ķ	3	į į,	٠
	the organization is licensed to issue qualified health plans	*	<u>ر</u> ا	3	Š
С	Enter the amount of reserves on hand		Ľ *	L **/	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			•
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			•

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Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Sacti	Check if Schedule O contains a response or note to any line in this Part VI			<u>√</u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
,,,	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.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 16		*,	: '1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	_3_		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6	✓	├──
<i>r</i> a	one or more members of the governing body?	7a	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a	•	
-	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:	**	}. },	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
10-	Did the average time have least the true because of the true of true of the true of true of the true of the true of true o	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	- ,	7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	Ī
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<u></u> .	1
14	Did the organization have a written document retention and destruction policy?	14	/	ļ.,
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		: "	
_		45-		1
a b	The organization's CEO, Executive Director, or top management official	15a 15b	-	1
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, 30	 	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.5	: X (
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		\ .	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	l		. 1
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply	1 501	(c)(3)s	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule 0) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the confidence of	oroot	nelie	
13	financial statements available to the public during the tax year.	e1 62(POIIC	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	· •	
	James C. Bailey, 670 E. Walton Blvd., Pontiac, MI 48340 248-373-7774	Joius		

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

Check if Schedule O contains a response or note to any line in this Part VII	
	_

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Compensated employees, and former such pers										
☐ Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
		(C)								
(A)	(B)	(do n	ot ch			than c	ากค	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_	_		or/trust	_	compensation from	compensation from related	amount of other
	hours for	악	Inst	Officer	ě	High	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	er	Key employee	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	[학교	onal		рb	# C		1000-111100,		and related
	line)	l st	Ę		8) per				organizations
		8	e i			Highest compensated employee				
						<u>a</u>	-			
(1) Arlando Williams	2									
Trustee		/	ļ	✓				476	0	0
(2) Margaret Angel	2	_	1							
Trustee		1	<u> </u>	✓	_			0	0	0
(3) Carl Johnson	2			١.						
Trustee		✓	ļ	✓				0	0	0
(4) Michael Warchuck	60			١.					!	
President			_	✓				41933	0	0
(5) James C. Bailey	60							ļ		
Financial Secretary				✓				83630	0	0
(6) Ramon Ruffin	3									
Recording Secretary	 		<u> </u>	1	_		_	1200	0	0
(7) Edward Briones	2			١.				İ		
1st Vice President			<u> </u>	✓	_			136	0	0
(8) Williams Bynum	22			١,						
2nd Vice President	+		<u> </u>	✓	-	<u> </u>	<u> </u>	0	0	0
(9) Nkechi Collins	2									:
2nd Vice President			├	1	_		ļ	1806	0	0
(10) Elanjua Current	22			١,						
Guide	<u> </u>		<u> </u>	✓	_		<u> </u>	0	0	0
(11) Aaron Edwards	22			١,		ŀ				
Sgt @ Arms	1		<u> </u>	✓		<u> </u>	ļ	0	0	0
(12) Angeline Compau	2		ĺ	١,						
Guide	ļ		₩	✓	-		<u> </u>	0	0	0
(13) Steve Yuchasz	60	-		١,]		
Chairperson	 		<u> </u>	✓	<u> </u>	ļ	┡	2653	0	0
(14) Tom Kurzyniec	60			١,	İ					
Chairperson				✓	<u> </u>			2044	0	<u> </u>

	VII Section A. Officers, Directors, Trust		, <u>, , , , , , , , , , , , , , , , , , </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,))						- <u></u>
	(A)	(B)	(do n		Pos		than c	nne.	(D)	(E)		(F)
	Average	box,	untes	s pe	rson	ıs both	an	Reportable	Reportable compensation from		Estimated	
		hours per week (list any				_	or/trust	<u> </u>	compensation from	related) Tirk	amount of other
		hours for related	or de	nstit	Officer	Key employee		Former	the	organizations (W-2/1099-MIS	_,	compensation from the
		organizations	충출	in to	Q	3	est o	ξ	organization (W-2/1099-MISC)		"	organization
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		line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee					organizations
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(25)												
	Sub-total		<u> </u>	1	i		l		136943		0	
C	Total from continuation sheets to Part	VII. Section	on A		•			•	130343	t -	0	
d	Total (add lines 1b and 1c)							▶	136943		0	(
2	Total number of individuals (including bu reportable compensation from the organ	t not limite	d to t					e) w	ho received m	ore than \$100	,000	of
							_					Yes No
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emp	oloyee, or higi	nest compens	sated	
4	For any individual listed on line 1a, is the								nd other com	onestion from	n tha	3 /
7	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of									zation or indiv	idual	
	for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hed	ule J	for :	such person	· · · · ·	•	5 ✓
	on B. Independent Contractors										A 400	
1	Complete this table for your five highest compensation from the organization. Re											
	year.	port compe	Jiisati	011 1	0, 1	110	Jaione	Jai	year ending wi	ar or widini ar	o orga	inzation 3 tax
	(A)		•					Γ	(B)			(C)
	Name and business add	uress						╀	Description of	services		compensation
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2	Total number of independent contraction	ors (includi	ina h	ut r	not	limi	ted t	L o ti	hose listed ab	ove) who	W.H	State of the state
-	received more than \$100,000 of compens								N/A	, ,		

Form **990** (2015)

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d	Net gain or (loss)			▶		0			0		0		0
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	See Part IV, line 18 .		· a	0			₹,		;			. 14	₹′ 9
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ь	Strike Fund Rebate From Members for Dis		on t				:				-	*	
	b c d 8a b c 9a b c	Check if Schedule O Telegrated campaigns be Membership dues of Fundraising events of Related organizations of Government grants (comformal of All other contributions, grand similar amounts not includ to the Total. Add lines 1a–16 Regular, Sub, Bonus Discipled Retired Members Dues of Social & Recreational initiation Fees Total. Add lines 2a–26 Investment income of and other similar amounts amount from investment from investment income or (loss) of Net rental income or (loss) of Net rental income or (loss) of Net rental income or (loss) of Net gain or (loss) of Contributions reported See Part IV, line 18 of Contributions reported See Part IV, line 18 of Contributions or (loss) of Gross income from grow of Contributions of Contributions reported See Part IV, line 19 of Contributions of Contributions of Contributions of Contributions of Contributions of Contributions reported See Part IV, line 18 of Contributions of Contributio	Check if Schedule O contains a In Federated campaigns	Check if Schedule O contains a responsible of the contributions and service revenue. 1a Federated campaigns	Check if Schedule O contains a response or note to be contained a response or note to contain a	Total Description of Part (Contributions) of All other contributions, grifs, grants, and similar amounts not included above of Contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 1a-1f Total. Add lines 2a-2f Total.	Total Check if Schedule O contains a response or note to any line in this Total Check Che	Total reverue	Check if Schedule O contains a response or note to any line in this Part VIII Check Total revenue Total revenue Platified or exempt function revenue Platified or e	Total revenue	Check if Schedule O contains a response or note to any line in this Part VIII	Check if Schedule O contains a response or note to any line in this Part VIII Total revenue	Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

36000	n 30 n(c)(3) and 30 n(c)(4) organizations must com			is must complete co	
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		🗹
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			*****	
	and domestic governments. See Part IV, line 21	o	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5000	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	130496	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	
7	Other salaries and wages	88800	<u>0</u>	0	0
8	Pension plan accruals and contributions (include	00000	<u> </u>	<u> </u>	
	section 401(k) and 403(b) employer contributions)	11526	•		_
9	Other employee benefits	11536	0	0	
10	Payroll taxes	91194 18890		U	0
11	Fees for services (non-employees):	10030			
''a	Management	o	0	0	o
b	Legal	0	0		
c	Accounting	ol	0		
d	Lobbying	0	0		
е	Professional fundraising services. See Part IV, line 17	0		**. ::'	o
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column				-
	(A) amount, list line 11g expenses on Schedule O.)	o	0	l o	l o
12	Advertising and promotion	0	0	0	0
13	Office expenses	45005	0	0	0
14	Information technology	4341	0	0	O
15	Royalties	0	0	0	O
16	Occupancy	118874	0	0	0
17	Travel	19065	0	0	g
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	71408	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	744333	0		, , , , , , , , , , , , , , , , , , , ,
22	Depreciation, depletion, and amortization .	0	0		
23	Insurance	0	<u> </u>	0	, c
24	Other expenses. Itemize expenses not covered	,	* `		, , , , , , , , , , , , , , , , , , , ,
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		· · ·		
	(A) amount, list line 24e expenses on Schedule O.)			liid. · h	
_	Recreational Activity		***************************************		, ,
a	From Members for Disbursement on their beha	52311	0		
b	Donations	10659	0	·	
d	Misc. Reimbursement	12062	0	· · · · ·	
e	All other expenses	2921 2647	0		
25	Total functional expenses. Add lines 1 through 24e	1429542	0		
26	Joint costs. Complete this line only if the	1429342		<u> </u>	† <u>-</u>
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing ol Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L n Inventories for sale or use Prepaid expenses and deferred charges O 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 2518060 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11. 0 14 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses Grants payable ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . ol Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 350026 30 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . Total liabilities and net assets/fund balances . . . Form **990** (2015)

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Page 12

Total revenue (must equal Part VIII, column (A), line 12)						aye iz
Total revenue (must equal Part IVII, column (A), line 12).	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expensess. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Se		Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		. 🗸
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The year No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Y	1		1		19	555214
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					1	129542
Net unrealized gains (losses) on investments	3					125672
Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis Experiment of the year were audited on a separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	_		4		2	868086
7 Investment expenses						0
8 Prior period adjustments	_		<u> </u>			0
Other changes in net assets or fund balances (explain in Schedule O)	-		<u> </u>			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						30
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	-		9			65938)
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		2	927850
Accounting method used to prepare the Form 990:	Part					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. 🗆</u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	_				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_		
 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			plain	in B		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	_					المتكا
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	<u>a</u>	√
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			piled	or		-4"
b Were the organization's financial statements audited by an independent accountant?		·				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				<u> </u>		لاتبكا
separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	D				<u>b</u>	.
□ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in			ea on	a		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in						
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	_			-h-4		الأشاه
If the organization changed either its oversight process or selection process during the tax year, explain in	C	-	_	´_		
		·			C	. ### · · · · · · · · · · · · · · · · ·
Schedule O.		Schedule O.	фап			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	سنخت سمه	لسنته من
the Single Audit Act and OMD Circular A 1999					a	1
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b					1
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	. з	ь	
Form 990 (20					Form 99	0 (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	tional Union, UAW, Local 653			38-1119397
Par				counts.
	Complete if the organization answered '			
	Tabel month as about of cons	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year	N/A		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in do	nor advised
	funds are the organization's property, subject to th			
6	Did the organization inform all grantees, donors, a	_		
•	only for charitable purposes and not for the benef			
			-	• •
Par	Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a histori	cally important land area
	Protection of natural habitat	☐ Preservation of	f a certifie	ed historic structure
^	Preservation of open space	Tall a legal of the second		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a qualified conservation contribution	on in the t	Held at the End of the Tax Year
_			-	
a b	Total acreage restricted by conservation easements		<u> </u>	2a <u>N/A</u> 2b
C	Number of conservation easements on a certified I			2c
ď	Number of conservation easements included in			
				2d
3	Number of conservation easements modified, transtax year ►			y the organization during the
4	Number of states where property subject to conse	ervation easement is located		
5	Does the organization have a written policy re		spection.	handling of
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservat	
_	-			
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conserva	tion easements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements o	f section	170/b)////(R)/i)
•				· · · · · Ves No
9	In Part XIII, describe how the organization reports		e and exp	
_	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme			
Par				Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, e ting to these items:	ducation,	or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$N/A
	(ii) Assets included in Form 990, Part X			. ▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1 .			. > \$
b	Assets included in Form 990, Part X			. ▶ \$

Schedule	D	(Form	990)	2015	i

Part		Organizations Maintaining								
3		the organization's acquisition, tion items (check all that apply):		ner reco	rds, chec	k any of the	e follow	ing that are a	significant	use of its
а	☐ Pu	blic exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Sc	holarly research		0	Other	N/A				
С	☐ Pre	eservation for future generations	3							
4	Provid	le a description of the organizat	tion's collections a	ınd expla	ain how t	hey further	the org	anızatıon's exe	mpt purpo	ose in Part
5		the year, did the organization								_
		to be sold to raise funds rather		ined as p	part of the	e organization	on's co	llection? .	. <u> </u>	es 🗌 No
Part		Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes'							າ Form
	includ	organization an agent, trustee ed on Form 990, Part X?							_	es 🗌 No
b	If "Yes	s," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:	<u> </u>		Amount	
С	Regin	ning balance					1c			N/A
d	-	ons during the year					1d		•	N/A
e		outions during the year					1e			
f		g balance					1f			
2a		e organization include an amou							tv2 🗆 🕇	es 🗆 No
		s," explain the arrangement in P								
		Endowment Funds.	<u> </u>	<i>-</i>	rip ia ria ii o		promac		· · · · · · ·	
		Complete if the organization	answered "Yes"	" on For	m 990, I	Part IV, line	e 10.			
		<u> </u>	(a) Current year		or year	(c) Two year		(d) Three years ba	ick (e) Fou	r years back
1a	Begin	ning of year balance	N/A		· · · · · · · · · · · · · · · · · · ·					
b	_	butions								
С		vestment earnings, gains, and								
d	Grants	s or scholarships								
е		expenditures for facilities and			•					
		ams								
f	Admir	nistrative expenses								
g		f year balance								
2		de the estimated percentage of	the current year en	d baland	ce (line 1g	, column (a	i)) held a	as:		
а	Board	designated or quasi-endowme	nt ▶	%						
b	Perma	anent endowment >	%							
С	Temp	orarily restricted endowment	· %							
		ercentages on lines 2a, 2b, and								
3a		ere endowment funds not in thization by:	e possession of th	ne organ	zation th	at are held	and ad	ministered for	the	Yes No
	-	related organizations							. 3a(i)	
		lated organizations							. 3a(ii)	
b		s" on line 3a(ii), are the related of							. 3b	
4		ibe in Part XIII the intended use							ــــــــــــــــــــــــــــــــــــــ	.l
Part		Land, Buildings, and Equip								
		Complete if the organization		" on Fo	rm 990, I	Part IV, line	e 11a.	See Form 99	0, Part X,	line 10.
		Description of property	(a) Cost or ot	her basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation		ok value
1a	Land			0	1	138500	14 Sept			138500
b	Buildi	nas				2134313		0		2134313
C		hold improvements			+	0		0		0
d	Equip	•		0		245677		0		0
e	Other					245077		0		0
		nes 1a through 1e. (Column (d) i			<u> </u>		<u>. </u>			2518490

Part VII	Investments—Other Securities. Complete if the organization answers		m 000 B	art IV line	11h Con Form	000 Port V line 12
	(a) Description of security or category		(b) Boo		(c) Me	thod of valuation
	(including name of security)				Cost or end	d-of-year market value
(1) Financial						
	neld equity interests					
(3) Other N/	A		·			
(A) (B)				-		
(C)	••••••					
(D)	•••••••••••••••••		 			
(E)						
(F)			·			
(G)						
(H)			 			
	b) must equal Form 990, Part X, col (B) line 12.) ▶				A. N. P	
Part VIII	Investments - Program Related	I.	1		~	
	Complete if the organization answ		rm 990. F	art IV. line	11c. See Form	n 990. Part X. line 13.
	(a) Description of investment			ok value	(c) Me	ethod of valuation: d-of-year market value
(1) N/A						
(2)						
(3)			ļ		·	
(4)			+			
(5) (6)			 			
(7)						
(8)						
(9)			1	-		
	b) must equal Form 990, Part X, col. (B) line 13)		†		* * * * * * * * * * * * * * * * * * * *	
Part IX	Other Assets.			<u>-</u>	·	
	Complete if the organization answ	wered "Yes" on Fo	rm 990, F	art IV, line	11d. See Forn	n 990, Part X, line 15.
	(8	i) Description				(b) Book value
(1) N/A	· · · · · · · · · · · · · · · · · · ·					
(2)						
(3)						
(4)	· · · · · · · · · · · · · · · · · · ·					
(5)					<u> </u>	
(6)						
(7)						
(8)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				
Part X	Other Liabilities.	(_/,				
	Complete if the organization ansuline 25.	wered "Yes" on Fo	rm 990, F	art IV, line	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value				· · · · · · · · · · · · · · · · · · ·
(1) Federal II	ncome taxes		10	·		
(2) Per Cap	ita Taxes		141889			
(3)				·		
(4)			'	10 ". 10 m / 10 ".		
(5)						
(6)						
(7)				·		7. · · · · · · · · · · · · · · · · · · ·
(8)						,
(9)				, ^		į,
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		141899	, ,		\$ \$ · · · · · · · · · · · · · · · ·
2. Liability fo organization'	r uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under	de the text of the foot FIN 48 (ASC 740). Ch	note to the e eck here if t	organization the text of th	's financial statem le footnote has be	ents that reports the en provided in Part XIII

Part			r Return.	
1	Complete if the organization answered "Yes" on Form 990, F Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		12712011	N/A
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-[1]	
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XII Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" on Form 990, I		•	
1			. 1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		30	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	A .	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_c	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	. 5	
	XIII Supplemental Information.	4.4. D-+1V 1411	Ob Do AM Page	4. B V. E
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			4; Part X, line
2, i ai	t Ar, lines 20 and 40, and 1 art All, lines 20 and 40. Also complete this part	to provide any additional	i illioritation.	
	•••••••••••••••••••••••••••••••••••••••			
	•			

	•			

	rm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
	**	"
		······································

SCHEDÜLE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

International Union, UAW, Local 653	38-1119397				
Part I, Line 1: activities and activities that further the interests of the members.					
Part X, Line 2, Column A: This amount has been increased by \$30 due to the voiding of an outstanding check written in prior year.					
Part XI, Line 9: Difference between liabilities 2014 (\$80,755) and liabilities 2015 (\$147,123). Total (\$66,368). Also, difference between fixed					
assets 2014 (\$2,518,060) and fixed assets 2015 (\$2,518,490). Total \$430.	<u>-</u>				
Part VI, Line 6: Anyone who has applied for and been accepted for membership is a regular member.					
Part VI, Line 7b: All decisions are subject to membership approval.					
Part VI, Line 11b: There is no process used by the organization to review this form this form before fil	ing				
Part VI, Line 12c: All officers are covered under the policy. Local unions may determine if conflicts ex	kist by constitutionally required trustee				
audits and the review of monthly financial records. The parent organization also conducts periodic audits. Restrictions are described in the					
International constitution.					
Part VI, Line 19: Copies are provided upon request.					
<u></u>					
<u>′</u>					
	·				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2015

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

Open to Public Inspection Employer Identification number 38-1119397 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. International Union, UAW, Local 653

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(1) N/A							
(2)							
(6)						į	
(4)							
(5)							
(9)							
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	s Complete if the organithe tax year.	nization ans	wered "Yes" on	Form 990, Part	IV, line 34 beca	use it had	
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(n) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
						Yes	2
(1) UAW Local 653 Building Corporation, 670 E. Walton Blvd., Pontiac, MI 48340 38-1119397	Title MI		501(c)2	Z	N/A N/A		>
(2)							
(3)							
(4)							
(5)					!		
(9)							
(Δ)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No	Cat No 50135Y		Schedule	Schedule R (Form 990) 2015	0) 2015

Name, a relatt	.					Decades it lied one of more followed or game and a second of the second						
(1) MA (2) (3)	rrimary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, extunded from tax under sections 512-514)	Share at, inc	Share of total Sha	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	l or Per ing ow	(k) Percentage ownership
(1) N/A (2) (3)								Yes No		Yes	2	
(3)												
(3)	Ī											
(4)												
(9)												
(9)												
ω												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Organizatic or more rel	ons Taxable	as a Corporati	ion or Trust	t Complet tion or tru	te if the or ist during	ganization the tax ye	answere ar.	d "Yes" on	Form 990,	Part IV	,
(a) Name, address, and EIN of related organization	Lo Lo	(b) Primary activity	(c) Legal domicile (state or foreign country)	country) er	(d) Direct controlling entity (((e) Type of entity (C corp, S corp, or trust)	ity Shar or trust) In	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(I) Section 512(b)(13) controlled entity?) 112(b)(13 olled ny?
											Yes	Ŷ
(1) N/A												
(2)												
(6)										:		i
(4)												
(5)												
(9)								-				
(1)												

	35b, or 36.
	ırt IV, line 34, 3
	ions Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	l "Yes" on
	on answered
	e organizatio
	omplete if th
	nizations C
	lated Orga
	ns With Re
лт 990) 2015	Transactio
Schedule R (Form 990) 2019	Part V

				VOS NO
Note. Complete line 1 if any entity is listed in Parts II, iII, or IV of this schedule.		tool of bottom	17/0	174
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts ii⊣v ?	or more related organ	iizations iisted in Part	S III S	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				P.
b Gift, grant, or capital contribution to related organization(s)				10
c Gift. grant; or capital contribution from related organization(s)				10
				7
				2 ,
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				#
	,			1a
	• • •			D 4
h Purchase of assets from related organization(s)				=
i Exchange of assets with related organization(s)				; =
i Lease of facilities equipment or other assets to related organization(s)	•	•		÷
				11/2
K Lease of facilities, equipment, or other assets from related organization(s)				4 ;
 Performance of services or membership or fundraising solicitations for related organization(s) 				=
m Performance of services or membership or fundraising solicitations by related organization(s)				-tu
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				ţ.
				-
o Sharing of paid employees with related digalitzation(s)				
Boimbursoment poid to related propriestion(e) for expenses				10
				2 0
q Heimbursement paid by related organization(s) for expenses				bi
				-L
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must co	complete this line, inclu	including covered relationships and transaction thresholds.	nships and transacti	on thresholds.
(e)	ŀ	(0)	(P)	
Name of related organization	Transaction	Amount involved	Method of determining amount involved	ig amount involved
	(c p) odk)			
(1) N/A				
(7)		İ		
(3)				
(5)				
(9)				
			Schedule	Schedule R (Form 990) 2015

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

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

(a) (b) (c) (d) (d) (e) (f) (d) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total income	<u>_</u>	(h) Disproportionate allocations?	Code V—UBI amount in box 20	General or managing	(k) Percentage ownership
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	parmer	
				Yes No			Yes No		Yes No	!
(1) N/A										
(2)										
(6)										
(4)										
(5)						:				
(9)										
(2)										
(8)										
(6)										
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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