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# SCANNED WAY 3 0 2017

Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

<u> </u>	POI UIE Z	January 1 , 2010, an	id ending	Decemi		, 20 16		
В	Check if ap	plicable C Name of organization International Union, UAW, Local 653			) Employ	er identification number		
	Address ch	ange Doing business as Labor Union				38-1119397		
	Name chan	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E	E Telephor	ne number		
	Initial return					2483737774		
$\overline{\Box}$	Final return/t	Other transfer and the second						
$\Box$	Amended r				Gross re	eceipts \$ 1,579,288		
一		pending F Name and address of principal officer Michael Warchuck		H(a) is this a grou	up return for	subordinates? Yes No		
	Арричастогі	670 E. Walton Blvd., Pontiac, MI 48340			all subordinates included? Yes No			
_	Tax-exemp		527			list (see instructions)		
<u>'</u>	Website: ▶			H(c) Group e	xemption	number ▶ 0427		
K			of formation		T	of legal domicile MI		
		Summary	OI IOIIIIAGOII	1333	III Otato	or logar derinant		
		riefly describe the organization's mission or most significant activities:	Promote	encial and	conomi	c justice through		
Ф								
Governance		pllective bargaining, meetings, education, communication, organizing new						
E		e organization, maintenance of its property and assets, delivery of benefits	ntea memi	pers, irai	ite not accete			
Š	1	heck this box  If the organization discontinued its operations or dis			_			
	1		 احالت میا		4	17		
Š	1	umber of independent voting members of the governing body (Part VI,			5	16		
Activities	l .	otal number of individuals employed in calendar year 2016 (Part V, line	· ·			43		
		otal number of volunteers (estimate if necessary)			6	157		
		otal unrelated business revenue from Part VIII, column (C), line 12	· · · · ·		7a	0		
	b N	et unrelated business taxable income from Form 99இப்படு 🗚 灯 🗀	<u>}                                    </u>	<u> </u>	7b	0		
<u>o</u>		4	⊓ા⊢	Prior Yea		Current Year		
		ontributions and grants (Part VIII, line 1h)	s-osc		9412	7812		
Revenue		rogram service revenue (Fart VIII, line 29)	ـــانا	1	480716	1464814		
ě	10 lr	vestment income (Part VIII, column (A), lines 3,44 and 7d)	.  ≝ _		47	41		
4	<b>11</b>   0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F L		65039	103406		
	12 T	otal revenue – add lines 8 through 11 (must equal Rant VIII, column (A) Vib	e 12)	1	555214	1576073		
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			5000	8000		
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0	0		
Ø	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5	i–10)		340916	417134		
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	🗆		0	0		
e d	.   ьт	otal fundraising expenses (Part IX, column (D), line 25)				1		
ŭ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1	083626	1268000		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 🗀		429542	1693134		
	1	evenue less expenses. Subtract line 18 from line 12	_		125672	117061		
<u> </u>				inning of Cur		End of Year		
Assets or	20 T	otal assets (Part X, line 16)			3074972	2961215		
Ass	21 T	otal liabilities (Part X, line 26)	· ·	<u>`</u>	147123	59372		
ž.	<b>5</b> 1	et assets or fund balances. Subtract line 21 from line 20	·		2927849	2901843		
	art II	Signature Block			1321043			
_		s of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nte and to the	e best of r	my knowledge, and helief it is		
		and complete. Declaration of preparer (other than officer) is based on all information of which				ily knowledge and belief, it is		
_		James C. Bailen						
Si	an	Skinature of officer		Date	9			
Sign Here		James C. Bailey			4	1-25-17		
•••		Type or print name and title				<u> </u>		
_		Print/Type preparer's name Preparer's signature	Date			PTIN		
Pá	aid	repaid 5 signature	Date		Check	<b>∟</b>		
P	reparer	<u> </u>		<del></del>	self-em	pioyed		
U	se Only	Firm's name			s EIN ▶			
<del></del>		Firm's address ▶		Phon	e no			
_	<del></del>	discuss this return with the preparer shown above? (see instructions)	<u> </u>		<u></u>	Yes No		
Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions.	Cat No	11282Y		Form <b>990</b> (2016)		

Part	Checklist of Required Schedules			<del></del>
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	1
_	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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	1	
	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	<b>✓</b>	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
14 a b		14a		_
	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		1
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		1
		Form	n 990	(2016)

Part	Checklist of Required Schedules (continued)			
20.	Did the argenization apparate one or more beautiful facilities? If "Vee " as malete Cabadule II	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	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		1
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	<b>\</b>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		<b>√</b> _
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		<b>√</b>
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		<b>√</b>
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	✓	
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? If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>✓</b>
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	<b>√</b>	
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Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>.                                    </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<b>√</b>	-
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<del></del>		_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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	1		
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	<u> -</u>		-,-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<b>-</b>
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	<u> </u>		
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	1-1	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:			ļ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		{
	against amounts due or received from them.)			]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	100			
14a	Enter the amount of reserves on hand	140		<u> </u>
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	and : See ins	ior a struct	INO'
•	Check if Schedule O contains a response or note to any line in this Part VI			10113.
Secti	on A. Governing Body and Management	• •	·	<u></u>
<u> </u>	on 74 dotoming body and managomone	•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	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			1
	committee, explain in Schedule O.			ļ
b	Enter the number of voting members included in line 1a, above, who are independent	4		
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		<b>√</b> -
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1	<b>-</b>
6 7a	Did the organization have members or stockholders?	-	<b>V</b>	+
·u	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			t
_	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	<b>√</b>	-
ь	Each committee with authority to act on behalf of the governing body?	8b	✓_	┼
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.,	
40-	Did the average have lead shorters because of the too	10a	res	₩0
10a b	Did the organization have local chapters, branches, or affiliates?	iva		\ <u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	✓	Ľ.,_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		<b>-</b>
14 15	Did the organization have a written document retention and destruction policy?	14	✓_	╂
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		_	
	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		-	
Co -1:	organization's exempt status with respect to such arrangements?	16b		
<u>Secτι</u> 17	on C. Disclosure  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	n 501	C)(3)	s only
	available for public inspection. Indicate how you made these available. Check all that apply.	551	,-,(-) <sup>(</sup>	- Oilly)
19	Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the schedule	tores+	nolic	v and
	financial statements available to the public during the tax year.		•	у, ано
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	James C Railey 670 F Walton Rlyd Pontiac MI 48340			

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Form **990** (2016)

Part VII	Compensation of Officers, Directo	rs, 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
	(C)										
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated					
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	익물	2	Q	~	₽Ţ	7,	from the	related organizations	other compensation	
	related	물호	ž	Officer	y e	등등	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ctal	l on	~	힐	9 st	ੈ	(W-2/1099-MISC)		organization and related	
	line)	Individual trustee or director	<u>a</u>		Key employee	ğ				organizations	
		8	Institutional trustee		"	Highest compensated employee				v	
			ď			ated					
(4)	1										
(1) Arlando Williams	2	,		,							
Trustee	-	✓	_	✓				490			
(2) Margaret Angel	2	,		١,							
Trustee		<b>✓</b>	<u> </u>	✓			<u> </u>	0			
(3) Carl Johnson	2	١,		_ ا							
Trustee		<b>✓</b>	<u> </u>	✓			_	1498			
(4) Michael Warchuck	60			١.							
President			<u> </u>	✓			_	43156		<del></del>	
(5) James C. Bailey	60			١.							
Financial Secretary				✓			_	105187			
(6) Ramon Ruffin	3			١.							
Recording Secretary		ļ	_	✓				600			
(7) Angeline Compau	3	}		١.							
Recording Secretary/Guide				✓				1979	_		
(8) Edward Briones	2										
1st Vice President			<u> </u>	✓	_		L	2473			
(9) Nkechi Collins	2										
2nd Vice President				✓				3059			
(10) Aaron Edwards	2										
Sgt @ Arms				✓				. 0			
(11) Steve Yuchasz	60										
Chairperson				✓				2658			
(12) Tom Kurzyniec	60										
Chairperson				✓				1577			
(13) Dan Patterson	60										
Chairperson				✓				2204			
(14) Ray Luvine	2										
Chairperson				✓				757			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C) _								
-	(A)	(B)	Position (do not check more than or						(D)	(E)			(F)	
	Name and title	Average					≀tnan o Is both		Reportable	Reportable	- (	Est	mated	
		hours per	office				or/trust		compensation	compensation fr	om		ount of	
		week (list any hours for	익물	Ĕ	Q	Key	육포	7	from the	related organizations			ther ensation	n
			흔	l st	Officer	y e	함	Forme	organization	(W-2/1099-MIS			m the	
			cto	ᅙ	-	employee	st c	<b></b>	(W-2/1099-MISC)				nization	
			2 5	nal t		18	릙						related nzations	8
		line)	Individual trustee or director	Institutional trustee		Φ.	) ěg		}	Į.	}	O.gu.		•
			"	ee		ŀ	Highest compensated employee			Ì				
/4E\ ==	landa O anda	<del></del>		-	├	-	┞-	├			+	-		
	elanie Swords	2	1	]	/	ļ	ļ	ŀ		)				_
Chairp (4.6)			-		<b>/</b>	-		-	31898	<del></del>	-0			0
	hn Shoun	2			١,	ļ			_		_			_
Chairp				ļ	✓	ļ.,	ļ	<del> </del>	0		<u> </u>			0
(17) An	nanda McGee	2			١.					ļ				
Chairp	erson		_		✓				502		0			0
(18) Bo	nnie Melton	5	j				]		ļ	J				
Chairp					✓				6564		0			0
(19) Do	n Hester	5				Ì					1			
Chairp					✓				2444		0			0
(20) Br	yan Green	2									ĺ			
Chairp	erson				✓				0		0			0
	ephanie Bishop	2												
Guide		1	1	1	1	ĺ		ĺ	o		o			0
(22)						T								
<i></i>			1	i '						1	ļ			
(23)					Т	T								
<u> </u>			1											
(24)				T	-	t	-	╁			十			
37.37			1		l	1	ł	{	}	ł	- 1			
(25)		<del> </del>			╁╌	+-		┢	<del> </del>	<del>                                     </del>	$\dashv$			
129	·····	<del></del>	ł					l						
1b	Sub-total	L	L	<u> </u>	_	<u></u>		_	2074046		-			
10				•	•	•			2074046					0
ا ا	Total from continuation sheets to Part			•	•	•	•		0		0			0
d	Total (add lines 1b and 1c)							-	2074046		0			0
2	Total number of individuals (including but		d to th	ose	e lisi	ted	above	e) w		ore than \$100	),000	0 of		
	reportable compensation from the organ	zation >							0_					
•	5.14											. —	Yes	No
3	Did the organization list any former of							emp	oloyee, or high	nest compens	sated	<u> </u>		
	employee on line 1a? If "Yes," complete							•			•	3_	ļ	✓
4	For any individual listed on line 1a, is the												] ]	
	organization and related organizations	greater th	an \$1	150,	,000	)? /	f "Ye	s, "	complete Sch	nedule J for	suci	h		
	individual			•	•			•				4	<u> </u>	✓
5	Did any person listed on line 1a receive of									zation or indiv	ıdua	al le		
	for services rendered to the organization	? If "Yes," c	compl	lete	Scl	hedi	ıle J i	for s	such person			5		✓
Section	n B. Independent Contractors		-						<u>-</u>					
1	Complete this table for your five highest	compensat	ed inc	dep	end	lent	contr	act	ors that receive	ed more than	\$10	0,000 o	f	
	compensation from the organization. Rep	•		•										aх
	year.													
	(A)								(B)			(C)		
	Name and business add	lress							Description of s	services		Compens		
N/A														
IVA	<del></del>						_	├─			—			
-	· · · · · · · · · · · · · · · · · · ·							-		+				
								-		<del>-</del> -		<del></del>		
								<del> </del> -						
	Total number of independent services	ro (malical	na L	.+ -	<u> </u>	٠ ا	. A d 4 -	<u></u>		ava) wha				
2	Total number of independent contractor							) Tr		ove) wno				
	received more than \$100,000 of compens	ation from	uie or	yan	ıızal	IOU			N/A	J				

Form **990** (2016)

Part	: VIII	Statement of Reve											
		Check if Schedule C	contains a re	sponse or note to	any line in this	Part VIII		<u></u>					
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts its	1a	Federated campaigns	s 1a	0									
ts, Grants Amounts	b	Membership dues	1t	0									
s, G	С	Fundraising events .	10	; 0									
Sift lar,	d	Related organizations		0									
ini is, (	е	Government grants (con	ntributions) 16	0									
tior sr S	f	All other contributions, g											
tributions, Giff Other Similar		and similar amounts not inc	cluded above 11	7812									
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include		0	=			!					
	h	Total. Add lines 1a-1	<u>f </u>	<u> ▶</u>	7812								
Ę	_			Business Code	ļ								
eve	2a	Regular, Sub, Bonus D		900099	1297857	0	0	<del></del>					
ē Œ	ь	Retired Members Dues	<b></b>	900099	105540	0	_ 0						
ξ	C	Social & Recreational		900099	56172	0	0						
Š	d	Initiation Fees		900099	5245	0	0						
Iran	e	All other program con		-	0	0	0	0					
Program Service Revenue	g	All other program ser Total. Add lines 2a-2		▶	0 1464814								
	3	Investment income			1404814		<u> </u>	T					
		and other similar amo			41	0	0						
	4	Income from investmen	•	bond proceeds ▶	0	0	0						
	5				0	0	0	<del></del>					
		•	(i) Real	(ii) Personal									
	6a	Gross rents	175	0									
	b	Less: rental expenses	321	5 0									
	С	Rental income or (loss)	(146	5) 0	]								
	d	Net rental income or	(loss)	<u> </u>	(1465)	0	0	0					
	7a	Gross amount from sales of	(i) Secunties	(ii) Other									
		assets other than inventory	L	0 0									
	b	Less: cost or other basis											
		and sales expenses		0 0									
	C	Gain or (loss)	L	0 0			-						
	d	Net gain or (loss) .		· · · · · ·	0	0	0	0					
ne	8a	Gross income from fu	ındrajeina					!					
	00	events (not including \$	andraising •										
æ.		of contributions reporte	ed on line 1c).										
Other Reve		See Part IV, line 18 .	•	a o									
높	ь	Less: direct expenses	s	b 0				1					
	С	Net income or (loss) f	rom fundraisin	g events . ▶	l ol		0	0					
	9a	Gross income from ga											
		See Part IV, line 19 .		a 0									
	b	Less: direct expenses		b0									
	С	Net income or (loss) f			0	0	0	0					
	10a	Gross sales of in	•										
		returns and allowance		a o									
		Less: cost of goods s		b o	_								
	С	Net income or (loss) f  Miscellaneous R		Business Code	00	0	0	0					
	11a				~~.~	_							
	b	Misc. Reimbursement Strike Fund Rebate	·	900099	76473	0		0					
	C	From Members for Disl	hursament on t	900099	19932 8465	0	0	·					
	ď	***	bursement on t	900099	8465	0	0	_					
	e	Total. Add lines 11a-			104871	<u> </u>							
	12	Total revenue. See in			1576073	0	0	0					

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
٠.	and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	8000	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
		0	0		
4 5	Benefits paid to or for members	0	0		
3	Compensation of current officers, directors, trustees, and key employees		ا		
6	· · · ·	183856	0	0	
O	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98746	0	0	•
8	Pension plan accruals and contributions (include	98/40		U	
	section 401(k) and 403(b) employer contributions)	8237	0	0	
9	Other employee benefits	103006	<u>_</u>	0	
10	Payroll taxes	23289	0	0	
11	Fees for services (non-employees):				
а	Management	o	0	0	
b	Legal	0	0	0	
С	Accounting	0	0	0	
đ	Lobbying	0	0	0	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	(
12	Advertising and promotion	0	0	0	
13 14	Office expenses	50227	0	0	
15	Information technology	4061	0	0	
16	Royalties	0		0	
17	Travel	115898	0	0	
18	Payments of travel or entertainment expenses	27811		0	
	for any federal, state, or local public officials	اه	اه	o	,
19	Conferences, conventions, and meetings .	80811	0	0	
20	Interest	0	0	0	
21	Payments to affiliates	895374	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	(
23	Insurance	0	0	0	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>
a	Recreational Activity	60544	0	0	
b	Donations From Members for Disbursement on Their Beh	12256	0	0	
d	Reimbursements	8455	0	0	
e	All other expenses	5770	0	0	
25	Total functional expenses. Add lines 1 through 24e	6793	0	0	
26	Joint costs. Complete this line only if the	1693134	0	0	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	0	0	۵	0

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	556482	2	439422
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ठ	6	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		6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	0		0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2521793			Į.
	b	Less: accumulated depreciation 10b 0	2518490	10c	2521793
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3074972	16	2961215
	17	Accounts payable and accrued expenses	5224	17	165
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	<u>0</u>	21	0
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schodulo D.			
	00	of Schedule D	141899		59207
	26	Total liabilities. Add lines 17 through 25	147123	26	59372
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			· (
ţ	30	Capital stock or trust principal, or current funds	409359	30	380050
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	2518490		2521793
Ž	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
Š	33	Total net assets or fund balances	2927849		2901843
	34	Total liabilities and net assets/fund balances	3074972	34	2961215
					Form <b>990</b> (2016)

Page	1	2

01111 00	0 (2010)				90
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15	76073
2	Total expenses (must equal Part IX, column (A), line 25)	2		16	<u>93134</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	17061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29	27849
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			91054
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		29	01842
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_	1	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	ו ו		-
	Schedule O.			_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				١,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ر ا
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a		
	separate basis, consolidated basis, or both:				1
	☐ 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 o	/ersigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ır	ו [		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	า   ี	-	
	the Single Audit Act and OMB Circular A-133?		3а		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		∍		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	_3b		
	<del></del>		For	n <b>990</b>	(2016)

# **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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer identification num	ber
Intern	ational Union, UAW, Local 653		38-1119397	<b>!</b> _
Pa	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts.	
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year	N/A		
2	Aggregate value of contributions to (during year)		·	
3	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 he	ld in donor advised	
	funds are the organization's property, subject to the	e organization's exclusive legal contro	?	] Yes □ No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	t funds can be used	
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?			] Yes 🗍 No
Pai	t II Conservation Easements.		<del></del>	
	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., recreat		a historically important	land area
	☐ Protection of natural habitat	·	a certified historic struc	
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	n in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the En	d of the Tax Year
а	Total number of conservation easements		2a	N/A
b	Total acreage restricted by conservation easement	s		
С	Number of conservation easements on a certified h			
d	Number of conservation easements included in			
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organizat	on during the
	tax year ►			
4	Number of states where property subject to conser	rvation easement is located ►		
5	Does the organization have a written policy reg		ection, handling of	
	violations, and enforcement of the conservation eas	sements it holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing c	onservation easements du	ring the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	onservation easements of	during the year
	▶\$			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			] Yes 🗌 No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement	, and
	balance sheet, and include, if applicable, the text o	f the footnote to the organization's fina	incial statements that d	escribes the
	organization's accounting for conservation easeme			
Par	t III Organizations Maintaining Collections		Other Similar Assets	<b>.</b>
	Complete if the organization answered "			
1a				
	works of art, historical treasures, or other similar	assets held for public exhibition, edi	ication, or research in	furtherance of
	public service, provide, in Part XIII, the text of the for	ootnote to its financial statements that	describes these items.	
b	If the organization elected, as permitted under SI			
	works of art, historical treasures, or other similar		ication, or research in	furtherance of
	public service, provide the following amounts relating	•		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	N/A
	(ii) Assets included in Form 990, Part X		> \$	n provide the
2	If the organization received or held works of art,		assets for illialitial yal	n, provide the
	following amounts required to be reported under SI	FAS 116 (ASC 958) relating to these ite	ms:	
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$	
b	Assets included in Form 990, Part X		<b>~</b>	

Page	2
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Part	Organizations Maintaining						
3.	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, check any o	of the fo	llowing that are	a significant use of its
а	☐ Public exhibition		d	Loan or exch	nange pr	rograms	
b	Scholarly research		е	Other N/A			
C	☐ Preservation for future generations	3					
4	Provide a description of the organizat XIII.	tion's collections a	and expla	an how they fur	ther the	organization's ex	xempt purpose in Part
5	During the year, did the organization						
	assets to be sold to raise funds rather		uned as p	part of the organ	ızatıon's	s collection? .	· 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra		. –	000 5 1 11/			
	Complete if the organization	answered "Yes	on For	m 990, Part IV,	line 9,	or reported an	amount on Form
	990, Part X, line 21.  Is the organization an agent, trustee	austadian ar ath	or intorn	odiani for conti	ubutions	or other accete	not
1a	included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Pa						103 110
b	ii res, explain the arrangement in F	art Am and Compie	ste tile io	nowing table.	Γ	7	Amount
С	Beginning balance				_	1c	N/A
d	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance				: h	1f	
2a	Did the organization include an amount			21, for escrow	or custo	dial account liab	ility?   Yes   No
	If "Yes," explain the arrangement in P						
Part							
	Complete if the organization	answered "Yes	" on For	m 990, Part IV	, line 10	).	
		(a) Current year	(b) Pri	or year (c) Two	years bad	ck (d) Three years t	back (e) Four years back
1a	Beginning of year balance	N/A					
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t			e (line 1g, colum	nn (a)) he	eld as:	
а	Board designated or quasi-endowme	nt ▶	_%				
b	Permanent endowment ►	%					
С	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in th	e possession of th	ne organı	zation that are h	ield and	administered for	<del></del>
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related of				R? .	· · · · · ·	. <b>3b</b>
4	Describe in Part XIII the intended uses		on's endo	wment funds.			
Par	Land, Buildings, and Equip		" on Fa	000 D+ 1\	line 14	la Cas Farms 01	On Dort V line 10
	Complete if the organization	1					
	Description of property	(a) Cost or ot (investm		(b) Cost or other b (other)	asis	(c) Accumulated depreciation	(d) Book value
1a	Land		0	138	500		138500
b	Buildings		0	2134	313	C	2134313
C	Leasehold improvements		0		0	C	0
d	Equipment		0	2415	677		2415677
e	Other		0		0		0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	K, column (B), lin	e 10c.)		2521793

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11h See Form 990 Part Y line 12
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial		<del> </del>	
•	neld equity interests	<del>-</del>	
(3) Other	iolo oquity into ooto		
(A) N/A			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) N/A			
_(2)			
_(3)			
_(4)			
_(5)		<del></del>	
_(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
	b) must equal Form 990, Part X, col (B) line 13.) ▶		
Part IX	Other Assets.	<u>'                                     </u>	
	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.
	(a) Description		(b) Book value
(1) N/A			
(2)			
(3)			
(4)			
_(5)			
(6)			
_(7)			
_(8)	<u> </u>		
(9)	(h)		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<del>. •</del>
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book value		
(1) Federal in		<del></del>	
	ita Taxes	0 59207	
	TUNCS	33207	
(4)			
(5)			
(6)			
(3) (4) (5) (6) (7)			
(8)			
(9)			
Total. (Column (I	o) must equal Form 990, Part X, col. (B) line 25.) ▶	59207	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footr	ote to the organization	's financial statements that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Cho	eck here if the text of the	ne footnote has been provided in Part XIII

	le D (Form 990) 2016		Page 4
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 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.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	. 1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<b> </b>	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar	nd 2b: Part V. line	4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, ,
	***************************************		
		<del></del>	·
			·
<b></b>			

Schedule D (For		Page 5
Part XIII*	Supplemental Information (continued)	
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	•••••••••••••••••••••••••••••••••••••••	
••••		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047

2016

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

Name oi	Name of the organization							Employer identification number
Interna	International Union, UAW, Local 653							38-1119397
Part	General Information on Grants and Assista	on Grants and	Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	an records to subsaward the grants	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	the grants or assi	stance, and
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	he use of grant fu	nds in the United	States.		
Part		sistance to Do or any recipient	mestic Organiz	ations and Don ore than \$5,000.	nestic Governm Part II can be d	ients. Complete if uplicated if additio	the organization nal space is nee	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) N/A	A				_			
(2)								
ල								
<b>€</b>								
(2)								
(9)								
(L)								
(8)								
6								
(10)								
(11)								
(12)								
9.6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listec	ernment organization of the line 1 table	ions listed in the l	ine 1 table			<b>A A</b>
For Pat	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2016)

Schedule I (Fo	Schedule I (Form 990) (2016)					Page 2
Part III	<b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	n <b>estic Individual</b> : space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 990,	, Fart IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	rishios	16	8000	0		0
8						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ne information rec	quired in Part I, line	2; Part III, columr	ı (b); and any other addıt	ional information.
	il 2010 titele were 10 studens who were awaited a \$200 college schola ship and a check was made payable to the college title to put towards their whom		din a check was made			
i 		1	1 1 6 6 6 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8			
				- 1	,	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						,
				[   		Schedule I (Form 990) (2016)

## SCHEDULE 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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

International Union, UAW, Local 653	38-1119397
Part 1, Line 1: activities and activities that further the interests of the members.	
Part XI, Line 9: Difference between liabilities 2015 (\$147,123) amd liabilities 2016 (\$59,372). Total \$87,7	751, Also, difference between fixed
assets 2015 (\$2,518,490) and fixed assets 2016 (\$2,521,793). Total \$3,303.	
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 before filing.	
Part VI, Linda 12c: All officers are covered under the policy. Local unions may determine if conflicts	exist by constitutionally required trustee
audits and the review of monthly financial records. The parent organization also conducts periodic at	udits. Restrictions are described in the
International Constitution.	
Part VI, Line 19: Copies are provided upon request.	
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·	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

International Union, UAW, Local 653

Part I

Related Organizations and Unrelated Partnerships

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

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

► Attach to Form 990.	Comment of the second s

OMB No 1545-0047

Open to Public 2016 Inspection

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

38-1119397

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling entity Yes No 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. (f)
Direct controlling and entity (e) End-of-year assets N/A N/A (if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)2 (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity Ξ (b) Primary activity **Hold Title** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) UAW Local 653 Building Corporation, 670 E. Walton Blvd, (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Pontiac, MI 48340 E Part II AN(L)  $\overline{\mathbf{N}}$ ල € 9 Ñ € Ð 9 9 ල

Schedule R (Form 990) 2016	rm 990) 2016												Page Z
Part III	Identification of F because it had one	<b>Identification of Related Organizations Taxable as a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	ons Taxable	<b>as a Partne</b> reated as a p	<b>ırship.</b> Col partnershij	mplete if the p during the	organizat tax year.	on answe	red "Yes	on Form 990	, Part IV,	line 34	1
Name, ¿relat	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo income unrel exclude	(e) Predominant Shi income (related, unrelated, excluded from tax under sections 512-514)	<del> </del>	(g) Share of end-of- year assets	(h) rf- Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 20 managing -1 partner?	ļ	(k) Percentage ownership
				,					Yes	No	Yes	2	{
(1) N/A													
(2)													
(3)													
(4)													
(2)													
(9)													
(7)					-							 	
Part IV	Identification of F	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.	ons Taxable lated organiz	as a Corporations treate	ration or	Frust. Comp	olete if the trust durin	organizati g the tax y	on answe	ered "Yes" on	Form 990	, Part	, Š
Name,	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	Legal c (state or for	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Sh p, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
												Yes	2
(1) N/A													
(2)													
(3)											,		
(4)					<del></del>						,		
(5)													
(9)				 									
(2)								<u> </u>					
										S	Schedule R (Form 990) 2016	(Form 9	90) 2016

	t, 35b, or 36.
	art IV, line 34
	1 Form 990, F
	ered "Yes" or
	nization answ
	plete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	tions. Complete
	ed Organiza
	s With Relat
orm 990) 2016	Transaction
Schedule R (F	Part V

A note of property in select of the regardation study of the chording transactions with one or more related organizations lead the regardation study of the chording transactions with one or more related organization study of the chording transactions with one or more related organization or the chording transactions of the chording transactions or chording transactions						┺
During the xy year, of the organization enageg in any of the following transactions with one or more related organizations legally and the communities, fill annufaces, fill a	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					es 40
Hecipt of limites, (ii) grant, or capital contribution for metaled organization(s)  Giff, grant, or capital contribution from related organization(s)  Giff, grant, or capital contribution from related organization(s)  Giff, grant, or capital contribution from related organization(s)  Loans or loan guarantees by related organization(s)  Sale of assets from related organization(s)  Sale of assets to related organization(s)  Sale of assets with related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundiasing solicitations by related organization(s)  Performance of services or membership or fundiasing solicitations by related organization(s)  Sharing of facilities, equipment mainship or fundiasing solicitations by related organization(s)  Sharing of leatilies, equipment mainship or superiors  Rembursement paid by related organization(s)  Sharing of leatilies, equipment mainship or superiors  Chief related organization(s)  Other transfer of cash to property from related organization(s)  If the answer to any of the above is "Vest," see the instructions for information on who must complete this line, including covered relations to any of the above is "Vest," see the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for the any of the above is "Vest," see the instructions for information on who must complete the instructions for the any of the above is "Vest," see the instructions for information on who must complete the instructions for instructions		or more related orgar	ıızatıons lısted ın Parl	ts II–IV?		+
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Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Dividends from related organization(s)  Dividends from related organization(s)  Exchange of assets with related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s) for expenses  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or property for metade organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship the above is "Yes," see the instructions for information on who must complete this including the i					۲	┝
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

11	(a)     (b)     (c)     (d)     (e)     (f)     (g)       Name, address, and EIN of entity     Primary activity     Legal domicile     Predominant     Are all partners     Share of share of share of section     Share of end-of-yea       (state or foreign     income (related, excluded sol/(c)(3)     section     total income end-of-yea       country)     unrelated, excluded sol/(c)(3)     501(c)(3)       from tax under     organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
(9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				sections 512-514)	Yes No			Yes No	T =	Yes No	
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	Form 990) 2016	Page 3
Part VII	<ul> <li>Supplemental Information.</li> <li>Provide additional information for responses to questions on Schedule R. See Instructions.</li> </ul>	
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