DLN: 93493318044179 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization INTERNATIONAL UNION - UAW D Employer identification number B Check if applicable ☐ Address change 38-0679801 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 8000 E JEFFERSON AVENUE ☐ Amended return □ Application pending (313) 926-5431 City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI $\,$ 48214 $\,$ G Gross receipts \$ 219,844,608 Name and address of principal officer H(a) Is this a group return for RAYMOND CURRY □Yes ☑No subordinates? 8000 E JEFFERSON H(b) Are all subordinates DETROIT, MI 48214 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (5) **◄** (insert no) ☐ 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1941 M State of legal domicile MI K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► LABOR ORG Summary 1 Briefly describe the organization's mission or most significant activities COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES Activities & Governance WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 1,819 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 219,654 b Net unrelated business taxable income from Form 990-T, line 34 7b 559,454 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 175,921,601 Program service revenue (Part VIII, line 2g) . 171,415,662 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 40,826,774 27,168,121 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,952,439 16,754,620 233,194,875 219,844,342 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 2,455,611 -114,704 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 73,292,096 77,733,768 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 86,701,241 75,817,110 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 151,564,817 164,320,305 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 81,630,058 55,524,037 Net Assets or Fund Balances Beginning of Current Year End of Year 922,860,638 20 Total assets (Part X, line 16) . 874,025,805 21 Total liabilities (Part X, line 26) . 122,177,118 115,925,261 Net assets or fund balances Subtract line 21 from line 20 . 751,848,687 806,935,377 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Date Sign Here RAYMOND CURRY SECRETARY-TREASURER Type or print name and title Date 2019-11-14 Print/Type preparer's name Preparer's signature Check \square if P01352207 **Paid** self-employed ► CLARENCE H JOHNSON PC - CPA'S Firm's EIN > 38-2821807 Firm's name Preparer **Use Only** Firm's address ▶ 26076 WOODWARD AVE Phone no (248) 398-4040 ROYAL OAK, MI 480670918 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

4d	ORGANIZATION, MAINT UNAFFILIATED AND/OR	ENANCE OF ITS PROPERTIES AND	including grants of \$ MUNICATION, ORGANIZING NEW BARGAININ ASSETS, DELIVERY OF BENEFITS TO MEMBEI ND RELATED ACTIVITIES WHICH FURTHER T	RS, FRATERNAL AND SOCIAL ACTIV	/ITIES, SUPPORT OF
	COLLECTIVE BARGAINING ORGANIZATION, MAINT	NG, MEETINGS, EDUCATION, COMM ENANCE OF ITS PROPERTIES AND	OUNICATION, ORGANIZING NEW BARGAININ ASSETS, DELIVERY OF BENEFITS TO MEMBER	G UNITS, COMMUNITY ACTION, AD RS, FRATERNAL AND SOCIAL ACTIV	/ITIES, SUPPORT OF
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4a	(Code See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
4	Section 501(c)(3) an expenses, and reven	d 501(c)(4) organizations are ue, if any, for each program s		ts and allocations to others, th	e total
	If "Yes," describe the	ese changes on Schedule O			
-	services?	<u>-</u> ,	·	.,	☐ Yes ☑ No
3	•	ese new services on Schedule cease conducting, or make sig	o Inificant changes in how it conducts, ar	ny program	
	•	r 990-EZ?			∟ Yes 🛂 No
2	-	, , ,	gram services during the year which we	ere not listed on	□Yes ☑No
ADMII AND S	NISTRATION OF THE	ORGANIZATION, MAINTENANG SUPPORT OF UNAFFILIATED AI	MMUNICATION, ORGANIZING NEW BAR CE OF ITS PROPERTIES AND ASSETS, I ND/OR SUBORDINATE ORGANIZATION	DELIVERY OF BENEFITS TO ME	MBERS, FRATERNAL
1	•	organization's mission	MUNICATION ORGANIZANG NEW DAG	CATHUR LINUTE COMMUNITA	/ ACTION
			note to any line in this Part III	<u> </u>	🗹
Par		of Program Service Acc	•		
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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛂	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🛸

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* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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16

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Yes Νo Nο Yes Nο Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

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11d

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11f

12a

12b

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14a

14b

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20a

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Yes

Yes

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 21 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

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ar	Checklist of Required Schedules (continued)			
	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	Yes Yes	No
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
1	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	25a		
	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		
	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		No
	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		No
	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		No
l	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
•	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ali	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	· ;	Yes	<u> </u>
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 412		162	No
•				

1c

Yes

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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9a

9h

12a

13a

14a

14b

15

No

Nο

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10a

10b

11a

11b

12b

13b

13c

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6 Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

Se	ction 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 14						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
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		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
		L					

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			

Li Own website Li Another's website 🗹 Upon request Li Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

COTSIRILOS TIGHE STREICKER

compensation from the organization ▶ 39

33 NORTH DEARBORN ST CHICAGO, IL 60602

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

Page 8

Pa	Section A. Officers, Direc	tors, irustees	, key i	ciiibi	uye	es,	and	nıgı	iest con	ipensa	irea	Employees	(COT	unuea,	,	
	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off or/ti	t che inles ficer rust	eck moss person and a contract and a contract a contract and a contract a contract and a contract a contract a	on	Report competed from organiza		/- c	(E) Reportable compensation from relate organizations 2/1099-MIS	on d (W-	Est amour comp	ensat m the	ther ion
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employ	Highest compensated employee	Former	2/1099	-M15C)		2/1099-M15		re	elated nizatio	
			นธษะ	l Trust⊭ë		6	npensated									
See	Additional Data Table															
											_					
											_					
c T	Gub-Total	art VII , Section	Α			ı	>									
d 7 2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rece		64,059 e than s	\$100	,000			1,35	56,804
														Ye	s I	No No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				•		oyee,		ghest com	pensate	ed er	mployee on	3	Ye	5	
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$										he 	4	Ye		
5	Did any person listed on line 1a recei services rendered to the organization	ve or accrue cor								on or ir	ndıvı	dual for				
Se	ection B. Independent Contract	•					icii pei	3011		•	•		5			No
1	Complete this table for your five high from the organization Report compe	est compensate											ompei	nsation		
	<u> </u>	(A) and business addre		,		9	***********					(B) tion of services		Com	(C) pensat	ion
VISSI	ERING CONSTRUCTION COMPANY								C	ONTRAC						3,624
	ENCHMARK INDUSTRIAL DR ATOR, IL 61364															
	TIVE SOLUTIONS GROUP INC N CROOKS ROAD								E	VENT PL	ANNI	NG			1,46	9,007
CLAW	SON, MI 48017 HOFF & KAISER LLC								L	EGAL SE	RVIC	E			1,15	8,078
	IFTEENTH NW INGTON, DC 20005														-	
SEGA	L ADVISORS INC								A	DVISOR	Y SEF	RV			56	5,417
CLEV	EAST NINTH STREET STE 1900 ELAND, OH 441141593									ECAL CE	DVIC				47	9.640

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

478,640

LEGAL SERVICE

		(2010)	_										raye s
Part	VII												
		Check if Schedul	e O contains :	a respo	onse or r	note to any	(/	nis Part VIII A) evenue	Re e fu	(B) lated or xempt inction	Unre busi	C) elated ness enue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campaigr	ns	1a					re	evenue			512 - 514
nts nts		b Membership dues .		1b									
ira Nou		c Fundraising events		1c									
s, G An		d Related organization		1d									
iii.		e Government grants (co											
s, (imi		f All other contributions,	,	1e									
ion r S		and similar amounts no above	ot included	1f									
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a - 1f \$	ons included										
Cont		h Total. Add lines 1a-	·1f	•		. •							
ı,						Business	s Code						
ını	2a	PER CAPITA TAXES					900099	175,	871,995	175,87			
₽.	Ŀ	INITIATION FEES					900099		49,546	4	19,546		
S.	c	CHARTER FEES					900099		60		60		
χerν		1											
E 8	6	1											
Program Service Revenue	_	All other program sei	rvice revenue										
Æ		T otal. Add lines 2a-2			•	175,	921,601						
		Investment income (ir			nterest	and other	1				1		
		sımılar amounts) .			nicerest,	and other	· <u> </u>	26,161,96	7				26,161,967
	4	Income from investme	ent of tax-exe	mpt b	ond proc	eeds 🕨	•						
	5	Royalties				. •	<u> </u>						
	<i>c</i> .	a Gross rents	(ı) Rea		(11) F	Personal	4						
	Uč	d Gross rents											
	ı	b Less rental expenses											
		c Rental income or					_						
	•	(loss)											
	•	d Net rental income or	r (loss)	•		. •	7						
		_	(ı) Securit	ies	(11)	Other							
	7 <i>a</i>	Gross amount from sales of		39		1,006,38	1						
		assets other than inventory											
		b Less cost or					+						
		other basis and sales expenses		266									
	•	C Gain or (loss)		-227		1,006,38	1						
	•	d Net gain or (loss) .				>]	1,006,15	4	-227	7	1,006,381	
	88	Gross income from fu (not including \$	-	ents of									
nue		contributions reporte	d on line 1c)	OI .									
रू		See Part IV, line 18		а									
Ä		Less direct expenses		b									
Other Revenue		c Net income or (loss)		_	ents .	• •							
o	98	Gross income from g See Part IV, line 19		es									
				а	<u>'</u>								
		Less direct expenses		b									
		c Net income or (loss)		actıvıt	ies .	. •	_						
	10	aGross sales of invent returns and allowanc											
				а	l								
	ı	Less cost of goods s	old	b									
		Net income or (loss)	from sales of	ınvent	ory .	. •							
		Miscellaneous			Busin	ess Code							
	11	La RETIREES VOLUNTA	RY FEES			90009	9	8,457,76	7	8,457,767	'		
	١	REGIONAL ACTIVITI	ES INCOME			90009	9	1,864,59	5	1,864,595	5		
	•	CONFERENCE INCOM	1E			90009	9	1,861,65	7	1,861,657	7	_	
	•	d All other revenue .						4,570,60	1	4,216,575	5	-786,727	1,140,753
	•	e Total. Add lines 11a	-11d			>		16,754,62	.0				
	12	2 Total revenue. See	Instructions							103 334 003	,	210.651	27 202 72
								219,844,34	4	192,321,968	PI	219,654	27,302,720 Form 990 (2018

orm 990 (2018)				Page 10
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	-114,704			
5 Compensation of current officers, directors, trustees, and key employees	4,159,771			
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	50,701,803			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,486,785			
9 Other employee benefits	15,859,709			
LO Payroll taxes	4,525,700			
L1 Fees for services (non-employees)				
a Management				
b Legal	5,356,089			
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,734,815			
.2 Advertising and promotion	327,303			
.3 Office expenses	2,998,977			
.4 Information technology	538,814			
.5 Royalties				
. 6 Occupancy	1,372,725			
L 7 Travel	8,119,988			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	-,,			
.9 Conferences, conventions, and meetings	12,807,707			
20 Interest	5,721,933			
21 Payments to affiliates	10,919,866			
22 Depreciation, depletion, and amortization	827,827			
23 Insurance	2,471,284			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	_,,			
a SPECIAL ORGANIZING	5,889,788			
b REBATES	5,755,840			
c LOCAL FUND RETIRED MEMBER	2,772,785			
d SERVICING SUBSIDY	2,272,898			
e All other expenses	7,812,602			
Total functional expenses. Add lines 1 through 24e	164,320,305	0	0	C
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

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28

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L

Notes and loans receivable, net Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	3,777,334	1	1,933,260
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	7,415,996	4	8,259,832
5 Loans and other receivables from current and former officers, directors.			

2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,415,996	4	8,259,83
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
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		6	

45,428,278

42,635,168

10a

10b

2,904,710

2,793,110

836,838,315

69.886.865

922.860.638

113.947.519

115.925.261

806,935,377

806,935,377

922,860,638

Form **990** (2018)

1,977,742

244.546

3,190,516

315.637

2,768,693

783,887,401

72,670,228

874.025.805

119.378.587

122,177,118

751,848,687

751,848,687

874,025,805

2.798.531

8

9

10c

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34

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Part III, Line 4a:

Form 990 (2018)

COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFFILIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

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

		l			•		'	ا ستّ عدد مو	44 24 222	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MITCHELL SMITH REGIONAL DIR	52 00	×						195,259	0	59,105
RONALD MC INROY REGIONAL DIR	52 00	x						174,070	0	60,533
GERALD KARIEM	52 00									

REGIONAL DIR		×			195,259	
RONALD MC INROY	52 00	×			174,070	
REGIONAL DIR		^			17 1,070	
GERALD KARIEM	52 00	×			173,810	
REGIONAL DIR		^			173,010	
BEVERLEY BRAKEMAN	52 00	×			172,420	
REGIONAL DIR		_ ^			172,420	

and Independent Contractors

CHARLES BROWNING

REGIONAL DIR

JEFFREY BINZ

.......

VANCE PEARSON

REGIONAL DIR

REGIONAL DIR

FRANK STUGLIN

REGIONAL DIR MICHAEL WATIER

TRUSTEE

			1	l .	l	l	1			
RONALD MC INROY	52 00	x						174,070	0	60,533
REGIONAL DIR		,,						1,1,0,0		00,555
GERALD KARIEM	52 00							172.010		56.707
REGIONAL DIR		X						173,810	0	56,787
BEVERLEY BRAKEMAN	52 00							472.420		64.752
REGIONAL DIR		X						172,420	0	61,753
RICHARD RANKIN	52 00									
REGIONAL DIR		×						170,783	0	55,235
CHARLES BROWNING	52 00									

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52 00

52 00

52 00

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170,517

168,445

166,788

165,422

2,144

55,413

57,595

57,599

55,107

359

0

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	£							/14/ 3/4000	/44 2/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PHYLLIS BLUST TRUSTEE		×						2,144	0	359	
GARY JONES PRESIDENT	52 00			x				254,174	0	58,654	
RAYMOND CURRY SECRETARY-TR	52 00			х				217,953	0	60,304	
TERRENCE DITTES VICE PRESIDE	52 00			x				213,205	0	55,856	
CYNTHIA ESTRADA VICE PRESIDE	52 00			×				186,287	0	56,165	
DODY CAMPLE	52 00										

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52 00

52 00

52 00

52 00

180,291

179,938

179,081

174,849

172,995

0

0

0

0

55,597

55,452

55,658

54,005

55,157

VICE PRESIDE

MICHAEL STONE

....... REPRESENTATI

NIRAJ GANATRA

GENERAL COUN

JEFFREY SHROCK

TIMOTHY BRESSLER

REPRESENTATI

REPRESENTATI

and Independent Contractors

and Independent Contractors (A) (B) Name and Title Average

JEFFREY SODKO
REPRESENTATI
JULIE KUSHNER
REGIONAL DIR
CHARLES HALL
REGIONAL DIR
GARY CASTEEL
SECRETARY-TR

JAMES SETTLES

VICE PRESIDE

PRESIDENT

DENNIS D WILLIAMS

	ow	ela za	tec tioi tte	l ns
			52	00
	••••	••••	••••	•••
			52	00
•	••••	••••	••••	•••
			52	00
		••••	••••	•••
			52	00
	••••	• • • •	••••	•••

52 00

52 00

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hours per

week (list

person is both an officer and a director/trustee)							
Individual trustee	Institutional Trustee	Officer	key employee	Highest compensated employee	1 (311)(2)		
				X			

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

(C)

Position (do not check more

than one box, unless

from organiz (W- 2/: MIS	the ation L099-
	168,947
	143,553
	127,742
	155,417
	133,414
	114,411

(D)

Reportable

compensation

Former

(E)

Reportable

compensation

from related

organizations

(W-2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

55,273

56,422

53,613

55,366

55,173

54,264

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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. OMB No 1545-0047

DLN: 93493318044179

Open to Public

Internal Revenue Service

(Form 990)

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▶ Attach to Form 990.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** INTERNATIONAL UNION - UAW 38-0679801 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections (of Art, F	Iistori	cal Tı	eası	ıres, or	Other	Similar A	Assets (continued)
3		g the organization's acq	uisition, accessior	, and othe	r records,	check	any of	the fo	llowing t	hat are a	significant	use of it	s collection
а	item:	s (check all that apply)				d							
	Ш	Public exhibition						Loan	or excha	ange pro	grams		
b		Scholarly research				е		Othe	r				
С		Preservation for future	e generations										
4	Prov Part	ide a description of the XIII	organızatıon's col	ections and	d explain	how the	ey furth	er the	e organiz	ation's e	xempt purp	ose in	
5		ng the year, did the org ts to be sold to raise fur									nılar	□ Y	es 🗆 No
Pa	rt IV								_				
		Complete if the ord X, line 21.	ganization answ	ered "Yes	s" on For	m 990	, Part	IV, li	ne 9, or	reporte	ed an amo	ount on	Form 990, Part
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermed	liary for	contril	oution	s or othe	er assets	not	□ Y	es 🗆 No
b	If "Y	es," explain the arrange	ement in Part XIII	and compl	ete the fo	llowina	table		[Amount	
c		nning balance							•	1c			
d	_	tions during the year							•	1d			
е		ributions during the year	r						•	1e			
f		ng balance								1f			
2a		the organization include	an amount on Eo	rm 990 Pa	rt V lina	21 for	occrou	or cu	retodial a	ccount li	ability2		es 🗆 No
_												_	es 🗆 NO
b	irt V	es," explain the arrange Endowment Fund											
FG	ii C V	Endowment Fund	us. Complete ii	(a)Curre			rior yea				(d)Three y		(e)Four years back
1a	Begini	ning of year balance .		(2)000	7 9 41	(-)	,		(-)		(2):55 /		(C) car years basic
b	Contri	butions											
С	Net in	vestment earnings, gair	ns, and losses										
		s or scholarships											
e	Other	expenditures for facilities	es										
	and pi	rograms											
f	Admir	nistrative expenses .											
g	End of	f year balance											
2	Prov	ide the estimated perce	ntage of the curre	nt year en	d balance	(line 1	g, colu	nn (a)) held a	s			
а	Boar	d designated or quasi-e	ndowment 🟲										
b	Perm	nanent endowment 🟲											
С	Tem	porarily restricted endov	wment 🟲										
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 10	0%								
3а		there endowment funds	not in the posses	sion of the	organizat	ion tha	t are h	eld an	d admını	stered fo	r the		V N-
	_	nization by inrelated organizations										Га	Yes No
		related organizations										⊢	a(ii)
b		es" on 3a(II), are the re		s listed as	required o	on Sche	dule R	· .					3b
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endov	wment i	funds					_	
Pa	rt VI												
	D	Complete if the or	ganization answ (a) Cost or oth		s" on For (b) Cost		•				rm 990, P depreciation		ne 10. (d) Book value
	Desci	ription of property	(a) Cost of oth (investme		(b) Cost	or other	Dasis (otner)	(C) ACC	umulated	uepreciation		(a) book value
1a	Land											1	
b	Buildir	ngs											
c	Lease	hold improvements											
d	Equip	ment											
e	Other						45,42	8,278			42,635,168	3	2,793,110
Tota	al. Add	l lines 1a through 1e <i>(Co</i>	olumn (d) must ed	qual Form S	990, Part .	X, colui	nn (B)	line .	10(c)) .		>		2,793,110
				<u>-</u>					· · · · · ·		Sc	hedule l	D (Form 990) 2018

Schedule D (Form 990) 2018				Page 3
Part VII Investments—Other Securities. Complete if the orga See Form 990, Part X, line 12.	nızatıon ansv	vered "Yes" on	Form 990, Par	t IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va	
(1) Financial derivatives				
See Additional Data Table (A)				
(B)				
(C)				
(D)				
(E)				_
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	69,886,865			
Part VIII Investments—Program Related.	•		222 5	
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	b) Book value		rm 990, Part X (c) Method of va	
(1)		Cost	or end-of-year r	market value
(2)				
(3)				_
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' or	Form 990 Pa	ort IV line 11d S	ee Form 990 Pa	ert X line 15
(a) Description				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·	 orm 990, Part I'	11f.
1. (a) Description of liability	(b) B	ook value		
(1) Federal income taxes		106 006 040		
VEBA PAYABLE LOCAL UNION REBATES PAYABLE		106,996,949 5,755,885		
TROUBLED WORKERS		1,033,672		
PAYROLL DEDUCTIONS (5)		161,013		
(6)				
(7)				
(8)				
(9)				
		112 047 540		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo	tnote to the or	113,947,519 ganızatıon's fınaı	ncial statements	that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Ch	eck here if the	text of the footn	ote has been pro	ovided in Part XIII

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2018

1

1

Page 4

2	Amounts included on line 1 but not	t on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	les	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Pa	art 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		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem ation answered 'Yes' on Form 990, Part		per Retur	n.
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	les	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line $\bf 2e$ from line $\bf 1$			3	
4	Amounts included on Form 990, Pa	art 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		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 40	c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

(H) MONOMOY CAPITAL PART AIV III LP

(I) DUNE REAL ESTATE FUND III

Software ID: **Software Version:**

EIN: 38-0679801 Name: INTERNATIONAL UNION - UAW

Form 990, Schedule D, Part VII - Investments Other S (a) Description of security or category (including name of security)	ecurities (b)Book value	(c) Method of valuation Cost or end-of-year market value
(A) NB PRIVATE DEBT FUND II, LP	7,402,188	C
(A) GLOBAL INFRASTRUCTURE III, LP	6,969,397	С
(B) ENTRUST SPECIAL OPPORTUNITY FUND III	5,850,050	С
(C) HIGHSTAR CAPITAL IVILIMITED PARTNERS	5 667 220	

(A) GLOBAL INFRASTRUCTURE III, LP	6,969,397	
(B) ENTRUST SPECIAL OPPORTUNITY FUND III	5,850,050	
(C) HIGHSTAR CAPITAL IV LIMITED PARTNERS	5,667,220	
(D) APOLLO INVESTMENT FUND VIII	5,034,322	
		

5,001,602

4,172,347

(E) U S GOV'T PROPERTIES, INC (F) FIRST RESERVE FUND XIII LP

(G) WARBURG PINCUS PRIVATE EQUITY XI 3,991,208

3,884,805

3,877,714

C

С

С

C

C

С

Form 990, Schedule D, Part VII - Investments Other S (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(K) NB PRIVATE DEBT FUND III	2,848,833	С
(A) OAKTREE REAL ESTATE OPP VII	2,843,773	С
(B) LIBREMAX OFFSHORE FUND LTD	2,625,000	С
(C) STONE PEAK INFRASTRUCTURE FUND	2,533,619	С
(D) OAKTREE ENHANCED INCOME FUND	2,075,351	С
(E) GLOBAL INFRASTRUCTURE LIMITED PRTNS	1,917,628	С
(F) H I G ADVANTAGE BUYOUT FUND	1,606,734	С
(G) AG CAPITAL RECOVERY VII LP HOLDINGS	738,838	С
(H) STARWOOD OPPORTUNITY FUND X US	666,516	С
(I) COORDINATED TRAVEL	125,000	С

Form 990, Schedule D, Part VII - Investments Other Se (a) Description of security or category (including name of security)	curities (b)Book value	(c) Method of valuation Cost or end-of-year market value
(U) STARWOOD OPPORTUNITY FUND S	54,715	С
(A) STARWOOD DISTRESSED OPPORTUNITY FUND	1	С
(B) CORNERSTONE REAL ESTATE FUND	1	С
(C) ENTRUST SPECIAL OPPORTUNITY FUND II	1	С
(D) OZ CREDIT OPP'S OVERSEAS FUND	1	
(E) MESIROW FIN CAP PARTNERSHIP XLP	1	С

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318044179 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INTERNATIONAL UNION - UAW 38-0679801 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) NORTH AMERICA 1 19 PROGRAM SERVICES SERVICE OF MEMBERS 443,488 (2) (3) (4) (5) 19 443,488 3a Sub-total b Total from continuation sheets to Part I 19 c Totals (add lines 3a and 3b) 443,488 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2018

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

(4) (5) (6)

(7) (8) (9) (10) (11)

(12) (13) (14) (15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (h) Method of

(a) Type of grant of assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							

	recipients	cash grant	aispursement	assistance	assistance	valuation (book, FMV, appraisal, other)
(1)						

(2) (3)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3320 and 3320-A, don't me with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	\square Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2018 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part I method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete any additional information (see instructions). 990 Schedule F, Supplemental Information		Page 5
Part V	Provide the information required by Part I, line 2 (monitoring o amounts of investments vs. expenditures per region); Part II, lengthood); and Part III, column (c) (estimated number of recipies)	ne 1 (accounting method); Part III (accounting
990 S che	dule F, Supplemental Information	
	Return Reference	Explanation

NORTH AMERICA 443,488 0

SCHEDULE F, PAGE 1, PART I, LINE 3

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9331	8044	179
Sch	nedule J	Co	mpensat	tion Information	MO	IB No	1545-0	0047
(Forr	m 990)		Compens anization ansv	Trustees, Key Employees, and Hig sated Employees wered "Yes" on Form 990, Part IV h to Form 990.	hest , line 23.	2018		
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		r instructions and the latest inform	mation. O		o Pul	
	al Revenue Service ne of the organiza	lation			Employer identificat		ectio mber	
INT	ERNATIONAL UNION	- UAW			38-0679801			
Pa	rt I Questi	ons Regarding Compensat	ion		30 0073001			
							Yes	No
1a				of the following to or for a person liste ny relevant information regarding the				
	✓ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up payments	✓	Health or social club dues or initiati				
	☑ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abov		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all	- 1-3	2	Yes	
	directors, truste	es, officers, including the CEO/EX	Recutive Directo	or, regarding the items checked in line	e 1a/			
3	organization's C	EO/Executive Director Check all	that apply Do	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	Compensa	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	ition committee			
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-conti	rol payment?			4a		No
b		r receive payment from, a supple		alified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equit	y-based compe	ensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III			
), 501(c)(4), and 501(c)(29)	_	-				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	ı A, line 1a, did	the organization pay or accrue any				
a	The organization					6a		
b	Any related orga	anızatıon? 6a or 6b, describe in Part III				6b		
7	•	,	الحاجة معدا الأند	the ergenization number of survey and	4			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes,		the organization provide any nonfixe art III	u	7		
8				ured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		_
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	v the rebuttable	e presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for F	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2018

Part II Officers, Directors, Trustees, Key Employees, and Hig							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the tot	0, Part VII	•		<u>-</u>	·		ıvıdual
(A) Name and Title	(B) Break	kdown of W-2 and/c compensation		and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	!	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						1	
					'		
					1		
					-		
					-		
					<u> </u>		
			1			<u> </u>	
					1		
<u> </u>	+				+'		

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

Software ID: Software Version:

EIN: 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Schedul	e J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
MITCHELL SMITH REGIONAL DIRECTOR	(I) (II)				54,870	4,235	254,364	
RONALD MC INROY REGIONAL DIRECTOR	(I) (II)	174,070			55,117	5,416	234,603	
GERALD KARIEM REGIONAL DIRECTOR	(1)	173,810			55,117	1,670	230,597	
BEVERLEY BRAKEMAN REGIONAL DIRECTOR	(1)	172,420			55,173	6,580	234,173	
RICHARD RANKIN REGIONAL DIRECTOR	(1)	170,783			55,117	118	226,018	
CHARLES BROWNING REGIONAL DIRECTOR	(1)	170,517			55,117	296	225,930	
JEFFREY BINZ REGIONAL DIRECTOR	(1)	168,445			55,061	2,534	226,040	
VANCE PEARSON REGIONAL DIRECTOR	(1)	166,788			54,917 	2,682	224,387	
FRANK STUGLIN REGIONAL DIRECTOR	(1)	165,422			54,917	190	220,529	
GARY JONES PRESIDENT	(1)	254,174			55,938	2,716	312,828	
RAYMOND CURRY SECRETARY-TREASURER	(1)	217,953			55,594	4,710	278,257	
TERRENCE DITTES VICE PRESIDENT	(1)	213,205			55,667	189	269,061	
CYNTHIA ESTRADA VICE PRESIDENT	(1)	186,287			55,667	498	242,452	
RORY GAMBLE VICE PRESIDENT	(1)	180,291			55,462	135	235,888	
MICHAEL STONE REPRESENTATIVE	(I)	179,938			55,452		235,390	
NIRAJ GANATRA GENERAL COUNSEL	(1)	179,081			55,658		234,739	
JEFFREY SHROCK REPRESENTATIVE	(I)	174,849			54,005		228,854	
TIMOTHY BRESSLER REPRESENTATIVE	(1)	172,995			55,157		228,152	
JEFFREY SODKO REPRESENTATIVE	(I)	168,947			55,273		224,220	
JULIE KUSHNER REGIONAL DIRECTOR	(1)	143,553			54,130	2,292	199,975	

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation CHARLES HALL 127,742 53.512 101 181,355 REGIONAL DIRECTOR

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

133,414

114,411

JAMES SETTLES

PRESIDENT

VICE PRESIDENT

DENNIS D WILLIAMS

	(11)						
GARY CASTEEL SECRETARY-TREASURER	(1)	155,417		54,582	784	210,783	
	(11)						

53,714

52,972

1,459

1,292

188,587

168,675

efile GRAPHI	C print - DC	NOT PROC	SS	As Fi	iled Data -					DL	.N: 93	4933	180	44179
Schedule L (Form 990 or 990	l-EZ) ▶ Con	nplete if the o	ganiza	ition a	ctions with Interested Persons tion answered "Yes" on Form 990, Part IV, lines 2 or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. w.irs.gov/Form990 for the latest information.					25b, 26		МВ No	1545	-0047
			•	• Attac						201			1	8
Department of the Trea Internal Revenue Serv	I										(Open Insp	to Po ecti	
Name of the org									-	yer ide	entifica	ation r	numb	er
		Transactions anization answe						ganız	ations		ne 40h			
		qualified persor		\neg			lified person an	$\overline{}$		escript		14) Cor	rected?
1 ("	, manne or all	quamica persor		(5)		organization	inica person an			ansacti			es	No
Complete if the organization areported an amount on Form (a) Name of interested person with organization of local		rganization ans unt on Form 990 ship (c) Purpo	wered "), Part >	ed "Yes" on Form 990-Ez art X, line 5, 6, or 22		(e)Original principal amount		(g) In default? Approve board commit			h) ved by rd or	(i)Written agreement?		
				То	From			Yes	No	Yes	No	Yes		No
			+											
			+											
Total						\$								
		stance Bene organization					June 37							
(a) Name of Inter	•		hip betv son and	ween	(c) Amount		(d) Type o	of assi	stanc	ce	(e) Pu	rpose (of ass	ıstance
										\mp				
For Paperwork Red	luction Act Not	ice, see the Inst	ructions	for Fo	rm 990 or 990-E	Z. C.	at No 50056A		Scl	hedule I	(Form	990 0	r 990-	EZ) 201

Additional Data

ANDREA WILLIAMS

THOMAS ASHTON

	Name	: INTERNATIONA	L UNION - UAW
orm 990, Schedule L, Part IV - Busine	ess Transactions Involv	ing Interested F	Persons
(a) Name of interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction

person and the

organization

FAMILY-OFFICER

FAMILY-OFFICER

Software ID: Software Version:

EIN: 38-0679801

63,741

147,187

COMPENSATION

COMPENSATION

(e) Sharing of

organization's

revenues?

No

No

No

Yes

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No FAMILY-OFFICER 127,035 COMPENSATION Nο

128.052 COMPENSATION

No

FAMILY-OFFICER

JUSTIN JEWELL	FAMILY

PATRICK ASHTON

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? No No

120,725 COMPENSATION

No

				Yes	N
MICHAEL GLENNING	FAMILY-OFFICER	147,427	COMPENSATION		N

FAMILY-OFFICER

DERIK JEWELL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? No es Nο MATTHEW WILLIAMS FAMILY-OFFICER 119,064 | COMPENSATION

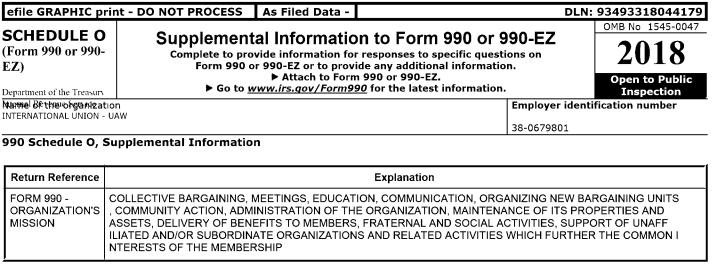
48,739 COMPENSATION

No

		Ye

FAMILY-OFFICER

SUSAN WOLFF



Return

Reference	·
FORM 990,	COLLECTIVE BARGAINING, MEETINGS, EDUCATION, COMMUNICATION, ORGANIZING NEW BARGAINING UNITS
PAGE 2,	, COMMUNITY ACTION, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND
PART III,	ASSETS, DELIVERY OF BENEFITS TO MEMBERS, FRATERNAL AND SOCIAL ACTIVITIES, SUPPORT OF UNAFF
LINE 4D	LIATED AND/OR SUBORDINATE ORGANIZATIONS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON I
	NTERESTS OF THE MEMBERSHIP

Explanation

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, CANADA PART V, LINE 4B

990 Schedule O, Supplemental Information

Reference	Explanation
FORM 990	FORM 990, PART VI. LINE 12A - ORGANIZATION'S CONFLICT OF INTEREST POLICY - FORM 990, PART VI. LINE 15 -

Evolunation

FORM 990, FORM 990, PART VI, LINE 12A - ORGANIZATION'S CONFLICT OF INTEREST POLICY - FORM 990, PART VI, LINE 15 - PART VI DETERMINATION OF COMPENSATION

Doturn

Return Explanation
Reference

F INTERNATIONAL REPRESENTATIVES

FORM 990,	CALCULATION OF OFFICERS SALARY HAS BEEN CHANGED TO BE THE FOLLOWING PRESIDENT WILL BE 1 8
PAGE 6,	TIMES THE SALARY OF INTERNATIONAL REPRESENATIVES SECRETARY-TREASURER WILL BE 1 67 TIMES
PART VI,	THE SALARY OF INTERNATIONAL REPRESENTATIVES VICE-PRESIDENTS WILL BE 1 62 TIMES THE SALARY
LINE 4	OF INTERNATIONAL REPRESENTATIVES EXECUTIVE BOARD MEMBERS WILL BE 1 49 TIMES THE SALARY O

Return Explanation
Reference

FORM 990,	UAW MEMBERSHIP IS GOVERNED BY THE UAW CONSTITUTION AND FEDERAL LABOR LAW AND IS FREELY AVA
PAGE 6,	ILABLE TO PERSONS WORKING IN BARGAINING UNITS FOR WHICH THE UAW HAS BEEN DESIGNATED AS THE
PART VI,	EXCLUSIVE COLLECTIVE BARGAINING REPRESENTATIVE UNDER FEDERAL LABOR LAW
LINE 6	

Return Explanation
Reference

FORM 990,	UAW MEMBERS ARE ENTITLED TO VOTE FOR VARIOUS ELECTED LEADERSHIP, IN ACCORDANCE WITH THE UA
PAGE 6,	W CONSTITUTION AND FEDERAL LABOR LAW AS PERMITTED BY FEDERAL LABOR LAW, THE UAW ELECTS IT
PART VI,	S LEADERSHIP THROUGH A CONVENTION AT WHICH ELECTED DELEGATES ELECT THE OFFICERS OF THE INT
LINE 7A	ERNATIONAL UNION

Return Explanation
Reference

FORM 990,	UAW MEMBERS ARE ENTITLED TO VOTE ON A VARIETY OF SUBJECTS, INCLUDING AUTHORIZATION FOR STR
PAGE 6,	IKE ACTIONS, RATIFICATION OF COLLECTIVE BARGAINING AGREEMENTS AND OTHER MATTERS IN ACCORDA
PART VI,	NCE WITH THE UAW CONSTITUTION AND FEDERAL LABOR LAW
LINE 7B	

Return Explanation
Reference

FORM 990,
THE FORM 990 WAS PREPARED UNDER THE SUPERVISION OF THE INTERNATIONAL SECRETARY-TREASURER W
PAGE 6,
PART VI,
LINE 11B

Return Explanation
Reference

FORM 990,	IN ACCORDANCE WITH FEDERAL LABOR LAW, VARIOUS GOVERNING DOCUMENTS - INCLUDING THE UAW CONS
PAGE 6,	TITUTION AND THE UAW ETHICAL PRACTICES CODE - ARE FREELY AVAILABLE TO UAW MEMBERS
PART VI,	
LINE 19	

Return

Reference	Explanation
FORM 990,	CURRENT SUBSIDIARIES LOSSES NOT ON 990 RETURN -96,439 SUBSIDIARY VALUE OF LOAN RECEIVABLE
PART XI,	NOT ON 990 -413,560 NON CASH TRANSACTIONS 0 INVENTORY CHANGE -71,091 FURNITURE & EQUIPMEN
LINE 9	T EXPENSED 748,238 DUE TO VEBA ADUSTMENT 167,000 ITEMS REPORTED ON UBC 990 EIN 38-6111612
	0 EXPENSES FOR UBC PAID FOR BY UAW INTERNATIONAL -137,905 PROCEEDS FROM ASSETS SOLD TRANS
	FERRED TO INT'L 785,000 UBC ASSETS PURCHASED BY UAW INT'L -1,432,142 EQUIPMENT PURCHASED B
	Y UAW INT'L 0 DEPRECIATION RECORDED ON BOTH 990'S 98,506 RENTAL INCOME TRANSFERRED TO UAW
	NT'L 134,700 UNRELATED BUSINESS INCOME TAXABLE -219,654 TOTAL -437,347

Explanation

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	318044	179				
SCHEDULE R (Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.												OMB No 1545-0047					
Department of the Treasury Internal Revenue Service		omplete if the organ		► Attach to	Form 990.		•		36, or	37.		Open to						
Name of the organization INTERNATIONAL UNION - UAW									Emp	loyer identif	icatior	number						
	-55:	arria Caradala C			1 1124	u -	000 P- I	T) / 2		679801								
Part I Identification	of Disregarded E	ntities Complete If	tne organ	ization answ	rerea "Yes	on Form	990, Part	IV, line 3	3. ———									
(a) Name, address, and EIN (if applicable) of disregarded entity				(b) Primary activity			c) nicile (state n country)	(d) Total inc	ome	me (e) End-of-year asse		(f Direct co ent	ntrolling					
Part II Identification (of Related Tax-Ex		is Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more					
See Additional Data Table			1	413	1 .	,	1 (1)	. 1			ı		1 ,					
Name, address, and	(a) d EIN of related organizati	on	Prim	(b) ary activity	Legal dom	c) ncile (state n country)		(d) Exempt Code section		(e) narity status n 501(c)(3))	Dii	(f) rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?				
													Yes	No				
For Paperwork Reduction Ac						t No 5013						edule R (Form						

one or more related organizations treated as a partnership d (a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	ng	(e) Predominan income(relate unrelated, excluded froi tax under sections 512 514)	m total income		Disprop alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging :ner?	(k Percer owner	itage
COORDINATED TRAVEL		TRVL SERV	MI	N/A	F	RELATED			Yes	No No		Yes	No No		
D WALKER ST TROIT, MI 48207 -3573166															
art IV Identification of Related Organ because it had one or more related	i izations Taxable as a d organizations treated a	Corporation s a corporation	or Tru on or tr	ı st Comp ust durın	lete g the	ıf the orga e tax year.	inization ans	swered "Ye	s" on	Form	990, Part I\	/, lın	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) Legal omicile or foreigr untry)		Direct ((e) Type of entity C corp, S corp, or trust)	(f) Share of tota Income	al Sha	(g) re of en year assets	d-of- Percount	(h) entag nership	9	(ı Section (13) cor enti	ntro

(3) UAW NATIONAL COMMUNITY

(5)PAT GREATHOUSE CENTER

ACTION PROGRAM

(4)PUBLIC REVIEW BOARD

Loans or loan guarantees by related organization(s) . . .

Reimbursement paid by related organization(s) for expenses . . .

Lease of facilities, equipment, or other assets to related organization(s)

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

No

No

No

No

No

No

No

No

No

No No

No

No

No

1e

1f

1g

1h

11

1 m

1n

1p

1r Yes

1s Yes

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.																		
Note. Complete line 1 if any entity i	isted in Parts II, III, or IV of this sched	ule															Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											П							
a Receipt of (i) interest, (ii) annuities	iii) royaltıes, or(iv) rent from a contro	lled entity														1a		No
b Gift, grant, or capital contribution to	elated organization(s)															1b		No

(b)

Transaction type (a-s)

S

R

S

(c)

Amount involved

1,432,142

919,700

3,950,000

514.936

2,464,150

TRANSFERS

TRANSFERS

TRANSFERS

TRANSFERS

REIMBURSEMENTS

(1)UNION BUILDING CORPORATION
(2)UNION BUILDING CORPORATION

Name of related organization

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No				
									_	Schedul	e R (Form	1 990)) 2018			



Software ID:

Software Version:

EIN: 38-0679801

Name: INTERNATIONAL UNION - UAW

Form 990, Schedule R, Part II - Identification of Relate	ed Tax-Exempt Organ	uizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(contribute entire	n 512 13) olled
CORPORATION 8000 E JEFFERSON DETROIT, MI 48214 38-6111612	TITLE HOLD	MI	501C2		UAW INTL INTERNATIONAL UNION- UAW	1100	No
489 SOUTH MAIN STREET PLYMOUTH, MI 48170 38-1558078	ARBITRATOR	MI	501C5		UAW INT'L		No
PROGRAM 8000 E JEFFERSON DETROIT, MI 48214 38-2258829	COMMUNITY	MI	501C5		UAW INT'L		No
PROGRAM 8000 E JEFFERSON DETROIT, MI 48214 38-2309414	COMMUNITY	MI	501C5		UAW INT'L		No
8000 E JEFFERSON DETROIT, MI 48214 38-3261264	GOTV	MI	527		UAW INT'L		No
COMMITTEE 8000 E JEFFERSON DETROIT, MI 48214 38-2193958	GOTV	MI	527		UAW INT'L		No
8000 E JEFFERSON DETROIT, MI 48214 38-3256790	COMMUNITY	MI	501C5		UAW INT'L		No
8000 E JEFFERSON DETROIT, MI 48214 38-3256789	COMMUNITY	MI	501C5		UAW INT'L		No
8000 E JEFFERSON DETROIT, MI 48214 38-3256791	COMMUNITY	MI	501C5		UAW INT'L		No
CORPORATION 8000 E JEFFERSON DETROIT, MI 48214 36-2138521	TITLE HOLD	IL	501C2		UAW INT'L		No