Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

_	_	Ab - CO40I-	ndan and and			20 40							
<u>A</u>	-		ndar year, or tax year beginning January , 2018, and endi C Name of organization International Union, UAW, Local 653	Dec Dec	ember	, 20 18							
В	Che	ck if applicable	∩ Employ	er identification number									
L	Addı	ress change	Doing business as Labor Union		38-1119397								
	Nam	ne change	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephor	ne number							
<u> </u>] Initia	I return	670 E. Walton Blvd.			2483737774							
	Final	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
n [1	nded return	Pontiac, MI 48340		G Gross re	eceipts \$ 1612648							
~			F Name and address of principal officer Michael Warchuck	HIA Is this a d		subordinates ⁷ Yes No							
· ' -	ı Appı	ilication pending	670 E. Walton Blvd.			s included? Yes No							
₫	Ψ		<u> </u>			list (see instructions)							
⋾÷		exempt status	□ 501(c)(3)	<u>~</u>									
\cup_{1}^{n}			://region1.uaw.org/local653/		exemption	· · · · · · · · · · · · · · · · · · ·							
ωĶ		of organization		ation 1939	M State	of legal domicile MI							
ZL	Part												
Z	1	Briefly de	escribe the organization's mission or most significant activities Promi	ote social and	l economi	c justice through							
\mathbf{q}	3	collective	bargaining, education, communication, organizing, community action, ad	ministration o	of the orga	nization, maintenance							
$\mathcal{C}_{\mathbf{S}}$		of it asse	ts, delivery of benefits to members, fraternal and social activities and activ	ities that furt	her the int	erest of the members.							
و ر	. 2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	n 25% of	its net assets.							
Š	∃ 3		of voting members of the governing body (Part VI, line 1a)		3	19							
٦	í 4		of independent voting members of the governing body (Part VI, line 1b	١ .	4	16							
ď	3 5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	,	5	56							
SCA Activities & Governance			nber of volunteers (estimate if necessary)		6								
5	3 3		• • • • • • • • • • • • • • • • • • • •		<u> </u>	156							
•	1 1		elated business revenue from Part VIII, column (C), line 12		7a	O							
_		b Net unre	ated business taxable income from Form 990-T, line 38		7b	0							
			RECEIVED	Prior Y	ear	Current Year							
9	, ∣ 8		13986	29068									
Revenue	9	Program	service revenue (Part VIII, line 2g)		1439461	1517061							
à	10	Investme	ent income (Part VIII, column (A), lines 3, and Ad) R. 1.5 2019.		0	1							
•	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53704	61038							
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII) Colombia (A), [II] # 12)	_	1507151	1607168							
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	j	8000	10000							
	14		paid to or for members (Part IX, column (A), line 4)		0	0							
	ء ما		other compensation, employee benefits (Part IX, column (A), lines 5–10)		426459	384923							
Fxnenses	16		onal fundraising fees (Part IX, column (A), line 11e)										
و	10		÷ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			0							
ž	[]		draising expenses (Part IX, column (D), line 25)										
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1169537	1244703							
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1603996	1715244							
_	19	Revenue	less expenses. Subtract line 18 from line 12		96845	108076							
Net Assets or	Ces			Beginning of Cu	ırrent Year	End of Year							
set	檀 20	Total ass	ets (Part X, line 16)		2852081	2744869							
.t As	딸 21	Total liab	ılıtıes (Part X, line 26)		63957	59558							
ž,	∄ 22	Net asse	ts or fund balances. Subtract line 21 from line 20		2788124	2685311							
F	art I	Signa Signa	ture Block										
ī	nder p	enalties of perju	ry, I deelare that have examined this feturn, including accompanying schedules and state	ements, and to t	he best of n	nv knowledge, and belief, it is							
tr	ue, cor	rrect, and comp	ry, I deelare that Thave examined this feturn, including accompanying schedules and state eigh Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	,,, ,							
_			diel le Anton		4-9	7-19							
Si	gn	Fran	ature of officer	L Da									
	ere	, Č	ARL A, JOHNSON - FINANCI	AI S		ETARY							
		Type	or print name and title	116 3	L UN A	- ////-/							
_				lata		DTIN							
P	aid		pe preparer's name Preparer's signature	ate	Check [
Ρ	repa	rer			self-emp	loyed							
	se C	I	ame •	Firm	n's EIN ▶								
_		Firm's a	ddress ▶	Pho	ne no								
М	ay the	e IRS discus	s this return with the preparer shown above? (see instructions)			Yes No							

Part		=	_
.1	Check if Schedule O contains a responsible to the Organization's mission	onse or note to any line in this Part III	· · · · · · · · · · · · · L
٠,١	Promote social justice through collective barga	ining communication organizing commu	nity action, administration of the
	organization, maintenance of its assets, deliver		
		y or benefits to members, naterial and soc	
2	Did the organization undertake any significan		
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Sch		
3	Did the organization cease conducting, or		
	services?		· · · · · · · · Tyes 🗹 No
	If "Yes," describe these changes on Schedule		
4	Describe the organization's program service		
	expenses. Section 501(c)(3) and 501(c)(4) org		mount of grants and allocations to others
	the total expenses, and revenue, if any, for ea	ach program service reported.	
	(O-1)		
4a	(Code:) (Expenses \$		
	Collective bargaining and representation to 160	34 members.	
4b	(Code) (Expenses \$	N/A including grants of \$) (Revenue \$
			••••••
			••••••
4c	(Code:) (Expenses \$	N/A including grants of \$	\(\(Payonuo\\$\)
	(Code:) (Expenses ψ	The including grants of \$) (nevenue \$
		•	•••••••
		•	
	•••••		
	•••••		
4d	Other program services (Describe in Schedule	•	
	(Expenses \$ including grants	of \$ N/A) (Revenue \$	N/A)
4e	Total program service expenses ▶	N/A	

ODLIK Page 3

Part I	V	Checklist	of I	Required	Schedules

				г
•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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		/
3	Did the organization required to complete schedule b, schedule of contributors (see instructions)?			-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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		√
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		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
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		✓
đ	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		√
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		. <u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		✓

Part	Checklist of Required Schedules (continued)			. ago
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	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		
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		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part '				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	
		Forn	990	(2018)

Feiri	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 56 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.		_	·
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
За	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 account)?	4a		✓
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	√	
	organization solicit any contributions that were not tax doductible as charitable contributions?	6a	· ·	
b	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	05	_	
a	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			·
а	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		
10	Section 501(c)(7) organizations. Enter			;
a	Initiation fees and capital contributions included on Part VIII, line 12			!
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			[!
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	 			
U	Gross income from other sources (Do not net amounts due or paid to other sources 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		
b	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		
	Note. See the instructions for additional information the organization must report on Schedule O.		i	
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 14а	Enter the amount of reserves on hand	40-		
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
. •	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			- 1

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
<u>, , , , , , , , , , , , , , , , , , , </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	· ·	•	⊻
Secti	on A. Governing Body and Management				T
		. ما		Yes	No
1а	Enter the number of voting members of the governing body at the end of the tax year.	1a 1	9		
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business		4		
_	any other officer, director, trustee, or key employee?		2		V
3	Did the organization delegate control over management duties customarily performed by or				,
_	supervision of officers, directors, or trustees, or key employees to a management company or other		3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 99		5		
5	Did the organization become aware during the year of a significant diversion of the organization base members or stockholders?	on's assets?.	6	./	
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to	oloot or appoint	-	<u> </u>	_
7a	one or more members of the governing body?	· · · · ·	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	1.2	•	<u> </u>
	the year by the following				
а	The governing body?		8a	√	
b	Each committee with authority to act on behalf of the governing body?		8h	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by th		nue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of t		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		✓
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	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done	oolicy? If "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	√	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by			
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		/
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.02		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi				
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	· · · · ·	16b		
Secti	on C. Disclosure		1		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci	t apply. nedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of in	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>	
_	CARL A JOHNSON, 670 EAST WALTON BLVD., PONTIAC MI 48340 248-373-7774				

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raue	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

	T	<u>_</u>			C)						_
(A)	(B)	١			ition			(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per			•		or/trust		compensation	compensation from	amount of	
•	week (list any hours for	or a	ins	皇	e e	em Hig	Fo	from the	related organizations	other compensation	
	related	dire	it ut	Officer	g	ploy	Former	organization	(W-2/1099-MISC)	from the	
·	organizations below dotted		long.		Key employee	è co		(W-2/1099-MISC)		organization and related	
	line)	trust	3		yee	gg m				organizations	
		ee	Institutional trustee			Highest compensated employee					
						e.					_
(1) MARGARET ANGEL	2										
TRUSTEE		1		1				0			0
(2) KENNETH LYONS	2	H		Ť				· · ·		•	<u>~</u>
TRUSTEE	† -	1		1	l			720	0		0
(3) STEPHANIE BISHOP	2										Ť
TRUSTEE	†	✓		1				0	0		0
(4) MICHAEL WARCHUCK	60				_				_		_
PRESIDENT	<u>†</u>	1		✓				45732	o		0
(5) CARL JOHNSON	40										_
FINANCIAL SECRETARY				✓		1		49221	0		0
(6) MELANIE SWORDS	3										_
RECORDING SECRETARY				✓				15741	0		0
(7) ED BRIONES	15										
VICE PRESIDENT				✓				30121	0		0
(8) NKECHI COLLINS	2										_
2ND VICE PRESIDENT				✓				255	0		0
(9) AARON EDWARDS	2										
SEARGANT @ ARMS				✓				0	0	(0
(10) JETHRO CARTER JR.	60										
CHAIRPERSON				\	<u> </u>			1295	0	C	0
(11) RAY LUVINE	2										
CHAIRPERSON				✓				0	0		0
(12) ROGER ABBOTT	2										
CHAIRPERSON				✓				789	0		0
(13) AMANDA MCGEE	2										
CHAIRPERSON				✓				0	0		0
(14) DONALD HESTER	5										٠
CHAIRPERSON				✓				1185	о		0

Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			ligne	st C	ompensated E	mployees (co	ntinu	iea)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o	n an	(D) Reportable compensation from	(E) Reportable compensation frelated	om	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
	LENA DEFRESE	2			/				0		0	
	STEVEN YUCHASZ	60			Ė						┪	
	PERSON		1		✓				858		0	
	RICHARD WALTON	2										
	RPERSON				✓			_	0		0	
	ROLAND TREVINO	60										
	RPERSON GARY PHILLIPS	60			•						0	
	PERSON		1		1				234		0	ı
(20)	DEAN CLOUSE	2									\Box	_
	PERSON		ļ		✓				0		0	ı
	JOEL PRYOR	2			,							
	PERSON DANIELLE CHARRON	2			'			_	0		0	
GUIDE		-			/				0		0	1
(23)											1	
											\perp	
(24)]			ľ						
(OE)											+	
(25)		 	}									
1b	Sub-total			<u>. </u>			L	•	146151		0	
c	Total from continuation sheets to Part							▶	0		0	(
d	Total (add lines 1b and 1c)								146151		0	
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received mi	ore than \$100	,000) of
	reportable compensation from the organi	zation >										Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est compens	atec	r
4	For any individual listed on line 1a, is the							n ai	nd other comp	ensation fron	n thr	
	organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv	ıdua	5
Section	on B. Independent Contractors	11 763, 6	отпри	CIC .	OCI I		10 0 1	01 3	acri persori		<u> </u>	<u> </u>
1	Complete this table for your five highest of compensation from the organization. Replyear.	compensate ort compe	ed inc	depe	ende or th	ent ne c	contra alend	acto ar y	ors that receive rear ending wit	ed more than h or within the	#100 3 orç),000 of ganization's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
N/A												
							·		<u> </u>			
		_	_									
	Total number of independent contracto	rs (includin	na hu	ıt nı	nt l	ımı+	ad +a	th	nea listed abo	we) who	سو	
_	received more than \$100,000 of compans							u II	USE IISIEU ADI	ve, wild		

Par	r Ailii	Statement of Reve	enue					
		Check if Schedule C) contains a res	sponse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (con All other contributions, g and similar amounts not inc	tributions) 1b 1c 1d 1d 1tributions) 1e iffs, grants,	0 0 0	•	isvenue		
ē \$				29068				
nd on	g h	Noncash contributions include Total. Add lines 1a-1			20000			
		Total. Add lines Ta-1	<u> </u>	Business Code	29068			
eu	2a	Regular, Sub, Bonus D	lues	900099	1382508	0	0	
æ	b	Retired Member Dues		900099	95306	0	0	
<u>ic</u>	С	Social and Recreations	al	900099	37867	0	0	
Şe.Z	d	Initiation Fee		900099	1380	0	0	
Ē	е			900099	0	0	0	(
Program Service Revenue	f	All other program ser		900099	0	0	0	(
<u> </u>	g	Total. Add lines 2a-2			1517061			
	3	Investment income and other similar amount income from investmen	ounts)		1 0	0	0	
	5	Royalties		•	0	0	0	
		-	(ı) Real	(II) Personal				
	6a	Gross rents	2750	0				
	b	Less. rental expenses	5486	0				
	С	Rental income or (loss)	(2730) 0				
	d	Net rental income or			(2730)	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other 0				
	b	Less cost or other basis and sales expenses .						
	C	Gain or (loss) .) 0			•	
e	8a	Net gain or (loss) . Gross income from fu	indraising		0	0	0	
Other Revenue	-	events (not including \$ of contributions reported						
Jer		See Part IV, line 18 .	· · · · a	·o		ļ		
ğ		Less. direct expenses						
		Net income or (loss) for Gross income from ga	aming activities.	events . ►	0		0	C
	ь	See Part IV, line 19 . Less: direct expenses	· · · a					
		Net income or (loss) f			0	0	0	
		Gross sales of in returns and allowance	ventory, less					
	b	Less: cost of goods s	old b	0				
	С	Net income or (loss) fi		entory . ▶	0	0	. 0	
	l	Miscellaneous R	evenue	Business Code				
	11a	Misc. Reimbursement		900099	39629	o	0	
	ь			900099	20219	- 0	0	
	C	For Members for Disbu	irsements on	900099	3920	0	0	
	d			900099	0			,
	e	Total rayanya Saari		🟲	63768			
	12	Total revenue. See in	structions .	<u> </u> ▶	1607168	0	0	C

Part IX Statement of Functional Expenses

sectio	on 501(c)(3) and 501(c)(4) organizations must com	npiete ali columns. A	ii otner organization.	s must complete co	numn (A)
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		. <u></u> 🗌
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10000	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	142564	0	0	C
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	14204			
_	persons described in section 4958(c)(3)(B)	0	0	0	
7 8	Other salaries and wages	127028	0	0	
0	section 401(k) and 403(b) employer contributions)	6059	o	0	,
9	Other employee benefits	87296	0	0	
10	Payroll taxes	21976	0	0	
11	Fees for services (non-employees).				
а	Management	0	0	0	
b	Legal	0	0	.0	
c	Accounting	0	0		
d	Lobbying	O	0	. 0	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column	<u> </u>	0		
Ū	(A) amount, list line 11g expenses on Schedule (O)	87	o	0	C
12	Advertising and promotion	0	0	0	0
13	Office expenses	60853	0	0	C
14	Information technology	5928	0	0	
15	Royalties	0	0	0	
16 17	Occupancy	224465	0	0	
18	Travel	7646	0	0	
	for any federal, state, or local public officials	o	o	0	ſ
19	Conferences, conventions, and meetings	78030	0	0	
20	Interest	0	0	0	(
21	Payments to affiliates	867694	o	0	O
22	Depreciation, depletion, and amortization .	0	0	0	C
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.)				
а	Recreational Activity	52644	0	0	
b	Donations	12819	0	0	, 0
C	Reimbursements	6725	0	0	0
d	From Members for Disbursement on their Beh	2890	0	0	0
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	540	0	0	0
<u>25</u> 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	1715244	0	0	<u> </u>
	following SOP 98-2 (ASC 958-720)	ما	Λ.	ام	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	342578	2	234501
	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
ets	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	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ď	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 2510368			
	b	Less: accumulated depreciation	2509503		2510368
	11	Investments—publicly traded securities	0		0
	12 13	Investments—other securities. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2852081	16	2744869
	17	Accounts payable and accrued expenses	188		68
	18	Grants payable	0		0
	19	Deferred revenue	0		ō
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to current and former officers, directors,			
≣∣		trustees, key employees, highest compensated employees, and	<u>. </u>	····	
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	O	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 Schedule D		0.5	
	26	Total liabilities. Add lines 17 through 25	63769 63957		59490
_		Organizations that follow SFAS 117 (ASC 958), check here ► □ and	63957	20	59558
Sec		complete lines 27 through 29, and lines 33 and 34.			
直	27	Unrestricted net assets		27	
<u>~</u>	28	Temporarily restricted net assets		28	
ဋ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current tunds	278621	Ġΰ	174943
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund	2509503	31	2510368
¥	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
ž	33	Total net assets or fund balances	2788124		2685311
	34	Total liabilities and net assets/fund balances	2852081	34	2744869
					Form 990 (2018)

					~ _			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		. 🗸			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16	07168			
2	Total expenses (must equal Part IX, column (A), line 25)	2		17	15244			
3	Revenue less expenses. Subtract line 2 from line 1	3		(10	08076)			
4	The state of the s							
5								
6								
7								
8	8 Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_					
	33, column (B))	10		26	85311			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın 📗					
	Schedule O.				3.			
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-	piled	or 🗀					
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l}	ì	5			
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 audit	ed on	a					
	separate basis, consolidated basis, or both:			1				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ja P					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that a	versig	ht					
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant'	? 2c		✓			
	If the organization changed either its oversight process or selection process during the tax year, e.	kplaın	ın 🔲					
	Schedule O.	•			:			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın					
	the Single Audit Act and OMB Circular A-133?		. 3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ne					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b					
			Fo	m 990	(2018)			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB № 1545-0047

Open to Public Inspection

Name of the organization Employer identification number International Union, UAW, Local 653 38-1119397 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 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 Conservation Easements. Part II 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 a 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 Tax Year Total number of conservation easements 2a N/A Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 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) 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990, Part X

Part	Organizations Maintaining											
3	Using the organization's acquisition, collection items (check all that apply).		her reco	rds, ched	ck any of th	e follov	ving that are a	significant u	se of its			
·а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams					
b	☐ Scholarly research		е		_							
С	☐ Preservation for future generation	s			15001							
4	Provide a description of the organiza XIII.		and expl	aın how t	hey further	the org	anızation's exe	empt purpose	e in Part			
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Part	IV Escrow and Custodial Arra	angements.										
	Complete if the organization	n answered "Yes"	" on Foi	m 990, I	Part IV, line	e 9, or	reported an a	mount on F	orm			
	990, Part X, line 21.							_				
1a	Is the organization an agent, trustee included on Form 990, Part X?							not Yes	☐ No			
b	b If "Yes," explain the arrangement in Part XIII and complete the following table											
								Amount	_			
С	Beginning balance					1c			N/A			
d	Additions during the year					1d						
е	Distributions during the year					1e						
f						1f						
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	e 21, for e	escrow or co	ustodial	account liabili	ty? ☐ Y es	☐ No			
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII					
Par	V Endowment Funds.											
	Complete if the organization	answered "Yes"	on For	m 990, f	Part IV, line	e 10.						
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four ye	ars back			
1a	Beginning of year balance	N/A13										
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	the current vear en	d balanc	e (line 1a	ı. column (a)) held a	 as					
а	Board designated or quasi-endowmer	•		. ,	,,	,,						
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment ▶	· %										
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.									
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and adı	ministered for t	the				
	organization by:		_					Ye	s No			
	(i) unrelated organizations							. 3a(i)	+			
	***							. 3a(ii)	 			
b	If "Yes" on line 3a(ii), are the related o							. 3b				
4	Describe in Part XIII the intended uses							<u> </u>				
Part												
	Complete if the organization		on For	m 990. F	art IV. line	e 11a. S	See Form 990). Part X. line	e 10.			
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	or other basis ther)	(c) A	Accumulated preciation	(d) Book va				
1a	Land		0		138500				138500			
b	Buildings		0	—	2134313		0		2134313			
c	Leasehold improvements		0		0		0		<u>2134313</u> 0			
d	Equipment		0		237555		0					
e	Other		0		237333		0		237555			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99				(c)	. •		2510368			

Part VII	Investments — Other Securities Complete if the organization ans		m 990 Part IV lin	a 11h Saa Form	QQQ Part Y June 12
•	(a) Description of security or categor (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial		· 		333, 5, 5, 5, 5	
	neld equity interests				· ·-
(2) Other					
(A) N/A	·····				
(B)	••••			-	
(C)					
(D)		••••••			
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12)			<u> </u>	
Part VIII	Investments – Program Related		000 D 18/1	44 0 5	000 D-+V E 40
	Complete if the organization ans	wered "Yes" on For		1	
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1) N/A					
(2)					
_(3)	<u> </u>				
_(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total, (Column II	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1) N/A					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X, c	ol (B) line 15.)		•	
Part X	Other Liabilities.	or (b) inte 10).		· •	
	Complete if the organization ans	wered "Yes" on For	m 990 Part IV Jine	e 11e or 11f. See	Form 990 Part X
	line 25.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 110 01 111. 000	5 1 01111 000, 1 art X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes		0		
(2) PER CAP	PIIA TAXES		59490		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	Annah and Fare 200 B . W				
	n) must equal Form 990, Part X, col (B) line 25) ▶		59490		
organization's	uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under	de the text of the footno	ote to the organization	n's financial stateme	ents that reports the
J. garnzanori s	nability for different tax positions under	1 114 40 (A3C 740). Che	CK Here II the text of th	ie iootnote nas bee	u bronded in Fatt YIII.

Part	Reconciliation of Revenue per Audited Financial Stateme	•	r Return.	
	Complete if the organization answered "Yes" on Form 990,			
,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.	•		
a	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	\dashv	
C	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)		 _	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	\dashv	•
b	·		 1	
с 5	Add lines 4a and 4b			
Part				
rait	Complete if the organization answered "Yes" on Form 990,		per neturn.	
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:		 	Na F
– a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	\dashv \mid	
c	Other losses	2c	\dashv \mid	
ď	Other (Describe in Part XIII.)		-	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b	7	
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
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Schedule D (Fo		Page \$
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

nternational Union, UAW Local 653 Part I General Information on Grants and Assistance	on Grants and	Assistance	:				38-1119397
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	ain records to subsaward the grants ization's procedur	stantiate the amou or assistance? es for monitoring	int of the grants or	assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ng the use of grant funds in the United States.	ce, and
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	ents. Complete if ited if additional s	the organization ansv pace is needed.	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) Name and address of organization or government	(a)	(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					1		
(2)							
(6)							
(4)							
(5)							
(9)							:
(7)							!
(8)							
(6)							
10)							
(11)							
12)					:		
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gov rganizations listed	ernment organizat in the line 1 table	tions listed in the li	ne 1 table			A A
or Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2018)

Schedule I (Fo	Schedule I (Form 990) (2018)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

ook, (f) Jescription of noncash assistance	0	-		·			ion required in Part I, line 2; Part III, column (b); and any other additional information.	o put towards their tuition.		-	-		
(e) Method of valuation (book, FMV, appraisal, other)	0 Book						n (b); and any other a	niversity in their name to					
(d) Amount of noncash assistance							ne 2; Part III, columr	ayable to the college/u					
(c) Amount of cash grant	10000						required in Part I, III	hip and a check was p					;
(b) Number of recipients	20						the information	00 college scholar					
(a) Type of grant or assistance	1 Scholarships	2	3	4	5	9	Part IV Supplemental Information. Provide the informati	In 2018 there were 20 students who were awared a \$500.00 college scholarship and a check was payable to the college/university in their name to put towards their tuition.					

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

International Union, UAW, Local 653	38-1119397
Part XI, Line 9: Difference between liabilities 2017 (\$63,957) and liabilites 2018 (\$59,558). Total (\$4,399)	. Also, difference between fixed assets
2017 (\$2509503) and fixed assets 2018 (\$2510368). Total (\$865).	
Part VI, Linc 6: Anyonc 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 Line 12c: All officers are covered under the policy. Local unions may determine if conflicts exi	st by constitutionally required trustee
audits and the review of monthly financial records. The parent organization also conducts periodic au	dits. 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) (2018)	Page 2
Name of the organization	Employer identification number
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization International Union, Local 653

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

38-1119397

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Ŷ 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. Yes (f)
Direct controlling 'entity (e) End-of-year assets N/A/N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)2 (d) Exempt Code section (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 Bld, (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Pontiac, MI 48340 Partl Part II (1)N/A 2 ල € 9 9 € 9 8 ල 3 E

Identification of Related Organizations Taxable as a Partnership. 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. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		Share of total Sincome	Share of end-of- Disproportionate year assets allocations?	(h) Disproportiona allocations?	(i) Code V—UBI s? amount in box 20 of Schedule K-1 (Form 1065)	U) General or 20 managing -1 partner?	(k) Percentage gownership	ntage ship
					_			Yes	No	Yes No	0	
(1)N/A												
(2)												
(3)												
(4)												
(5)										-		
(9)												
(2)												
Part IV Identification of R line 34, because t	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ar line 34, because t had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable lated organiz	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	tion or Trus as a corpor	t. Comple ation or tr	ete if the crust during	organizatio g the tax y	n answ ear.	ered "Yes" on	Form 990,	Part IV,	
(a) Name, address, and EIN of related organization	d organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	icile Direct	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ntıty Shaı	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage sownership	(I) Section 512(b)(13) controlled entity?	b)(13)
											Yes	ş
(1)N/A			<u></u>									
(2)		,										
(6)												
(4)												
(5)												
(9)							:					
(1)												
•									Ś	Schedule R (Form 990) 2018	orm 990)	2018

Y Page 3

Schedule R (Form 990) 2018

Part V Transactions

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Š	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organ	izations listed in Parts	II-IV?		
æ	Receipt of (i) interest, (ii, annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	`>
Φ	Gift, grant, or capital contribution to related organization(s)				1b	\
ပ	Gift, grant, or capital contribution from related organization(s)	•			10	\
τ					7.	<u> </u>
7					<u> </u>	<u>,</u>
ø	Loans or loan guarantees by related organization(s)				1e	<u> </u>
•	Dividends from related crganization(s)				14	
٥	Sale of assets to related organization(s)				5	\ <u></u>
ב מ						•
_						,
-	Exchange of assets with related organization(s)				1i	>
-	Lease of facilities, equipment, or other assets to related organization(s)				1 ;	>
					_	
¥	l ease of facilities equinoment or other assets from related organization(s)				<u>ا</u> د ا]、
٤.	Detail of admitted, equipment, or other assets from related organization(s)				٠ ;	,
- .	Performance of services or membership or fundraising solicitations for related organization(s).				-	>
Ε	 Performance of services or membership or fundraising solicitations by related organization(s) 				1m	>
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	 >
: (·		<u> </u>	. \
0	Sharing of paid employees with related organization(s)				10	>
						٦
□	Reimbursement paid to 'elated organization(s) for expenses				1p	>
σ	Reimbursement paid by related organization(s) for expenses				10	>
-		•	•	· · ·	7	
1]、
-	Other transfer of cash or property to related organization(s)				1	>
ဖ					18	>
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	nplete this line, inclu	iding covered relation	covered relationships and transaction thresholds.	on thresholds	S.
	(4)	£	(5)	(5)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount involve	D.
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(1)						
2						
Ş						
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(4)						ا
<u>@</u>					ŀ	
9						
				Schedule F	Schedule R (Form 990) 2018	2018

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

6			Control Control Control							
(a) Name, address, and EIN of er tity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI		(k) Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?			alocalions	of Schedule K-1 (Form 1065)	partner	
			sections 512-514)	Yes No			Yes No	-	Yes No	
(1)				-						
(2)										
(6)						,				
(4)										
(5)										
(9)										
(7)										
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(13)										
(14)										
(15)										
(16)		L								
								Sche	edule R (For	Schedule R (Form 990) 2018

	Form 990) 2018	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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