

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
UAW CHRYSLER SKILL DEVELOPMENT & TRAINING PROGRAM

Doing business as
UAW CHRYSLER NATIONAL TRAINING CENTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
2500 E NINE MILE ROAD

City or town, state or province, country, and ZIP or foreign postal code
WARREN, MI 48091

D Employer identification number
38-2691478

E Telephone number
(586) 427-4001

G Gross receipts \$ 25,476,648

F Name and address of principal officer
GLENN SHAGENA CINDY EST
2500 E NINE MILE ROAD
WARREN, MI 48091

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ UAW-CHRYSLER COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	46
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	19,206
7b Net unrelated business taxable income from Form 990-T, line 34	18,206

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	232,999	0
9 Program service revenue (Part VIII, line 2g)	22,037,378	25,330,487
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,627,883	14,575
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,110,899	131,586
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,009,159	25,476,648
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,250	84,600
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,367,214	13,007,064
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,059,031	13,400,853
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,487,495	26,492,517
19 Revenue less expenses Subtract line 18 from line 12	2,521,664	-1,015,869
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	31,256,135	32,421,450
21 Total liabilities (Part X, line 26)	8,461,414	10,642,597
22 Net assets or fund balances Subtract line 21 from line 20	22,794,721	21,778,853

Part II 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

Sign Here

Signature of officer: _____ Date: 2020-08-17

MICHAEL NOVAK ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN P01057347

Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE STE 4200 Phone no (317) 464-8600
INDIANAPOLIS, IN 462045108

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O THE UAW-CHRYSLER SKILL DEVELOPMENT AND TRAINING PROGRAM IS A JOINT ACTIVITY OF THE UAW AND FCA ESTABLISHED THROUGH COLLECTIVE BARGAINING TO PROVIDE EDUCATION, TRAINING, RE-TRAINING AND OTHER PROGRAMS TO CREATE AND SUSTAIN A WORLD CLASS WORKFORCE THAT CAN EFFECTIVELY COMPETE WITH GLOBAL MANUFACTURERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	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	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 46</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		3b	Yes	
<p>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)?</p>		4a		No
<p>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)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>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?</p>		7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d </p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h		
<p>8 Sponsoring organizations maintaining donor advised funds.</p>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b		
<p>10 Section 501(c)(7) organizations. Enter</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a </p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b </p>			
<p>11 Section 501(c)(12) organizations. Enter</p>				
<p>a Gross income from members or shareholders</p>	<p>11a </p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b </p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b </p>	12a		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>		13a		
<p>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</p>	<p>13b </p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c </p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		14b		
<p>15 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</p>		15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b 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; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section 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
19 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
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

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

		(A) Total revenue	(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 Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code				
	2a FCA UAW CONTRACT		611430	25,330,487	25,330,487		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			25,330,487				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,575			14,575	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		61,200	19,206					
		b Less rental expenses	0	0				
		c Rental income or (loss)	61,200	19,206				
	d Net rental income or (loss)			80,406	61,200	19,206		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b Less direct expenses	b						
	c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a							
b Less direct expenses	b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
b Less cost of goods sold	b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a REVERSAL - LATE FILING	900099	50,000	50,000					
b COMMISSION REVENUE	900099	1,180	1,180					
c _____								
d All other revenue								
e Total. Add lines 11a-11d			51,180					
12 Total revenue. See Instructions			25,476,648	25,442,867	19,206		14,575	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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.	84,600			
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.				
5 Compensation of current officers, directors, trustees, and key employees.				
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.	11,265,307			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	188,912			
9 Other employee benefits.	1,136,632			
10 Payroll taxes.	416,213			
11 Fees for services (non-employees):				
a Management.				
b Legal.	858,910			
c Accounting.	73,335			
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).	88,858			
12 Advertising and promotion.				
13 Office expenses.	346,138			
14 Information technology.	258,909			
15 Royalties.				
16 Occupancy.	1,069,568			
17 Travel.	1,060,105			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,285,003			
23 Insurance.	179,310			
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 TUITION ASSIST PROGRAM	4,693,368			
b TRAINING EXPENSE	2,482,349			
c REVERSAL OF INS CLAIM	1,005,000			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	26,492,517			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	622,970	1	7,805,947
	2 Savings and temporary cash investments	4,851,490	2	4,866,065
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,063,022	4	3,187,818
	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 Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,517,989		
	b Less accumulated depreciation	10b 7,956,369	16,718,653	10c 16,561,620
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		31,256,135	16	32,421,450
Liabilities	17 Accounts payable and accrued expenses	8,461,414	17	10,642,597
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25		8,461,414	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	22,794,721	32	21,778,853
33 Total net assets or fund balances	22,794,721	33	21,778,853	
34 Total liabilities and net assets/fund balances	31,256,135	34	32,421,450	

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	25,476,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,492,517
3	Revenue less expenses Subtract line 2 from line 1	3	-1,015,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,794,721
5	Net unrealized gains (losses) on investments	5	1
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,778,853

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-2691478

Name: UAW CHRYSLER SKILL DEVELOPMENT
& TRAINING PROGRAM

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UAW CHRYSLER SKILL DEVELOPMENT & TRAINING PROGRAM

Employer identification number
38-2691478

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
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		

5 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

6 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.

1 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

2 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	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports 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.

1a 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 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,460,000		1,460,000
b Buildings		5,090,000	2,591,609	2,498,391
c Leasehold improvements		14,502,977	4,570,610	9,932,367
d Equipment		2,947,290	618,877	2,328,413
e Other		517,722	175,273	342,449
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				16,561,620

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part 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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	25,645,398
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	168,750	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	168,750
3	Subtract line 2e from line 1		3	25,476,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	25,476,648

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	26,661,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	168,750	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	168,750
3	Subtract line 2e from line 1		3	26,492,517
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	26,492,517

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	
------------------	-------------	--

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UAW CHRYSLER SKILL DEVELOPMENT & TRAINING PROGRAM

Employer identification number

38-2691478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL	34	84,600			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UAW CHRYSLER SKILL DEVELOPMENT & TRAINING PROGRAM

Employer identification number
38-2691478

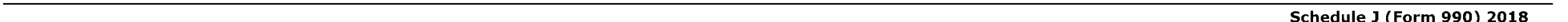
Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a									
	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 5 AND SCHEDULE J	THE ORGANIZATION REIMBURSED THE UAW AND FCA FOR SALARIES OF CERTAIN INDIVIDUALS INVOLVED IN ACTIVITIES RELEVANT TO THE ORGANIZATION. THESE INDIVIDUALS RECEIVED BASE COMPENSATION FROM THE FOLLOWING ENTITIES: UAW - CATHERINE STOBY - \$156,154; FCA - THOMAS ROLANDS - \$131,668.



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

UAW CHRYSLER SKILL DEVELOPMENT & TRAINING PROGRAM

Employer identification number

38-2691478

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	THE UAW-CHRYSLER SKILL DEVELOPMENT AND TRAINING PROGRAM IS A JOINT ACTIVITY OF THE UAW AND FCA ESTABLISHED THROUGH COLLECTIVE BARGAINING TO PROVIDE EDUCATION, TRAINING, RE-TRAINING AND OTHER PROGRAMS TO CREATE AND SUSTAIN A WORLD CLASS WORKFORCE THAT CAN EFFECTIVELY COMPETE WITH GLOBAL MANUFACTURERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, BOX F	GLENN SHAGENA'S CURRENT TERM AS A CO-PRESIDENT BEGAN IN JUNE 2015 AND CINDY ESTRADA'S TERM AS A CO-PRESIDENT BEGAN IN JUNE 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4C, PROGRAM SERVICE ACCOMPLISHMENTS	<p>NEW HIRE ORIENTATION - A TWO-DAY TRAINING PROGRAM DELIVERED BY THE NTC TO ALL NEWLY-HIRED FCA EMPLOYEES REPRESENTED BY THE UAW IN ALL U S LABOR MARKETS IN CALENDAR YEAR 2018, NTC SPONSORED TRAINING FOR 4,563 NEW HIRES, REPRESENTING ALL THE NEWLY-HIRED FCA EMPLOYEES REPRESENTED BY THE UAW DURING THE YEAR SKILLED TRADES PROGRAM - TRAINING PROGRAMS IN TRADES SUCH AS SHEET METAL, WELDING, ELECTRICAL, ETC , VARY IN LENGTH AND ARE DESIGNED TO UPGRAD E THE CORE SKILLS OF ALL FCA JOURNEY PERSONS REPRESENTED BY UAW TO INCLUDE NEW PROCESS TR A INING ON STATE-OF-THE-ART TECHNOLOGIES WITH THE GOAL OF DEVELOPING AND SUSTAINING A WORLD- CLASS TECHNICALLY SKILLED WORKFORCE THE NTC PROVIDES FOR CORE SKILLED TRADES AND TECHNICA L CLASSES FOR FCA MANUFACTURING EMPLOYEES CONTRACTUAL COMMITMENTS FROM THE 2009 BANKRUPTC Y PROCEEDINGS MANDATED THAT THE SKILLED TRADES WORKFORCE BE CONSOLIDATED INTO THREE WORK G ROUPS - ELECTRICAL, MECHANICAL, AND TOOL & DIE CLASSES WERE IDENTIFIED AND DEVELOPED AT T HE NTC TO FACILITATE THIS PROCESS NTC TRAINED 1,277 PARTICIPANTS THROUGH THE SKILLED TRAD ES PROGRAM IN CALENDAR YEAR 2018 THE TRAINING CURRICULA ENABLES FCA TO COMPETE IN THE GLO BAL AUTOMOTIVE MARKET WHILE HELPING TO SECURE JOBS FOR FCA EMPLOYEES REPRESENTED BY UAW, M AKING THE SKILLED TRADES PROGRAM AN IMPORTANT COMPONENT OF FCA/UAW JOINT ACTIVITY PARTICI PANTS REGISTER FOR CLASSES THROUGH THE FCA LEARNING CENTER SYSTEM AND THE ORGANIZATION'S S TAFF ENTERS THE COURSE COMPLETION INFORMATION INTO THE FCA LEARNING CENTER SEXUAL HARASSM ENT PREVENTION - A ONE-HOUR TRAINING PROGRAM PROVIDED THROUGHOUT U S PLANTS & PARTS DISTR IBUTION CENTERS THE PURPOSE IS TO EDUCATE EMPLOYEES ON THE IMPORTANCE OF PROMOTING A SAFE WORKING ENVIRONMENT TO WORK TOWARDS PREVENTING SEXUAL HARASSMENT IN THE WORKPLACE AND PRO VIDES COMPREHENSIVE INFORMATION ON SEXUAL HARASSMENT PREVENTION PARTICIPANTS WILL GAIN IN SIGHT ABOUT WHAT CONSTITUTES SEXUAL HARASSMENT AND STEPS TO PROMOTE A WORKPLACE FREE OF SE XUAL HARASSMENT THE TRAINING PROGRAM ALSO EDUCATES EMPLOYEES ON FCA'S POLICY 3-6 (DISCRIM INATION AND HARASSMENT PREVENTION) AND RELATED CONTRACTUAL PROVISIONS IN 2018, 4,610 EMPL OYEEES PARTICIPATED IN SEXUAL HARASSMENT PREVENTION TRAINING IT IS THE RESPONSIBILITY OF E ACH RESPECTIVE PLANT LOCATION TO MAINTAIN TRAINING RECORDS AND ENTER COURSE COMPLETION INT O THE CORPORATE LEARNING CENTER DISCRIMINATION PREVENTION - A ONE-HOUR TRAINING PROGRAM P ROVIDED THROUGH U S PLANTS & PARTS DISTRIBUTION CENTERS THE PURPOSE IS TO EDUCATE EMPLOY EES ON THE IMPORTANCE OF PROMOTING A SAFE WORKING ENVIRONMENT TO WORK TOWARDS PREVENTING D ISCRIMINATION IN THE WORKPLACE AND PROVIDE COMPREHENSIVE INFORMATION ON DISCRIMINATION PRE VENTION PARTICIPANTS WILL GAIN INSIGHT ABOUT THE MEET ON COMMON GROUND PRINCIPLES AND STE PS TO PROMOTE A WORKPLACE FREE OF DISCRIMINATION THE TRAINING PROGRAM ALSO EDUCATES EMPLO YEES ON FCA'S POLICY 3-6 (DISCRIMINATION AND HARASSMENT PREVENTION) AND RELATED CONTRACTUA L PROVISIONS IN 2018, 7,883 E</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4C, PROGRAM SERVICE ACCOMPLISHMENTS	EMPLOYEES PARTICIPATED IN DISCRIMINATION PREVENTION TRAINING EMPLOYEE ASSISTANCE PROGRAM (EAP) - A SIX-HOUR TRAINING PROGRAM PROVIDED TO NEWLY APPOINTED EAP REPRESENTATIVES SERVING EMPLOYEES THE PURPOSE OF THE TRAINING IS TO INFORM AND EDUCATE NEWLY APPOINTED UAW EAP REPRESENTATIVES OF THE RESPONSIBILITIES AND DUTIES OF THEIR POSITION AS A PART OF THE TRAINING, AN EAP REFERENCE MANUAL IS PROVIDED THIS MANUAL CONTAINS PERTINENT POLICIES AND PROCEDURES RELATED TO THE ORGANIZATION'S EAP PROGRAM, ALONG WITH TRAINING ON THE OPERATION OF THE EAP DATABASE IN 2018, 4 EAP REPRESENTATIVES PARTICIPATED IN EAP SPECIALIST TRAINING IN ADDITION, 4,563 NEW HIRES WERE TRAINED ON THE EAP PROGRAM AND APPLICABLE SERVICES AVAILABLE TO THEM DURING NEW HIRE ORIENTATION SESSIONS THIS TRAINING IS APPROXIMATELY 40 MINUTES WORKPLACE VIOLENCE PREVENTION (WPVP) - A ONE-HOUR TRAINING PROGRAM PROVIDED FOR FCA EMPLOYEES REPRESENTED BY UAW IN ALL U S LABOR MARKETS THAT INCLUDES AWARENESS, METHODS AND TECHNIQUES TO PREVENT WORKPLACE VIOLENCE THE PURPOSE OF THIS TRAINING IS TO EDUCATE EMPLOYEES ON THE IMPORTANCE OF RESPECT, RESPECTING OTHERS, VALUING EMPLOYEE DIFFERENCES, AND TO PROMOTE A SAFE WORKING ENVIRONMENT THE TRAINING PROGRAM ALSO EDUCATES EMPLOYEES ON FCA'S POLICY 3-7 (WORKPLACE VIOLENCE PREVENTION) A TOTAL OF 7,894 EMPLOYEES PARTICIPATED IN TRAINING DURING 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEALTH, SAFETY AND ERGONOMICS TRAINING - TRAINING INCLUDES AN OVERVIEW AND	<p>UPDATES TO OSHA HEALTH AND SAFETY ('H&S') REQUIREMENTS, NEW OR PROPOSED CHANGES TO FCA H&S POLICIES/PROCEDURES, WORLD CLASS MANUFACTURING SAFETY PILLAR TOPICS, BEST PRACTICE SHARING, ERGONOMICS, INJURY REDUCTION, UAW-CHRYSLER FERRIS STATE UNIVERSITY H&S CERTIFICATION, AS WELL AS TRENDS IN H&S THE TRAINING IS PROVIDED TO ALL PLANT UAW H&S REPRESENTATIVES, UAW SKILLED TRADES TRAINERS, UAW ERGONOMIC ANALYSTS, FCA H&S MANAGEMENT PROFESSIONALS, MEDICAL STAFF AND SELECT ENGINEERING STAFF H&S IS A CENTRAL COMPONENT OF THE ORGANIZATION'S COMMITMENT TO PROVIDE A SAFE WORK ENVIRONMENT THE ORGANIZATION TRAINED 3,063 EMPLOYEES IN CALENDAR YEAR 2018 PAID EDUCATION LEAVE (PEL) - DEVELOPED IN 2015, THIS FOUR-DAY TRAINING PROGRAM IS OFFERED THROUGHOUT FCA US LOCATIONS THE PEL TRAINING PROGRAM UTILIZES INDUSTRY EXPERTS AND UNIVERSITY ANALYSTS TO EXAMINE AND DISCUSS THE ECONOMIC, TECHNOLOGICAL AND POLITICAL FORCES INFLUENCING THE FUTURE OF THE WORLDWIDE AUTOMOBILE INDUSTRY, ALONG WITH A REVIEW OF FCA'S CURRENT BUSINESS IN CALENDAR YEAR 2018, 234 EMPLOYEES PARTICIPATED IN THIS PROGRAM WORLD CLASS MANUFACTURING (WCM) LAB - THE WCM CENTRAL TEAM IS RESPONSIBLE FOR THE DEVELOPMENT OF KNOW-HOW TO RUN THE BUSINESS USING THE 10 TECHNICAL PILLARS AND 10 MANAGERIAL PILLARS OF THE WORLD CLASS MANUFACTURING SYSTEM THE WCMA OFFERS OVER 70 DIFFERENT COURSES, LAB SIMULATIONS AND IN-PLANT WORKSHOPS THAT ARE STRUCTURED TO PROVIDE PARTICIPANTS WITH A HANDS-ON APPROACH TO LEARNING, USING PIONEERING MANUFACTURING PROCESSES AND EDUCATION THE WCM TEAM TRAINED 2,399 FCA EMPLOYEES IN WORLD CLASS MANUFACTURING METHODS IN CALENDAR YEAR 2018 WCM MOBILE UNIT - THE WCM MOBILE UNIT WAS DEVELOPED IN 2013 THROUGH THE NECESSITY OF QUICKLY SPREADING THE BASIC KNOWLEDGE OF WCMA MANUFACTURING SYSTEMS TO OPERATORS AND MAINTENANCE PERSONNEL IN THE PLANTS THE MOBILE UNIT TRAVELS FROM THE NTC/WCMA TO EACH PLANT, OFFERING AN OPPORTUNITY FOR TEAM MEMBERS TO LEAVE THE SHOP FLOOR AND ENTER A WORLD OF LEARNING WITHIN A STATE-OF-THE-ART CLASSROOM TRAILER ALL TRAINING RECORDS ARE MAINTAINED THROUGH THE FCA CORPORATE LEARNING CENTER SYSTEM TRAINING WAS PROVIDED TO 1,157 EMPLOYEES IN CALENDAR YEAR 2018 WCM TECHNICAL MOBILE UNIT - IN 2015, THE TECHNICAL MOBILE UNIT WAS ADDED TO FOCUS ON IMPROVING OUR MANUFACTURING FACILITIES MAINTENANCE KNOWLEDGE BY APPLYING WCM METHODS ALONGSIDE OF FLOOR TECHNOLOGIES THIS MOBILE UNIT ALSO TRAVELS FROM THE NTC/WCMA TO EACH PLANT, OFFERING AN OPPORTUNITY FOR TEAM MEMBERS TO LEAVE THE SHOP FLOOR AND ENTER A WORLD OF LEARNING WITHIN A STATE-OF-THE-ART CLASSROOM TRAILER TRAINING WAS NOT PROVIDED IN CALENDAR YEAR 2018 WCM PLANT ACADEMY - IN 2016 A NEW APPROACH TO TRAINING IN THE PLANTS WAS DEVELOPED AND SUPPORTED BY THE WCMA WITH STANDARD WCM MODULES, A TRAIN-THE-TRAINER WORKSHOP AND ON-GOING COACHING TO SPREAD BASIC WCM CONCEPTS EACH PLANT CASCAD ES KNOWLEDGE FROM THEIR SPECIALISTS TO THE SHOP FLOOR TRAINING INVOLVES SHORT MODULES FOLLOWED BY APPLICATION OF THE BA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>HEALTH, SAFETY AND ERGONOMICS TRAINING - TRAINING INCLUDES AN OVERVIEW AND</p>	<p>SIC TOOLS DIRECTLY TO THEIR WORK AREA IN 2018, 1,986 EMPLOYEES WERE TRAINED THROUGH THE W CMA PLANT ACADEMY ALL TRAINING RECORDS ARE MAINTAINED THROUGH THE FCA CORPORATE LEARNING CENTER SYSTEM WCM ACADEMY - KOKOMO CENTER - WITH A SIMILAR APPROACH TO THE WCMA IN WARREN , THE KOKOMO CENTER WAS CREATED IN 2016 AND IS RESPONSIBLE FOR THE DELIVERY OF KNOW-HOW OF THE WCM METHODOLOGY AND CHANGE MANAGEMENT SYSTEM, OFFERING COURSES WITH A FOCUS ON POWER RAIN SPECIFIC CONCEPTS AND EXAMPLES WORKSHOPS, WCM COURSES AND TECHNICAL TRAINING ARE CON DUCTED FROM TWO LOCATIONS IN INDIANA IN 2018, 507 EMPLOYEES PARTICIPATED IN THESE SESSION S WCMA INNOVATION WORKSHOP & EVENTS - THE WCMA OFFERS WORKSHOPS AND EVENTS TO INTERNAL GR OUPS AS WELL AS SELECT EXTERNAL ORGANIZATIONS (INCLUDING OTHER OEM'S FROM ALL OVER THE WOR LD) TO GIVE THEM AN UNDERSTANDING OF HOW THE WCMA APPROACHES TRAINING IN A FUN AND HANDS-O N WAY INNOVATION EVENTS AND WORKSHOPS ARE A WAY FOR ANY TEAM TO COME IN WITH A COMMON PRO BLEM AND OPEN THEIR MINDS TO NEW IDEAS, USING IDEATION TOOLS THAT ENABLE PARTICIPANTS TO D EVELOP IMPROVEMENT PLANS IN 2018, 1,375 PARTICIPANTS ATTENDED THESE WORKSHOPS & EVENTS N TC H&S WEB-BASED AND HANDS ON INSTRUCTOR LED TRAINING - A LARGE PORTION OF HEALTH, SAFETY AND ERGONOMICS TRAINING IS OFFERED BY THE ORGANIZATION THROUGH A WEB-BASED MODULAR PLATFOR M THE H&S TRAINING MODULES COVER A WIDE RANGE OF TOPICS SPECIFIC TO THE AUTO INDUSTRY AND PLANT OPERATIONS EACH TRAINING MODULE IS DELIVERED WITH THE INTENT TO PROVIDE THE EMPLOY EE WITH THE KNOWLEDGE, SKILLSET AND TOOLS NEEDED TO WORK SAFELY, WHILE CONFORMING WITH FCA POLICY AND REGULATORY REQUIREMENTS A PLANT SPECIFIC SAFETY TRAINING NEEDS ASSESSMENT AND TRAINING MATRIX IS USED TO DETERMINE WHAT H&S TRAINING MODULES ARE PROVIDED TO EACH EMPLOYEE BASED ON HIS/HER SPECIFIC JOB ASSIGNMENT THE TRAINING, WHILE WEB-BASED, IS INSTRUCTOR LED THE MODULAR TRAINING OFTEN REQUIRES HANDS ON INSTRUCTION THE MORE CRITICAL TRAINING PROGRAMS ALSO REQUIRE IN-PLANT GUIDANCE TO ENSURE EMPLOYEE PROFICIENCY, SUCH AS POWERED I NDUSTRIAL VEHICLE TRAINING, LOCKOUT ENERGY CONTROL AND CONFINED SPACE TRAINING (THERE ARE OVER 85 TOPICS OFFERED THE SAFETY TRAINING MODULES ARE BASED ON PLANT LOCATION AND SPECI FIC WORK ASSIGNMENT) IN CALENDAR YEAR 2018, EMPLOYEES COMPLETED 67,995 DIFFERENT MODULES CONTAINED IN THE ONLINE HEALTH & SAFETY KIOSK SAFETY MODULES DIFFERENT SUBJECTS CONTAINED IN THE VARIOUS HEALTH & SAFETY MODULES MUST BE COMPLETED IN ORDER TO COMPLETE AND PASS ON E MODULE WORLD CLASS MANUFACTURING ONLINE OFFERINGS - IN 2013 THE WCM CENTRAL TEAM DEVELO PED ONLINE COURSES TO HELP EMPLOYEES LEARN WCM PILLAR-SPECIFIC CONCEPTS AND TOOLS AT THEIR OWN PACE SHORT MODULES AND VIDEOS PROVIDE A STANDARDIZED KNOWLEDGE SET FOR WCM TOOLS AND ACRONYMS THESE OFFERINGS WERE UTILIZED ON 9,673 OCCASIONS BY WCM PARTICIPANTS DURING THE 2018 CALENDAR YEAR ALL ONLINE ACTIVITIES ARE CONDUCTED THROUGH THE FCA CORPORATE LEARNIN G CENTER SYSTEM AND WCMA E-LEA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEALTH, SAFETY AND ERGONOMICS TRAINING - TRAINING INCLUDES AN OVERVIEW AND	RNING WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE UAW AND FCA EACH APPOINT THE SAME NUMBER OF INDIVIDUALS TO THE BOARD OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ONCE THE FORM 990 IS PREPARED BY THE ORGANIZATION, WITH ASSISTANCE FROM THE EXTERNAL TAX ACCOUNTING FIRM, THE FORM AND ALL APPLICABLE SCHEDULES ARE PROVIDED TO THE ASSISTANT TREASURER FOR REVIEW WITH THE EXTERNAL ACCOUNTING FIRM. AFTER THE ASSISTANT TREASURER HAS COMPLETED THEIR REVIEW, THE FORM AND ALL APPLICABLE SCHEDULES ARE FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS SUBJECT TO PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9	JEFFREY SHROCK - 8000 E JEFFERSON AVENUE, DETROIT, MI 48214 FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS OR OTHER PERSONS WITH POWERS DELEGATED TO THEM BY THE ORGANIZATION'S BOARD OF DIRECTORS (THE "BOARD") WHO HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST ("INTERESTED PERSONS") "FINANCIAL INTEREST" IS DEFINED IN THE POLICY AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD IF THE BOARD DETERMINES A CONFLICT OF INTEREST EXISTS THE BOARD SHALL NOT ENTER INTO THE PROPOSED TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	WHERE 0 00 IS LISTED THE HOURS PER WEEK OF THE INDIVIDUAL VARIED THROUGHOUT THE YEAR FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D) COMPENSATION IS FOR CALENDAR YEAR 2018 FORM 990, PART VII, SECTION B, LINE 1 AMOUNTS PAID BY THE ORGANIZATION TO THE UAW AND FCA ARE FOR THE SERVICES OF UAW AND FCA EMPLOYEES PERFORMED TO ADVANCE THE MISSION OF THE ORGANIZATION