Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Form 990 (2017)

Cat. No. 11282Y

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning 2017, and ending Check if applicable C Name of organization International Union, UAW Local 598 D Employer identification number Address change Doing business as Local Union 598, UAW 38-1119392 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return G-3293 Van Slyke Road (810)-238-4605 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Flint MI 48507-3265 G Gross receipts \$ Application pending F Name and address of principal officer Rvan Buchalski, President H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Tyes Do 1511 Tickner Street, Linden, Michigan 48451 If "No," attach a list (see instructions) √ 501(c) (5)
√ (insert no.) ___ 501(c)(3) Website: ▶ www.uawlocal598.org H(c) Group exemption number ▶ 0427 Form of organization Corporation Trust ✓ Association ☐ Other ▶ 1940 M State of legal domicile L Year of formation Summary Part I Briefly describe the organization's mission or most significant activities: Promote social/economic justice through collective bargaining, meetings, education, communication, organizing, community action, administration, maintenance of property/assets, Activities & Governance delivery of benefits to represented mbrs, fraternal & social activities & activities which further common interests of the mbrship. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 125 Total number of volunteers (estimate if necessary) 6 30 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T. line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 2944365 3062686 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1696 2920 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 77844 130771 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3023905 3196377 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 755274 919051 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) RECEIVED 17 2375714 2463237 Total expenses. Add lines 13-17 (must equal Part IX, dolumn (A), line 25 18 3382288 3130988 19 Revenue less expenses. Subtract line 18 from line 12 (107083)(185911)2018 Beginning of Current Year End of Year 20 Total assets (Part X. line 16) 2021816 1998198 21 Total liabilities (Part X, line 26) . 142786 163925 22 Net assets or fund balances. Subtract line 21 from line 26 1879030 1834273 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 Signature of officer Here tinancial Secretor Lad Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | rf self-employed **Preparer** Firm's name ▶ Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2017)	Page 2
Part		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: Promote social and economic justice through collective bargaining, meetings, education, communication, organization, units, community action, administration of the organization, maintenance of its property and assets, delivery of being members, fraternal and social activities and related activities which further the common interest of the membership	nefits to represent
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	n ∐Yes ☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$	N/A)
	Collective bargaining and representation to 3,300 members	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	•	

A 44	Other program sonyons (Degaribe in Sehadula O.)	
4d 4e	Other program services (Describe in Schedule O.) (Expenses	



Form 99	00 (2017)			Page 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	i
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		
C	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		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		For	n 990	(2017)

Part	Checklist of Required Schedules (continued)			
	Dollar and the second		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b		√
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	21		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		√
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24c 24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
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		\
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	 	√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		For	n 990	(2017)

Part				
•	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u>.</u> :	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 12a 125 125 126 127 128 129 129 120 120 121 121 122 123 125 125 126 127 128 128 129 120 120 120 120 120 120 120		1	'
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		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		<u> </u>
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).			لـــا
5a		5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
ď	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	-/IR		<u> </u>
•	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:			
а	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	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		نـــا
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
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.			
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	}		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u></u>
		For	ո 990	(2017)

Part									
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
Soot	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · </u>		<u>. [/]</u>					
Secu	on A. Governing Body and Management		Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year 1a 13		763	NO.					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	if the governing body delegated broad authority to an executive committee or similar]					
	committee, explain in Schedule O.	i		ļ					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓					
6	Did the organization have members or stockholders?	6	✓						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	}					
	one or more members of the governing body?	7a	<u> </u>	ļ					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		,	}					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<u> </u>	 					
•	the year by the following:	- 1		1					
а	The governing body?	8a		<u>-</u> '					
b	Each committee with authority to act on behalf of the governing body?	8b	`	 					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	==	<u> </u>						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	P	10b							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		-					
12a	·	12a	1	 					
b		12b	-	 					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>						
	describe in Schedule O how this was done	12c	✓						
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 and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a		1					
Ь	Other officers or key employees of the organization	15b		1					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]					
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		 					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b	·						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► N/A								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.								
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)		_						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	policy	y, and					
20	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 rec	ords	: >						
	Chad Fabbro G-3293 Van Slyke Road Flint Ml. 48507-3265								

Form **990** (2017)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an
	ndependent 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization	on nor any relate	d org	aniz	atıc	on c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
)			•	C))	j	
(A)	(B)	Position (do not check more than one					na	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	erson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/truste	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	幕	Former	the	organizations	compensation
	related organizations	eg à	tric	ğ	9	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from th€ organizat ion
	below dotted	9 2	nal		ջ	e co		,,		and relat ed
	line)	ıste	trus		8	l eg l				organizati o ns
		_ °	ee			Highest compensated employee				
(1) Richard D. Beardslee	0.0									
Financial Secretary				1				51779	٥	o
(2) Debra M. Bruton	0.8			<u> </u>	-	 		31773		
Chairman-Aramark				1	'))		677		σ
(3) Ryan A. Buchalski	0.0			Ť	Η-			- 0//		
President				1	'	} }		80542		o
(4) Kathy S. Elsner	2.0			<u> </u>	<u> </u>			00042		<u>_</u>
Trustee Chairperson		1		1		, ,		2510	o	O
(5) Chad A. Fabbro	2.0									<u>_</u>
Financial Secretary				1	[,	((67949	o	o
(6) Curtis J. Freeman	2.0									
Trustee		✓		✓,	[.			3852	o	
(7) Raymond A. Gorney	0.0									
President				✓				49398	0	
(8) James E. Gregory	2.0									
Sgt At Arms		<u> </u>		✓				3025	0	0
(9) James H. Hatfield	3.0									
Trustee		✓		✓				4144	0	0
(10) Rebecca A. Haughey	0.0								}	
Trustee Chairperson		✓		✓				0	0	
(11) John W. Jackson III	2.0		l						{	
Vice President			L	✓				69323	0	0
(12) Brian C. Langdon	0.2									
Sergeant-At-Arms			_	✓	<u>L</u>			309	0	
(13) Leonia E. Lowe-Valley	2.0			١.) [ĺ]
Guide		<u> </u>		✓	_			3594	0	0
(14) Judy E. Mosier	0.0		}	١.		[}	
Recording Secretary				✓				112067	0	0

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighes	st C	ompensated E	mployees (co	<u>intint</u>	Jea)		
•						C)]					
	(A)		(do n	not ch		ntion	e than c	ne	(D) (E)		(F)			
	Name and title						is both		an Reportable Reporta				imated	
			office	er and	_	irect	or/trust	<u> </u>	compensation from	compensation for related	om		ount of other	
		week (list any hours for	우悥	<u>S</u>	Officer	₩.	왕	Former	the	organizations	.		oensatior	n
		related	Individual trustee or director	₹	Cer	Key employee	ploy	THE	organization	(W-2/1099-MIS	(C)	fro	m the	
		organizations below dotted	윷률	Š	1	뤛	9 t co	_	(W-2/1099-MISC)				inization related	•
		line)) g	22	1	ğ	ğ	}	1		- 1		nizations	S
		}	e e	Institutional trustee			Highest compensated employee				- }			
(15)	Stephanie R. Riley	0.1		_	-	_	ä				+			
Truste		 _	✓		✓	_			134		0			0
	Richard G. Tessner	0.0	1		1									0
	nan-Hamtramck Michael J. Welch	1.0	 	-	 	-			0		0			
Truste		†! <u>:-</u>	1		1				2290		0			0
	ric Welter	2.0									寸			
Plant (Chairman				1				7322		0			0
	Corey L. Wilborn	0.0	ļ											
Guide	 				✓	_		_	ļ <u>0</u>		0			0
	lanet L. Woodson e Chair	0.5	1		1				2115	•	0			0
	- Coldii		ļ — —		<u> </u>	-			2115		4			
			}								-		_	
(22)														
(00)			 	 	-						-			
(23)		ļ	{								}			
(24)		 		-	-	-	-	\vdash			+			_
J			Í								_ L			
(25)														
			L		L						_			
1b c	Sub-total	 VII Contin		•	•		•		461030		0			0
d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•		461030		0			0 0
2	Total number of individuals (including but	not limitor	· · ·	<u>.</u>	ا ا	· ·	- 	N						
_	reportable compensation from the organi	zation ►	וו נט נוו	1056	1151	eu a	above	;) VV	no received inc	ne man proc	,000	, 01		
					_								Yes	No
3	Did the organization list any former of							mp	loyee, or high	est compens	atec	1		
	employee on line 1a? If "Yes," complete s										•	3	لسا	✓
4	For any individual listed on line 1a, is the													l
	organization and related organizations individual	greater tha	an \$1	50,	000	17 //	"Yes	s, "	complete Sch	edule J for	sucr			
5	Did any person listed on line 1a receive of											. 4	 	✓
J	for services rendered to the organization									ation or indiv	iuua	" - <u>-</u> - 5	 	
Section	on B. Independent Contractors								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u></u>	
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contra	acto	ors that receive	ed more than	\$100	0,000 0	f	
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within th	e orç	ganızatı	on's ta	ax
	year.				_									
	(A) Name and business add	ress					ı		(B) Description of s	ervices		(C) Compens		
				_										
	Total number of independent contractor	rs (includir	ng bi	ıt ne	ot I	lmit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens							***	401	,				

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Par	t VIII	Statement of Rev				S		-
		Check if Schedule C) contains a resp	oonse or note to	o any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaign	s 1a	0				
ons, Gifts, Grants Similar Amounts	ь	Membership dues .		0	1			
G E	C	Fundraising events .						ĺ
iifts ar A	d	Related organizations		0				
ê, E	e	Government grants (cor		0				
ig is	f	All other contributions, g	· -					
Contributions, and Other Sim		and similar amounts not inc						
<u> </u>	g	Noncash contributions inclu		0				
Ser	h	Total. Add lines 1a-1	·		-			
<u></u>		Total Francisco Face		Business Code				
Program Service Revenue	2a	Dues - Regular (Private	e Sector)	900099	2524313	2524313		
Æ	b	Dues - Bonus and Pro		900099	452886	452886		
8	C	Dues - Retired Worker		900099	45534	45534		
ξ	d	Soc & Rec Trvl Co-Pay		900099	16546	45534 16546		
S	e	Initiations - Local (Reg		900099	8151	8151		
grai	, f	All other program ser		900099	15256	15256		
ě	g	Total. Add lines 2a-2			3062686	19290		<u> </u>
	3	Investment income			3002080			<u> </u>
		and other similar amo		•	2920			2920
	4	Income from investmen			2920			2320
	5			a productable				0
	•		(ı) Real	(II) Personal				
	6a	Gross rents		0				
	Ь	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0					
	ь	Less cost or other basis	<u>-</u>					
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		•	ó			
nue		Gross income from fu	ındraisına	· · · · · · · · · · · · · · · · · · ·				
e		events (not including \$	a.a.a.a					
Other Reve		of contributions reporte	ed on line 1c).		-			
7		-	· · · · a					
뀵	ь	Less: direct expenses	,					
0	C	Net income or (loss) f		events . >	ما	i		
	,	Gross income from ga						
			· · · · a					
	ь	Less: direct expenses				ì		
	С	Net income or (loss) f		vities >				
ĺ	10a	Gross sales of in			-			
		returns and allowance						
	ь	Less: cost of goods s	١		ĺ			1
	C	Net income or (loss) f		entory D				
		Miscellaneous F		Business Code				ļ <u> </u>
	11a	International Strike Fu	nd Rehate	900099	31519	31519		
	b	Balance of Treasury M		900099	27426	27426		
	c			900099	21952	21952		
	d	All other revenue .		900099	49874	49874		
	е	Total. Add lines 11a-			130771	7,074		
	12	Total revenue. See II			3196377	3196377		 2920

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX	<u></u> .	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	o			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	461030			
6	Compensation not included above, to disqualified	401030			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	264783			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14882			
9	Other employee benefits	15521			
10	Payroll taxes	162835		 	
11	Fees for services (non-employees):	_			
a	Management	0			
b	Legal	15117			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	14715			
12	Advertising and promotion	60338			
13	Office expenses	39694			
14 15	Information technology	7655			
16	Occupancy	192578			
17	Travel	73971			
18	Payments of travel or entertainment expenses	73371			
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	29380			
20	Interest				
21	Payments to affiliates	1833619			
22 23	Depreciation, depletion, and amortization .	0		<u> </u>	
24	Insurance	17260			
2-7	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	Donations-Charities	30525			
b	Refund-Regular Dues	29386			ļ
C	Soc & Rec Events-Dinners, Luncheons, etc.	17918		<u> </u>	
d	Refreshments/Caterers	12668		 	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	88413		 	ļ
<u>26</u>	Joint costs. Complete this line only if the	3382288			
	organization reported in column (B) joint costs			}	
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	0		<u> </u>	

Р	art X				
	` .	Check if Schedule O contains a response or note to any line in this Part	:X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	632281	1	482
	2	Savings and temporary cash investments	400282	2	846166
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees.]]
		Complete Part II of Schedule L	0	5	0
	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		- 1	
	Į	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts]	organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
4	8	Inventories for sale or use	11578		10920
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	١.	1140030			
	ľ	Less: accumulated depreciation 10b o	977675	$\overline{}$	1140630
	11	Investments—publicly traded securities	0	11	0
	12 13	Investments—other securities. See Part IV, line 11	0	12 13	
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	<u>_</u> 0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1000100
_	17	Accounts payable and accrued expenses	2021816 5844	17	<u>1998198</u> 16367
	18	Grants payable	5844	18	10307
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .			0
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		ļ	
gp.		disqualified persons. Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		}	
		of Schedule D	136942		147558
	26	Total liabilities. Add lines 17 through 25	142786	26	163925
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		l	
JCe	.=	complete lines 27 through 29, and lines 33 and 34.			
alaı	27	Unrestricted net assets		27	
B	28 29	Temporarily restricted net assets		28	
un.	29	Permanently restricted net assets		29	
r F		complete lines 30 through 34.		ł	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	889777	30	682723
set	31	Paid-in or capital surplus, or land, building, or equipment fund	989253		1151550
As		Retained earnings, endowment, accumulated income, or other funds .	0	32	1131330
let	33	Total net assets or fund balances	1879030	$\overline{}$	183 <u>4273</u>
_	l .	Total liabilities and net assets/fund balances	2021816		1998198
					Form 990 (2017)

2c

За

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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

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

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.

1

2

3

5

6

7

8

9

10

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization		Employer	identification number
	tional Union, UAW Local 598			38-1119392
Par			ds or Ac	ccounts.
	Complete if the organization answered			
	~	(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	<u> </u>	<u> </u>	
5	Did the organization inform all donors and donor			
•	funds are the organization's property, subject to the	_		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
			•	• •
Par				· · · · L Tes L 140
ı aı	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea		a historio	cally important land area
	☐ Protection of natural habitat	•		d historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in th <u>e f</u>	orm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		. 2	a
b	Total acreage restricted by conservation easemen		-	b
C	Number of conservation easements on a certified	• • •	_	c
d	Number of conservation easements included in	•	1	
•	historic structure listed in the National Register .			
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or term	imated b	y the organization during the
4	Number of states where property subject to conse	nyation easement is located >		
5	Does the organization have a written policy re		ection.	handling of
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservatio	on easements during the year
	>			• •
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing c	conservat	ion easements during the year
	▶ \$			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 1	
				· · · · 🔲 Yes 🔲 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text organization's accounting for conservation easement		ancial sta	itements that describes the
Part			Othor S	cimilar Assats
rait	Organizations Maintaining Collection Complete if the organization answered		Other 3	ommar Assets.
1a	If the organization elected, as permitted under SF		revenue	statement and balance sheet
	works of art, historical treasures, or other similar	•		
	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its r	evenue :	statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relat			
	(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 f	for financial gain, provide the
	following amounts required to be reported under S	•		
а	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·		. • \$
b	Assets included in Form 990, Part X			. ▶ \$

Par	III Organizations Maintaining	Collections	of Art, His	torical	Treasures, o	or Otl	ner Similar	Assets (co	ontinued)
3 .	Using the organization's acquisition, collection items (check all that apply):	accession, and							
а	☐ Public exhibition		ď	☐ Loan	or exchange	progr	ams		
b	☐ Scholarly research		е	Othe	r				
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collectior	ns and expla	ain how t	they further th	ne orga	anization's ex	cempt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather							_	es 🗌 No
Par	IV Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Y	es" on For	m 990, I	Part IV, line !	9, or r	eported an	amount or	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and com	plete the fo	llowing t	able:		,	Amount	
С	Beginning balance					1c	 		
d	Additions during the year					1d	 		
е	Distributions during the year					1e	+		
f	Ending balance					1f	1		
2a	Did the organization include an amount	nt on Form 990	, Part X, line	21, for e	escrow or cus	todial	account liabil	lity? 🔲 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check h	nere if the ex	xplanatio	n has been p	rovide	d on Part XIII	<u> </u>	
Par									
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two years I	back	(d) Three years b	ack (e) Four	years back
	Beginning of year balance								
b	Contributions ,								
С	Net investment earnings, gains, and losses				1	1			
_					 				
d e	Grants or scholarships Other expenditures for facilities and					-+			
Ū	programs				l	- [
f	Administrative expenses				 	-+		-	
g	End of year balance					-+			
2	Provide the estimated percentage of t	he current vear	end balanc	e (line 1o	ı. column (a))	held a	s:		
а	Board designated or quasi-endowmer		%	- (,,				
b	Permanent endowment ▶	<u></u> %							
C	Temporarily restricted endowment ▶	%	6						
	The percentages on lines 2a, 2b, and								
За	Are there endowment funds not in the	e possession of	f the organi	zation the	at are held ar	nd adn	nınıstered for		
	organization by								Yes No
	(i) unrelated organizations							. 3a(i)	
_	(ii) related organizations							. 3a(ii)	
b 4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses							. 3b	
Part			ation 3 ende	Willetit	unus.				
	Complete if the organization		es" on For	m gan i	Part IV line 1	112 9	See Form 00	n Part Y	line 10
	Description of property	(a) Cost o	r other basis stment)	(b) Cost of	or other basis	(c) A	ccumulated	(d) Boo	
	Land	/iiive:			ther)		oreciation		
b	Land	·	9682					 	9682
c	Leasehold improvements	<u> </u>	653409 238013		+			 	653409 238013
d	Equipment	<u> </u>	239526	 -				 	239526
e	Other							 	233320
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part)	K, column	(B), line 10c.	.)		 	1140630

Part VII	Investments — Other Securities Complete if the organization ans		rm 99	0, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	derivatives		ļ —			
(2) Closely-I	neld equity interests					
(3) Other						
(^)						
(B)						
(C)						
(D)						
(E)					<u></u>	
(F)			L			
(G)	·					
(H)						
	b) must equal Form 990, Part X, col. (B) line 12)		L			
Part VIII	Investments—Program Relate					
	Complete if the organization ans	wered "Yes" on For				
	(a) Description of investment		(b)	Book value		hod of valuation -of-year market value
(1)						
(2)						
_(3)						
(4)						
(5)			<u> </u>			
(6)						
_(7)			<u> </u>			
_(8)						
(9)	15 000 D 412 4015		<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>			
Part IX	Other Assets.		00	0 D. 407 P.	. 44.1 0 . 5	000 D. I.V. b 45
	Complete if the organization ans		m 990), Part IV, line	e 11a. See Form	
		a) Description				(b) Book value
(1)						
(2)				 		
(3)						
(4)						
(6)						
(7)						
(8)						
(9)						
Total. (Colui	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)				
Part X	Other Liabilities.	<u>-</u>				
	Complete if the organization ans	wered "Yes" on For	m 990), Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.			,		,
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2) PER CAP	PITA TAXES - INTERNATIONAL UAW	1	41904			
(3) PER CAP	PITA TAXES - CAP COUNCILS		5654			
_(4)						
(5)						
(6)						
(7)						
(8)						
(9)	· · · · · · · · · · · · · · · · · · ·]			
	b) must equal Form 990, Part X, col (B) line 25.) ▶	1,	47558			
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to t	he organization	i's financial stateme	nts that reports the
organization's	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck her	e if the text of the	ne footnote has bee	n provided in Part XIII 🔲

	XI Reconciliation of Revenue per Audited Financial Statem		er Return.	
•	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XII Reconciliation of Expenses per Audited Financial Stater		per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		· 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
C	Other losses	2c		
d	Other (Describe in Part XIII.)		<u> </u>	
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)		- 	
С 5	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ie 16.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d A: Part IV lines 1h and	2h: Part V. line 4:	Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			1 411 74, 11110
•	,	, , , , , , , , , , , , , , , , , , ,		

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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.

International Union, UAW Local 598 38-1119392 Part VI, Line 6: Anyone who has applied for and been accepted for membership is a regular member. Part VI, Line 7b: All decisions are subject to membership approval. Part VI, Line 11b: There is no process used by the organization to review this form before filing. Part VI, Line 12c: All Officers are covered under the policy. Local unions may determine if conflicts exist by constitutionally required trustee audits and the review of monthly financial reports. The parent organization also conducts periodic audits. Restrictions imposed are described in the International Constitution. Part VI, Line 19: Copies are provided upon request. Inspection offered during regular business hours. Part XI, Line 9: Changes in Net assets equals \$141,158. This figure was arrived at using the following information: Change in inventory for sale (Part X, Line 8 B-A): (\$658) Change in Fixed Assets (Part X, line 10C B-A): \$162,955 Change in current liabilities (Part X, Line 26 A-B): (\$21,139)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part 1

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017
Open to Public Inspection

38-1119392

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. International Union, UAW Local 598

	(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
E							
(2)							
(3)							
(4)							
(2)							
(9)							
Part II	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.	tions. Complete if the ing the tax year.	ne organization ar	Iswered "Yes" or	n Form 990, Parl	IV, line 34, beca	tuse it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) confrolled entity?
14)	Subject of the subjec						Yes
G-3293 Var (2)	G-3293 Van Slyke Road, Flint MI 48507-3265; EIN 38-2382075 (2)	Hold Title	Michigan	501(c)2		N/A N/A	>
(6)							
(4)							
(5)							
(9)							
E							
For Papen	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2017

Part III Identification of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year.	ions Taxable	as a Partners treated as a pa	e as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, treated as a partnership during the tax year.	if the organge tax y	inization ans ear.	swered "Y	es" on I	Form 990,	Part IV,	line 34	
(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 income	(g) Share of end-of- year assets	end-of- Disproporsets allocat	untionate tons?	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partn		(k) Percentage ownership
(1)						-		1		89		
(2)												
(3)					 			<u> </u>				1
(4)											-	
(5)											-	
(9)								_		 		
ω												
Part IV Identification of Fine 34, because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corpora zations treated	tion or Trust.	Complete on or trust	f the organi during the f	zation ans ax year.	swered '	'Yes" on F	on Form 990, Part IV,	, Part I	, _ _
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) nicile Direct controlling n country)	ntrolling (C coi	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	al SI end-of-	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	(i) Section 512(b)(13) controlled entity?
											Yes	å
(1)												
(2)						[[
(6)												
(4)												
(9)					-			 				
(9)												
(I)												
									S	Schedule R (Form 990) 2017	Form 99	90) 2017

0) 2017	(Form 99	Schedule R (Form 990) 2017			
					(9)
					(5)
					(4)
					(3)
					(2)
					(1)
olved	amount inv	Method of determining amount involved	Amount involved	Transaction type (a – s)	Name of related organization
Slds.	n thresho	nships and transaction	uding covered relation	nplete this line, incl	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
>	18				_
>	=				r Other transfer of cash or property to related organization(s)
>	19				q Reimbursement paid by related organization(s) for expenses
>	dt dt				p Reimbursement paid to related organization(s) for expenses
>	9				o Sharing of paid employees with related organization(s)
<u>\</u>	1-			· ·	
>	=				I Performance of services or membership or fundraising solicitations for related organization(s)
>	丰				k Lease of facilities, equipment, or other assets from related organization(s)
>	ij				j Lease of facilities, equipment, or other assets to related organization(s)
\	<u> </u>				
>	t				g Sale of assets to related organization(s)
>	* =				f Dividends from related organization(s)
>	1 <u>e</u>				e Loans or loan guarantees by related organization(s)
>	1d				d Loans or loan guarantees to or for related organization(s)
>	10				c Gift, grant, or capital contribution from related organization(s)
>	9				b Gift, grant, or capital contribution to related organization(s)
>	- <u>a</u>	S II-IV?	izations listed in Part	r more related orgar	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
No	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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.

(a) (b) (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners	(f) Share of total income	_	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20	(i) General or managing	(k) Percentage ownership
		country)	unrelated, excluded from tax under sections 512-514)	501(c)(3) organizations?			Vec	of Schedule K-1 (Form 1065)		
(1)				3			2		8	
(2)										
(6)										
(4)										
(5)										
(9)										
(۵)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)					,					
(15)									 	
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2017