(Rev January 2020)

Department of the Treasury

**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.

OMB No 1545-0047

Open to Public

| Inter                     | nal Reve    | nue Service   | ► Go to www.irs.g   | ov/Form990 for       | instructions and the la  | atest infe                            | ormation.         |                        | Inspect       | ion           |
|---------------------------|-------------|---------------|---|----------------------|--------------------------|---------------------------------------|-------------------|------------------------|---------------|---------------|
| A                         | For the     | 2019 calen    | dar year, or tax year beginning   |                      | , 2019, and e            | nding                                 |                   | ,                      | 20            |               |
| В                         | Check if    | applicable    | C Name of organization Internation  | nal Union, UAW       | Local 598                |                                       |                   | D Employer in          | dentification | number        |
|                           | Address     |               | Doing business as Local Union   |                      | ***                      |                                       |                   | 1 ' '                  | -1119392      |               |
| $\overline{\Box}$         | Name cl     | nange         | Number and street (or P O box if  |                      | d to street address)     | Room                                  | n/suite           | E Telephone n          |               |               |
| $\overline{\Box}$         | Initial ref | urn           | G-3293 Van Slyke Road   |                      | ·                        |                                       |                   | I                      | )-238-4605    |               |
|                           | Final retu  | rn/terminated | City or town, state or province, co   | ountry, and ZIP or f | oreign postal code       |                                       | <del></del>       |                        | <u>/</u>      |               |
| =                         | Amende      |               | Flint MI 48507-3265   | •                    | 3 ( ) )                  |                                       |                   | G Gross recei          | ots \$        | 4786340       |
| $\overline{\Box}$         | Applicat    | ion pending   | F Name and address of principal off   | icer Rvan Bucha      | lski. President          |                                       | H(a) is this a or | oup return for subor   |               |               |
| _                         |             |               |   | _                    | er Street, Linden, MI 48 | 451                                   | -                 | ubordinates inc        | _             |               |
| ī                         | Tax-exe     | mpt status    | 501(c)(3) 501(c) ( 5  |                      | 4947(a)(1) or            | 2                                     | 1                 | attach a list (se      | _             |               |
| 1                         | Website     | ► uawloca     |   |                      | r = (-)                  |                                       | 1                 | xemption numb          |               | 427           |
| ĸ                         |             |               | Corporation Trust Associa   | tion ☐ Other ►       | L Year of                | formation                             | <u> </u>          | M State of leg         |               | Mi            |
|                           | art I       | Summa         |   |                      |                          |                                       |                   |                        |               |               |
|                           | 1           | <del></del>   | cribe the organization's miss   | ion or most sig      | dificant activities. Pro | omote s                               | ocial/econo       | mic justice th         | rough coll    | ective        |
| ė                         |             |               | , meetings, education, commu  |                      |                          |                                       |                   |                        |               |               |
| Governance                | 1           |               | benefits to represented mbrs,   |                      |                          |                                       |                   |                        |               |               |
| ern                       | 2           | Check this    | box ► ☐ if the organization   | discontinued if      | s operations or dispo    | sed of                                | more than         | 25% of its n           | et accete     | 13111H        |
| Š                         | 3           |               | f voting members of the gove  |                      |                          | , , , , , , , , , , , , , , , , , , , | more man          | 3                      | Ct assets     | 12            |
| ල<br>ජ                    | 4           |               | f independent voting member   | • • •                | •                        | a 1h)                                 |                   | 4                      |               | 13            |
| es                        | 5           |               | ber of individuals employed in  | _                    | • •                      |                                       | - 7               | 5                      |               | 0             |
| Activities                | 6           |               | ber of volunteers (estimate if  | •                    | 2019 (1 airt V, 1116 2a) |                                       | (                 | ) 6                    |               | 159           |
| ₹ct                       | 7a          |               | lated business revenue from   | • • •                | n (C) line 12            | ( <u>)</u>                            |                   | 7a                     |               | 30            |
| •                         | b           |               | ted business taxable income   |                      |                          | (                                     |                   | 7b                     |               | 0             |
|                           | -           | ivet unitera  | ted business taxable income   | HOITI FOITH 990      | 1-1, liftle 39           | -                                     | Prior Yea         |                        | Current Ve    | 0             |
|                           |             | Contributio   | and areate (Bort VIII June  | 16\                  |                          | -                                     | Prior rea         | ır                     | Current Ye    | ear           |
| e                         | 8           |               | ons and grants (Part VIII, line   |                      |                          | -                                     |                   | 0                      |               | 0             |
| Revenue                   | 9           | -             | ervice revenue (Part VIII, line   |                      |                          | _                                     |                   | 3340820                |               | 4657192       |
| æ                         | 10          |               | t income (Part VIII, column (A  |                      |                          |                                       |                   | 6444                   |               | 9624          |
|                           | 11          |               | nue (Part VIII, column (A), line  |                      |                          |                                       |                   | 230638                 |               | 119524        |
|                           | 12          |               | nue-add lines 8 through 11 (n   |                      |                          | 2)                                    |                   | 3577902                |               | 4786340       |
|                           | 13          |               | d similar amounts paid (Part I  | • •                  | •                        |                                       |                   | 0                      |               | 0             |
|                           | 14          | -             | aid to or for members (Part I)  |                      | •                        |                                       |                   | <u> </u>               |               | 0             |
| es                        | 15          |               | ther compensation, employee   | •                    | , ,                      | 0)                                    |                   | 761206                 |               | 924720        |
| Expenses                  | 16a         |               | nal fundraising fees (Part IX, c  |                      |                          |                                       |                   | 0                      |               | 0             |
| ă                         | ь           |               | raising expenses (Part IX, col  |                      |                          |                                       |                   |                        |               |               |
|                           | 17          |               | enses (Part IX, column (A), lin   |                      |                          |                                       |                   | 2558605                |               | 3504865       |
|                           | 18          |               | enses Add lines 13-17 (must   |                      | olumn (A), line 25)      | OSO Beg                               |                   | 3319811                |               | 4429585       |
|                           | 19          | Revenue le    | ess expenses Subtract line 1  | 8 from 1884/12       | SEP 2 8 2820 / 19        | 인                                     |                   | 258091                 |               | 356755        |
| s or                      | 1           |               |   |                      |                          | Y Beg                                 | inning of Cur     | rent Year              | End of Ye     | ar            |
| Net Assets<br>Fund Baland | 20          |               | ts (Part X, line 16)  |                      | GDEN, UT                 | =                                     |                   | 2282571                |               | 2723911       |
| d A                       | 21          |               | ities (Part X, line 26)   |                      |                          | ┙┕                                    |                   | 166209                 |               | 222578        |
|                           |             |               | or fund balances Subtract I   | ine 21 from line     | 20                       |                                       |                   | 2116362                |               | 2501333       |
| P                         | art II      | Signatu       | ıre Block   |                      |                          |                                       |                   |                        |               |               |
|                           |             |               | r, I declare that I have examined this it<br>to Declaration of preparer (other than |                      |                          |                                       |                   |                        | owledge and   | belief, it is |
|                           |             |               |   |                      |                          |                                       | ,                 | 5/6/2v2                |               |               |
| Sig                       | ηn          | Signat        | ure of officer  |                      |                          |                                       | Date              |                        |               |               |
|                           | re          |               |   | ICIAL SECE           | 10+00.1                  |                                       |                   |                        |               |               |
| . • •                     | . •         | Type o        | or print name and title   | . C Ou E             | - 17117                  |                                       |                   |                        |               |               |
| _                         |             | <del></del>   | e preparer's name   | Preparer's signati   | ıre.                     | Date                                  | -                 |                        | PTIN          |               |
| Pa                        |             | "             |   | opa.o. o signati     | e: <del>-</del>          | Jake                                  |                   | Check if self-employed | l .           |               |
|                           | epare       |               |   | 1                    |                          |                                       | 1-                | L                      | L             |               |
| Us                        | e On        | y Firm's nar  | ······································  |                      | <del></del>              |                                       |                   | s EIN ▶                |               |               |
| 110                       | v tha Ir    | Firm s add    |   | shown shows?         | (soo instructions)       |                                       | Phon              | e no                   |               |               |
|                           |             |               | this return with the preparer   |                      | <del></del>              | 0                                     |                   | -                      | Yes           | ∐ No          |
| ror                       | rapen       | vork Reduct   | tion Act Notice, see the separa   | te instructions.     |                          | Cat No                                | 11282Y            |                        | Form 9        | 990 (2019)    |

| Statement of Program Service Accomplishments Check if Schedule O contlans a response or note to any line in this Part III  Briefly describe the organization's mission Promote social and economic justice through collective bargaining, meetings, education, communication, organizing new bargaining units, community action, administration of the organization, maintenance of its property and assets, delivery of benefits to represent members. Instemal and social activities and related activities which further the common interest of the membership.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?  If "Yes," describe these exhanges on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other 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 4,757 members  4b (Code ) (Expenses \$ including grants of \$ N/A) (Revenue \$ )  N/A  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  | Form 99 | 90 (2019)         |   |  |  | Pag                                     |
|--|---------|-------------------|---|--|--|---|
| Brefly describe the organization's mission Promote social and economic justice through collective bargaining, meetings, education, communication, organizing new bargaining units, community action, administration of the organization, maintenance of its property and assets, delivery of benefits to represent members, fraternal and social activities and related activities which further the common interest of the membership.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  1 1 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 services?  11 "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 be expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to other 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 4,757 members  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )   | Part    | III State         | ement of Program Service A              | Accomplishments                          |  | 9                                       |
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| prior Form 990 or 990-E27  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and representation in the total expenses, and representation to 4,757 members.  Ab (Code ) (Expenses \$ N/A) including grants of \$ N/A) (Revenue \$ N/A)  Collective bargaining and representation to 4,757 members.  Ab (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  N/A  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |         | members, f        | raternal and social activities and      | related activities which further the com | mon interest of the membership                               |   |
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| services?  |         |                   |   |  |  |   |
| If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other 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 4,757 members  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  N/A  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )   | 3       |                   | rganization cease conducting            | , or make significant changes in h       | ow it conducts, any program                                  |   |
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| Collective bargaining and representation to 4,757 members  | 4       | expenses          | Section 501(c)(3) and 501(c)(4          | ) organizations are required to report   | three largest program services the amount of grants and allo | s, as measured<br>ecations to othe      |
| Collective bargaining and representation to 4,757 members  | 4a      | (Code             | ) (Expenses \$                          | N/A including grants of \$               | N/A) (Revenue \$   | N/A)                                    |
| 4b (Code) (Expenses \$   |         |                   |   |  |  |   |
| N/A  |         |                   |   |  |  |   |
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| N/A  | 4b      | (Code             | ) (Expenses \$                          | including grants of \$                   | ) (Revenue \$  |   |
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| <u>N/A</u>   | 4c      | •                 | ) (Expenses \$                          | including grants of \$                   | ) (Kevenue \$  | )                                       |
|  |         | N/A               |   |  |  |   |
|  |         |                   |   |  |  |   |
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| N/  | Α                      |                            |     |                  |   |   |
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|     |                        |                            |     |                  |   |   |
|     |                        |                            |     |                  |   |   |
| Ot  | ther program services  | (Describe on Schedule O )  |     | <del></del>      | <del> </del>                            |   |
| (E: | xpenses \$             | N/A including grants of \$ |     | N/A) (Revenue \$ | N/A)                                    |   |
|     | otal program service o |                            | N/A |                  |   |   |

| Part IV | Checklist | of Rec | uired S | chedules |
|---------|-----------|--------|---------|----------|

| art       | V Checklist of Required Schedules  | -#-       | _            |          |
|-----------|--|-----------|--------------|----------|
|           |  |           | Yes          | No       |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1         |              | <b>✓</b> |
| 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         |              | <b>√</b> |
| 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         |              | <b>√</b> |
| 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         |              | <b>√</b> |
| 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         |              | ✓_       |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8         |              | 1        |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9         |              | <b>✓</b> |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10        |              | <b>✓</b> |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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            |          |
| b         | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b       |              |          |
| С         | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c       |              |          |
| 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       |              |          |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       | <b>✓</b>     | ļ        |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |              |          |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a       |              | 1        |
|           | 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<br>14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?   | 13<br>14a | 1            | 1        |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 176       | <del> </del> | <u> </u> |
| J         | 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        |              | ✓        |
| 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        |
| 20a       | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       | ļ            | 1        |
| ь<br>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  | 20b       | <u> </u>     | -        |

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

21

| Form 99     | 0 (201 <del>9</del> )  |     | F   | age 4    |
|-------------|--|-----|-----|----------|
| Part        | V Checklist of Required Schedules (continued)  |     |     |          |
|             |  |     | Yes | No       |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | 1        |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  | 23  |     | >        |
| <b>2</b> 4a | 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 |     | ✓        |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
| С           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |          |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |          |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |          |
| р           | 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |     | <b>✓</b> |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | <b>√</b> |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)  |     |     |          |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a |     | 1        |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | <b>√</b> |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |     | 1        |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | 1        |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | 1        |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | 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 <sup>9</sup> 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   |          |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | 1        |
| 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)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |          |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     |          |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | 1        |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O  | 38  | 1   |          |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| а | Enter the num | ber reported in Box 3 | 3 of Form 1096 | Enter -0- if no | ot applicable |
|---|---------------|-----------------------|----------------|-----------------|---------------|
|---|---------------|-----------------------|----------------|-----------------|---------------|

**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 |
|---|---|--------|------|--------|-------------|-------|-----|------------|----------|----|---------|-----|
|   | reportable gaming (gambling) winnings to prize winners? |        |      |        |             |       |     |            |          |    |         |     |

| Part    | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |              |                |
|---------|---|----------|--------------|----------------|
|         |   |          | Yes          | No             |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | -        | _            | . [            |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 159  |          |              | ليجما          |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | ✓            |                |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |              | لــا           |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |              | ✓              |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b       |              |                |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |          |              |                |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |              | <b>✓</b>       |
| b       | If "Yes," enter the name of the foreign country ▶   |          | -            | j              |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  | اسنسا    |              | المسيد         |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |              | ✓              |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |              | 1              |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |              |                |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a       |              | ✓              |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or 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       |              |                |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   |          |              |                |
| е       | 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       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       | ļ            | ļ              |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |              | <del>  .</del> |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |          |              |                |
| _       | sponsoring organization have excess business holdings at any time during the year?  | 8        | -            | <del> </del>   |
| 9       | Sponsoring organizations maintaining donor advised funds.   |          |              |                |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                   | 9a<br>9b |              | <del> </del>   |
| ь<br>10 | Section 501(c)(7) organizations. Enter  | an       | <del> </del> | -              |
|         | Initiation fees and capital contributions included on Part VIII, line 12  |          |              |                |
| a<br>b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  | 1 .      | ]            | ) ;            |
| 11      | Section 501(c)(12) organizations. Enter   | ┧.・      |              | ľ', '          |
| ''<br>a | Gross income from members or shareholders   | .        |              | , I            |
| ь       | Gross income from other sources (Do not net amounts due or paid to other sources  | ┤ ・      |              |                |
| J       | against amounts due or received from them )   |          |              | . '            |
| 12a     |   | 12a      |              |                |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   | 1.       |              | 1              |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 1        | 1            | ١ ٠            |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      | <del></del>  | $\vdash$       |
|         | Note: See the instructions for additional information the organization must report on Schedule O  | 1.5      | 7 - 7        |                |
| 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 . 13b  |          | 1            | <b>\</b> '     |
| С       | Enter the amount of reserves on hand  |          | ١.           |                |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |              | 1              |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b      |              |                |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |          |              | 1              |
|         | excess parachute payment(s) during the year?  | 15       | <u> </u>     |                |
|         | If "Yes," see instructions and file Form 4720, Schedule N   |          |              |                |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |              | <u> </u>       |
|         | If "Ves." complete Form 4720. Schedule O  | 1 -      | 1            | 1 -            |

| Part    | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI  | and<br>See in | for a       | "No"<br>tions  |
|---------|--|---------------|-------------|----------------|
| Section | on A. Governing Body and Management  |               |             |                |
|         |  |               | Yes         | No             |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year 13   | ',            | ,           | , 4            |
|         | If there are material differences in voting rights among members of the governing body, or   | ,             |             |                |
|         | if the governing body delegated broad authority to an executive committee or similar   | .             | 1           | . {            |
|         | committee, explain on Schedule O   |               | ,           | '}             |
| b       | Enter the number of voting members included on line 1a, above, who are independent  1b 0   | 14            |             | '              |
| 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             |             | 7              |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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             |             | 1              |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5             |             | <b>1</b>       |
| 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            | <b>✓</b>    |                |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |               | ,           |                |
| ^       | stockholders, or persons other than the governing body?  | 7b            | ✓           | <del>- ,</del> |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during   |               |             |                |
| _       | the year by the following  |               | <del></del> | لــــا         |
| a       | The governing body?  Each committee with authority to act on behalf of the governing body?   | 8a            | 1           |                |
| b       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   | 8b            |             |                |
| 9       | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9             |             | <b> </b>       |
| Secti   | on B. Policies (This Section B requests information about policies not required by the Internal Reven  |               | ode l       |                |
|         | on bit one to the booten bit oque et a matter about pointed he required by the meeting rieven  | 1             | Yes         | No             |
| 10a     | Did the organization have local chapters, branches, or affiliates?   | 10a           |             | <b>✓</b>       |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b           |             |                |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a           |             | 1              |
| b       | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |               |             | <u> </u>       |
| 12a     | Did the organization have a written conflict of interest policy? If "No," go to line 13.   | 12a           | 7           |                |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b           | 1           | <del></del>    |
| С       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c           | ,           |                |
| 13      | Did the organization have a written whistleblower policy?  | 13            | <u> </u>    | 1              |
| 14      | Did the organization have a written document retention and destruction policy?   | 14            | 1           | <del>'</del>   |
| 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? The organization's CEO, Executive Director, or top management official                                       | 15a           |             | <del></del> -  |
| a<br>b  | Other officers or key employees of the organization  | 15b           |             | 1              |
| D       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   | 130           |             | -              |
| 160     |  | .             | •           | {              |
| 16a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a           |             | 1              |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |               | •           |                |
|         | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 (1024 or 1024-A, if applicable), 990, and 990-  | Γ (Sec        | tion        | 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 on Schedule O)                                      |               |             | , ,            |
| 19      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year  | f inte        | rest p      | oolicy,        |
| 20      | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords         | <b>&gt;</b> |                |
|         | Chad Fabbro G-3293 Van Slyke Road Flint MI 48507-3265  |               |             |                |

| Part VII | Compensation of Officers, | Directors, Trustees | s, Key Employees | , Highest Compensa | ited Employees, | and |
|----------|---------------------------|---------------------|------------------|--------------------|-----------------|-----|
|          | Independent Contractors   |                     |                  |                    |                 |     |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

| r any relate | d org  | anız   |  |  | ompe   | nsa   | ted any current of   | officer, director,  | or trustee  |
|--------------|--|--|--|--|--|---|--|---|---|
|              |  |  |  | •  |  |   |  |   |   |
| (B)          | (do n  | ol ch  |  |  | a than c   |   | (D)  | (E)   | (F)   |
| Average      |  |  |  |  |  |   | Reportable   | Reportable  | Estimated amount  |
|              | office   | er and   | d a d  | irect  | or/trust   | ee)   |  |   | of other compensation   |
| (list any    | 우전   | Ins  | 皇  | e e  | en H   | Fo  | organization   | organizations   | from the  |
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|              | ct or  | On l   |  | 힣  | e co   | 7   |  |   | related organizations   |
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|              |  |  | ✓  | <u> </u>   | <u> </u>   |   | 110990   | C   |   |
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|              | <b>✓</b>   | <u> </u>   | 1  | <u> </u>   |  |   | 4447   | C   |   |
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|              |  |  | ✓  | <u> </u>   |  | <u> </u>  | 0  | c   | (   |
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|              | <u> </u>   | <u> </u>   | ✓  |  |  |   | 13334  | c   | )   |
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|              |  |  |  |  |  |   |  |   |   |
|              | <u> </u>   | L.   |  |  | ]  |   |  |   |   |
|              | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  50 0  4 0  50 0  4 0  3 0  50 0  3 0  50 0 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  50 0  4 0  50 0  50 0  3 0  50 0 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  50 0  4 0  3 0  50 0  3 0  5 0 0 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  4 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  7 0  7 0  7 0  7 0  7 0  7 0 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  4 0  4 0  50 0  4 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  4 0  50 0  50 0  4 0  50 0  50 0  4 0  50 0  50 0  4 0  50 0  50 0  50 0  7 0   7   7   7   7   7   7   7   7   7 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  4 0  4 0  50 0  4 0  4 0  50 0  4 0  50 0  4 0  4 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  4 0  4 0  4 0  50 0  4 0  4 0  50 0  7 0  7 0  7 0  7 0  7 0  7 0 | (B) Average hours per week (list any hours for related organizations below dotted line)  4 0  4 0  4 0  4 0  4 0  4 0  4 0  4 | (B)   Average hours   Continue   Continue   Continue   Compensation   Continue   Compensation   
| Part  | VII Section A. Oπicers, Directors, i   | rustees,  | key i                   | Emi     | DIO                  | yee          | s, an                        | a r      | lignest Compe                               | nsated E                              | mpio        | yees (continue  | :d)     |
|-------|--|---|-------------------------|---------|----------------------|--------------|------------------------------|----------|---|---------------------------------------|-------------|---|---------|
|       | (A)<br>Name and title  | (B)<br>Average<br>hours   | box,                    | unles   | Pos<br>neck<br>ss pe | rson         | e than o                     | an       | (D) Reportable compensation                 | (E)<br>Reporta<br>compens             |             | (F) Estimated amoun of other  | t       |
|       |  | per week (list any hours for related organizations below dotted line) | Individua<br>or directo |         | Officer              | Key employee | Highest compensated employee | Former   | from the<br>organization<br>(W-2/1099-MISC) | from rela<br>organiza<br>(W-2/1099    | tions       | compensation<br>from the<br>organization and<br>related organizatio |         |
| (15)  |  |   |                         |         | -                    |              |                              |          |   | · · · · · · · · · · · · · · · · · · · |             |   |         |
| (16)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   | _       |
| (17)  |  |   |                         |         |                      |              |                              |          |   | ······                                |             |   |         |
| (18)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
| (19)  |  |   |                         | -       | -                    |              |                              |          |   |                                       |             |   |         |
| (20)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
| (21)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   | _       |
| (22)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
| (23)  |  |   |                         |         |                      | -            |                              |          |   |                                       |             |   |         |
| (24)  |  |   |                         |         |                      |              |                              |          |   |                                       | <del></del> |   |         |
| (25)  |  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
|       | Subtotal   | 1   | <u> </u>                | <u></u> | <u> </u>             | <u> </u>     |                              | <u> </u> | 453149                                      |                                       | 0           |   |         |
| c     | Total from continuation sheets to Part   | VII, Section  | n A                     |         |                      |              |                              | <b>•</b> | 0   |                                       | 0           |   | 0       |
| d     | Total (add lines 1b and 1c)  Total number of individuals (including bu                         | t not limited   | d to th                 | nose    | e lis                | ted          | above                        | <u>₽</u> | /ho received mor                            |                                       | 00.000      | <u>.                                    </u>                        | _0      |
| -     | reportable compensation from the organ   |   |                         |         |                      |              |                              |          | 3   |                                       |             |   |         |
| 3     | Did the organization list any former employee on line 1a? If "Yes," complete                   |   |                         |         |                      |              |                              | mp       | loyee, or highes                            | st compe                              | nsated      |   | lo<br>M |
| 4     | For any individual listed on line 1a, is the organization and related organizations individual | sum of re   | porta                   | ble     | cor                  | npe          | nsatic                       |          |   |                                       |             |   |         |
| 5     | Did any person listed on line 1a receive of for services rendered to the organization          |   |                         |         |                      |              |                              |          |   | tion or inc                           | lividua     |   |         |
| Secti | on B. Independent Contractors  | ,, ,,,,,  | 201115                  | 7010    |                      | ,00          | 310 0 7                      | 0,       | ouerr person                                |                                       |             | 1311  | _       |
| 1     | Complete this table for your five high compensation from the organization Rep                  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
|       | (A)<br>Name and business add   |   |                         |         |                      |              |                              | ĺ        | (B)<br>Description of ser                   |                                       |             | (C)<br>Compensation   |         |
|       |  | ,   |                         |         |                      |              |                              |          |   |                                       |             |   | _       |
|       |  |   |                         |         |                      |              |                              |          |   |                                       |             |   |         |
|       | Takal a sahar at a translation to the  |   |                         |         |                      | 1            |                              |          |   |                                       | NEW COLUMN  |   |         |
| 2     | Total number of independent contractor received more than \$100,000 of compens                 |   |                         |         |                      |              |                              | tr د     | iose listed abov                            | re) wno                               |             | N. Stab   |         |

| Part VIII | Statement of Revenue  |      |               |
|-----------|---|------|---------------|
|           | Check if Schedule O contains a response or note to any line in this Part VIII . |      |               |
|           |   | <br> | $\overline{}$ |

|  |          | Check if Schedule                           | Осо           | ntains a re    | spon     | se or note to an | ly line in this Pa   | ırt VIII                                     |                                      |  |
|--|----------|---|---------------|----------------|----------|------------------|----------------------|--|--------------------------------------|--|
|  |          |   |               |                |          |                  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts s   | 1a       | Federated campaig                           | ns            | •              | 1a       | 0                |                      |  |                                      | . ;  |
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Membership dues                             |               |                | 1b       | 0                |                      |  |                                      |  |
| 9 E  | С        | Fundraising events                          |               |                | 1c       | 0                |                      |  |                                      |  |
| ar it  | d        | Related organization                        |               |                | 1d       | 0                |                      |  |                                      |  |
| G :≝   | е        | Government grants                           | (cont         | ributions)     | 1e       | 0                |                      |  |                                      |  |
| <u>  Si</u>  | f        | All other contribution                      |               |                | ļ        |                  |                      |  |                                      | , ,  |
| tr e   |          | and similar amounts no                      | ot incli      | uded above     | 1f       |                  |                      |  |                                      | 1  |
| 물탕   | g        | Noncash contribution                        | ons in        | cluded in      | İ        |                  |                      |  |                                      | ]  |
| Cont   |          | lines 1a-1f                                 |               |                | 1g       | (\$o             |                      |  |                                      |  |
| 0 8  | <u>h</u> | Total. Add lines 1a-                        | -1f           | •              |          | <u> </u>         | 0                    |  | <del></del>                          | [  |
| a l  | 0-       | D D. 1. (D:                                 |               |                |          | Business Code    |                      |  |                                      |  |
| Š  | 2a       | Dues - Regular (Priva                       |               |                |          | 900099           | 3238789              |  |                                      |  |
| gram Ser<br>Revenue                                    | b        | Dues - Bonus and Pr<br>Dues - Retired Works |               | · <del>-</del> |          | 900099           | 1307529              |  |                                      |  |
| E A  | C C      | Soc & Rec Entry Fee                         |               |                |          | 900099           | 41509                |  |                                      |  |
| Re   | d<br>e   | Initiations - Local (Re                     |               |                | e(C)     | 900099           | 44406                |  |                                      |  |
| Program Service<br>Revenue                             | f        | All other program se                        |               | ·              |          | 900099           | 10565<br>14394       |  |                                      |  |
| <u>.                                    </u>           | g        | Total. Add lines 2a-                        |               | revende        |          | . •              | 4657192              | 14394  |                                      | 1  |
|  | 3        | Investment income                           |               | udina divi     | dends    |                  | 4037132              |  |                                      | <u> </u>   |
|  | •        | other similar amoun                         |               |                |          | ,                | 9624                 |  |                                      | 9624   |
|  | 4        | Income from investr                         |               | of tax-exem    | npt bo   | nd proceeds ►    | 0                    |  | <del></del>                          | 0  |
|  | 5        | Royalties                                   |               |                | •        | . ▶              | 0                    |  |                                      | 0  |
|  |          | -   |               | (ı) Rea        | I        | (II) Personal    |                      |  |                                      |  |
|  | 6a       | Gross rents                                 | 6a            |                | 0        | 0                |                      |  |                                      | 1  |
|  | b        | Less rental expenses                        | 6b            |                |          |                  |                      |  |                                      |  |
|  | С        | Rental income or (loss)                     | $\overline{}$ | <u> </u>       |          |                  |                      |  |                                      | l l  |
|  | ď        | Net rental income o                         | r (los        | s)             |          | . 🕨              | 0                    |  |                                      |  |
|  | 7a       | Gross amount from                           |               | (i) Securit    | ies      | (II) Other       |                      |  |                                      |  |
|  |          | sales of assets                             | _             |                |          |                  |                      |  |                                      |  |
|  |          | other than inventory                        | 7a            | <u> </u>       | 0        | 0                |                      | 1  |                                      | ]  |
| her Revenue  | b        | Less cost or other basis                    | 7.            |                |          |                  |                      |  |                                      | ì  |
| Ver  | _        | and sales expenses                          | 7b            | <u> </u>       |          |                  |                      |  |                                      |  |
| Re   | C C      | Gain or (loss)                              | 7c            | <u> </u>       |          | <b></b>          |                      |  | <del></del>                          |  |
| ě  | d<br>o-  | Net gain or (loss)                          | f             |                |          |                  | 0                    |  |                                      | ļ  |
| ₹  | 8a       | Gross income from events (not including     |               | noraising      |          |                  |                      |  |                                      |  |
|  |          | of contributions re                         |               | d on line      |          |                  |                      |  |                                      |  |
|  |          | 1c) See Part IV, line                       |               |                | 8a       |                  |                      |  |                                      |  |
|  | b        | Less direct expens                          |               |                | 8b       |                  |                      |  |                                      |  |
|  | c        | Net income or (loss)                        |               | ı fundraısın   |          | nts <b>&gt;</b>  | 0                    |  |                                      | <del> </del>   |
|  | 9a       | Gross income I                              |               |                |          |                  |                      |  |                                      | i  |
|  |          | activities See Part I                       |               | 9              | 9a       | _                |                      |  |                                      | 1  |
|  | b        | Less direct expens                          | es            |                | 9b       |                  |                      |  |                                      |  |
|  | С        | Net income or (loss)                        | ) from        | gaming a       | ctivitie | es 🕨             | 0                    |  |                                      |  |
|  | 10a      | Gross sales of in                           | rvent         | ory, less      |          |                  | ,                    |  | 1                                    |  |
|  |          | retuins and allowaii                        |               |                | 10a      | 4826             |                      |  | 7                                    | · }  |
|  |          | Less cost of goods                          |               |                | 10b      | 4826             |                      |  |                                      | <u> </u>   |
|  | С        | Net income or (loss)                        | ) from        | sales of in    | vento    |                  | 0                    |  |                                      |  |
| Sn   |          |   |               |                |          | Business Code    |                      | -  | <del></del>                          |  |
| Miscellaneous<br>Revenue                               | 11a      | International Strike F                      |               |                |          | 900099           | 67557                | ·  |                                      | <del></del>  |
| llar<br>/en  | b        | Refund - Lost Time &                        |               |                |          | 900099           | 16457                |  | <del></del>                          |  |
| scellaneo<br>Revenue                                   | C        | Rents - Refundable I                        | epos          | ITS            |          | 900099           | 9450                 |  |                                      | 1  |
| Σ -  | d        | All other revenue                           | . 11-         | •              |          |                  | 26060                |  |                                      |  |
|  | <u>e</u> | Total revenue See                           |               |                | •        |                  | 119524               | <del></del>                                  |                                      | <del> </del>   |
|  | 12       | Total revenue. See                          | ะเทรเท        | uctions        |          | <b>•</b>         | 4786340              | L  | <u> </u>                             | L  |

# Part IX Statement of Functional Expenses

| Section | n 501(c)(3) and 501(c)(4) organizations must comp  | lete all columns All  | other organizations                   | must complete colu                      | ımn (A)  |
|---------|--|-----------------------|---------------------------------------|---|--|
|         | Check if Schedule O contains a response  | or note to any line   | in this Part IX                       |   |  |
|         | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses          | (C) Management and general expenses     | (D)<br>Fundraising<br>expenses                   |
| 1       | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0                     |                                       |   |  |
| 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   | 453149                |                                       | <u>-</u>                                | <u> </u>   |
| 6       | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                     | 0                     |                                       |   |  |
| 7       | Other salaries and wages   | 365328                |                                       |   |  |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 17880                 |                                       |   |  |
| 9       | Other employee benefits  | 17039                 |                                       |   |  |
| 10      | Payroll taxes .  | 71324                 |                                       |   |  |
| 11      | Fees for services (nonemployees)   | 7.1024                |                                       |   |  |
| а       | Management   | o                     |                                       |   |  |
| b       | Legal  | 0                     | <del></del>                           |   |  |
|         | Accounting   |                       |                                       |   |  |
| C       | •  | 0                     | -                                     |   |  |
| d       | Lobbying   | 0                     |                                       |   |  |
| e       | Professional fundraising services See Part IV, line 17   | 0                     |                                       |   |  |
| f       | Investment management fees   | 0                     |                                       |   |  |
| 9       | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 16445                 | · · · · · · · · · · · · · · · · · · · |   |  |
| 12      | Advertising and promotion  | 87495                 |                                       |   |  |
| 13      | Office expenses  | 42882                 |                                       |   |  |
| 14      | Information technology   | 5934                  |                                       |   |  |
| 15      | Royalties  | o                     |                                       |   |  |
| 16      | Occupancy  | 143055                |                                       |   |  |
| 17      | Travel   | 96852                 |                                       |   |  |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |                                       |   |  |
| 19      | Conferences, conventions, and meetings   | 46602                 |                                       |   |  |
| 20      | Interest   | 0                     |                                       |   | <u></u>  |
| 21      | Payments to affiliates   | 2782892               |                                       |   |  |
| 22      | Depreciation, depletion, and amortization  | 2782892               | ·····                                 | <u> </u>                                |  |
| 23      | Insurance  | ·                     |                                       |   |  |
|         |  | 18659                 |                                       |   |  |
| 24      | Other expenses Itemize expenses not covered  |                       |                                       |   |  |
|         | above (List miscellaneous expenses on line 24e If  | mage to the t         | 7                                     | 1                                       | "- "   |
|         | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)   |                       |                                       | , | , ,  |
| _       |  | _ = _ =               | <u> </u>                              | -                                       | <del>                                     </del> |
| a       | Donations  | 56500                 |                                       | ļ                                       |  |
| b       | Exchange (Other Identify)  | 34813                 |                                       |   |  |
| С       | Strike Operating Expenses  | 30573                 |                                       |   |  |
| d       | Refund Dues/Initiations  | 26590                 |                                       |   |  |
| е       | All other expenses   | 115573                |                                       |   |  |
| 25      | Total functional expenses. Add lines 1 through 24e   | 4429585               |                                       |   |  |
| 26      | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if |                       | -                                     |   |  |
|         | following SOP 98-2 (ASC 958-720)   | 0                     |                                       | 1                                       |  |

| Form                        | n 990 (20 | 019)  |               |                         |                          |                  | Page <b>11</b>                            |
|-----------------------------|-----------|---|---------------|-------------------------|--------------------------|------------------|---|
| Ρ                           | art X     |   |               | ·                       |                          |                  |   |
|                             |           | Check if Schedule O contains a response or  | note          | to any line in this Par |                          |                  | <u> </u>                                  |
|                             |           |   |               |                         | (A)<br>Beginning of year |                  | ( <b>B)</b><br>End of year                |
|                             | 1         | Cach pag interest bearing   | <del></del> - |                         |                          |                  | End of year                               |
|                             | 2         | Cash—non-interest-bearing Savings and temporary cash investments  |               | -                       | 0                        |                  | 4404000                                   |
|                             | 3         | Pledges and grants receivable, net  |               | -                       | 1104884                  | <del>  _  </del> | 1461680                                   |
|                             | 4         | Accounts receivable, net  |               | }                       | 0                        |                  |   |
|                             | 5         |   | ar fara       | acr officer director    | U                        | -                |   |
|                             | 3         | Loans and other receivables from any current of<br>trustee, key employee, creator or founder, substi-<br>controlled entity or family member of any of these | tantial       | contributor, or 35%     |                          | 5                | ا ( ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ |
|                             | 6         | Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described   | llified (     | persons (as defined     | 0                        |                  |   |
| S                           | 7         | Notes and loans receivable, net   |               |                         | 0                        |                  |   |
| Assets                      | 8         | Inventories for sale or use   |               | }                       | 8911                     | 8                | 12053                                     |
| As                          | 9         | Prepaid expenses and deferred charges   |               | -                       | 0.0                      | <del>  _  </del> | 12053                                     |
|                             | 10a       | Land, buildings, and equipment cost or other  | 1 1           |                         |                          |                  |   |
|                             | '••       | basis Complete Part VI of Schedule D  | 10a           | 1250178                 |                          |                  | ,   |
|                             | ь         | Less accumulated depreciation   | 10b           | 0                       | 1168776                  | 10c              | 1250178                                   |
|                             | 11        | Investments - publicly traded securities  |               |                         | 0                        | <del> </del>     |   |
|                             | 12        | Investments-other securities See Part IV, line  | 11 .          |                         | 0                        | 12               | (   |
|                             | 13        | Investments-program-related See Part IV, line   | 11            |                         | 0                        | 13               | (   |
|                             | 14        | Intangible assets .   |               | •                       | 0                        | 14               | (   |
|                             | 15        | Other assets See Part IV, line 11   |               |                         | 0                        | 15               | (   |
|                             | 16        | Total assets. Add lines 1 through 15 (must equal  | al line       | 33)                     | 2282571                  | 16               | 2723911                                   |
|                             | 17        | Accounts payable and accrued expenses   |               |                         | 9137                     | 17               | 5812                                      |
|                             | 18        | Grants payable  |               |                         | 0                        | 18               |   |
|                             | 19        | Deferred revenue  |               |                         | 0                        | 19               |   |
|                             | 20        | Tax-exempt bond liabilities   |               | . ]                     | 0                        | 20               | (   |
|                             | 21        | Escrow or custodial account liability Complete  | Part IV       | of Schedule D           | 0                        | 21               |   |
| Liabilities                 | 22        | Loans and other payables to any current or<br>trustee, key employee, creator or founder, subs-<br>controlled entity or family member of any of the          | tantıal       | contributor, or 35%     |                          | 22               |   |
| Ë                           | 23        | Secured mortgages and notes payable to unrela   | -             | <b>I</b>                | 0                        |                  | · · · · · · · · · · · · · · · · · · ·     |
|                             | 24        | Unsecured notes and loans payable to unrelated  |               | ·                       | 0                        |                  |   |
|                             | 25        | Other liabilities (including federal income tax, parties, and other liabilities not included on line  |               |                         |                          |                  |   |
|                             |           | of Schedule D   |               | 1                       | 157072                   | 1                | 21676                                     |
|                             | 26        | Total liabilities. Add lines 17 through 25  |               |                         | 166209                   | 26               | 222578                                    |
| Net Assets or Fund Balances |           | Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.  | ck he         | re ▶ 📗                  |                          |                  |   |
| 3ag                         | 27        | Net assets without donor restrictions   |               |                         | 0                        | <del></del>      |   |
| P                           | 28        | Net assets with donor restrictions  |               | _                       |                          | 28               |   |
| r Fun                       |           | Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.   |               | neck here ►             |                          |                  |   |
| S O                         | 29        | Capital stock or trust principal, or current funds  |               | ļ                       | 938675                   |                  | 123910                                    |
| set                         | 30        | Paid-in or capital surplus, or land, building, or e   |               |                         | 1177687                  | -                | 126223                                    |
| As                          | 31        | Retained earnings, endowment, accumulated in  | come,         | or other funds          | 0                        | + +              |   |
| let                         | 32        | Total net assets or fund balances   |               |                         | 2116362                  |                  | 250133                                    |
| ~                           | 1.333     | Total liabilities and net assets/fund balances  |               |                         | 2292571                  | 1 2 2            | 272201                                    |

33

Total liabilities and net assets/fund balances

0

1239102

1262231

<u>25</u>01333

2723911

2282571 33

If the organization changed either its oversight process or selection process during the tax year, explain on

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

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 on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2019)

За

3ь

# **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

| interna | tional Union, UAW Local 598   |   | 38-1119392                               |
|---------|---|---|--|
| Part    |   |   | ls 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 a  | advisors in writing that the assets he      | ld 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, an  | d 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       | r any other purpose                      |
|         | conferring impermissible private benefit? .   | <u> </u>                                    | · Yes No                                 |
| Part    | Conservation Easements.   |   |  |
|         | Complete if the organization answered "   | Yes" on Form 990, Part IV, line 7           |  |
| 1       | Purpose(s) of conservation easements held by the o  | rganization (check all that apply)          |  |
|         | Preservation of land for public use (for example, recrea  | ation or education)   Preservation of       | f a historically important land area     |
|         | ☐ Protection of natural habitat   | ☐ Preservation o                            | f a certified historic structure         |
|         | ☐ Preservation of open space  |   |  |
| 2       | Complete lines 2a through 2d if the organization hel  | d a qualified conservation contribution     | n in the form 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  |   | 2a                                       |
| b       | Total acreage restricted by conservation easements  |   | 2b                                       |
| С       | Number of conservation easements on a certified hi  | storic structure included in (a)            | 2c                                       |
| d       | Number of conservation easements included in (  | c) acquired after 7/25/06, and not o        | n a                                      |
|         | historic structure listed in the National Register  | •   | 2d                                       |
| 3       | Number of conservation easements modified, trans  | ferred, released, extinguished, or tern     | ninated by the organization during the   |
|         | tax year ►  |   |  |
| 4       | Number of states where property subject to conserv  | vation easement is located ►                |  |
| 5       | Does the organization have a written policy reg-  |   | ection, handling of                      |
|         | violations, and enforcement of the conservation eas   |   |  |
| 6       | Staff and volunteer hours devoted to monitoring, inspec   | ting, handling of violations, and enforcing | conservation easements during the year   |
|         | <u> </u>  |   |  |
| 7       | Amount of expenses incurred in monitoring, inspecting   | g, handling of violations, and enforcing o  | conservation easements during the year   |
|         | <b>▶</b> \$   |   |  |
| 8       | Does each conservation easement reported on line 2  | 2(d) above satisfy the requirements of s    |  |
| _       | and section 170(h)(4)(B)(ii)?   |   | . Yes L No                               |
| 9       | In Part XIII, describe how the organization reports of  |   |  |
|         | balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer   |   | anciai statements that describes the     |
| Part    |   |   | Other Similar Assets                     |
| Part    | Complete if the organization answered "   |   | Other Similar Assets.                    |
|         |   |   |  |
| та      | If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets   |   |  |
|         | service, provide in Part XIII the text of the footnote t  |   |  |
| L       | • •   |   |  |
| b       | If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held |   |  |
|         | provide the following amounts relating to these item  |   | search in furtherance of public service, |
|         | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>▶</b> \$                              |
|         |   |   | · <b>\$</b>                              |
| 2       | If the organization received or held works of art,  |   | assets for financial gain provide the    |
| ~       | following amounts required to be reported under FA  |   | assets for infancial gain, provide the   |
| а       |   | · · · · · · · ·                             | <b>▶</b> \$                              |
| b       | Assets included in Form 990, Part X   |   | ► \$<br>. ► \$                           |
|         |   | <u></u>                                     | <del></del>                              |

| Part  | Organizations Maintaining  | Coll     | ections of     | Art, Hist   | torical T  | reasures                 | , or Ot       | <u>her Similar As</u>   | sets (con     | tınued)     |
|-------|--|----------|----------------|-------------|------------|--------------------------|---------------|-------------------------|---------------|-------------|
| 3     | Using the organization's acquisition, collection items (check all that apply)  | acces    | sion, and ot   | her recor   | ds, chec   | k any of th              | e follov      | ving that make s        | significant i | use of its  |
| а     | ☐ Public exhibition  |          |                | d           | Loan       | or exchang               | e progi       | am                      |               |             |
| b     | Scholarly research   |          |                |             |            |                          |               |                         |               |             |
| С     | ☐ Preservation for future generations  | 3        |                |             |            |                          |               |                         |               |             |
| 4     | Provide a description of the organiza XIII                                     | tion's   | collections    | and expla   | ıın how t  | hey further              | the org       | ganization's exer       | npt purpos    | e ın Part   |
| 5     | During the year, did the organization assets to be sold to raise funds rather  |          |                |             |            |                          |               |                         |               | ☐ No        |
| Part  |  |          |                | · · · · · · |            |                          |               | <del>_</del>            |               |             |
|       | Complete if the organization 990, Part X, line 21.                             | _        |                | " on For    | m 990, f   | Part IV, line            | e 9, or       | reported an an          | nount on f    | orm         |
| 1a    | is the organization an agent, trustee included on Form 990, Part $X^{\circ}$   |          |                | •           |            |                          | ions oi       | other assets no         |               | □ No        |
| b     | If "Yes," explain the arrangement in P   | art XII  | I and comple   | ete the fo  | llowing ta | able                     |               |                         |               |             |
|       |  |          |                |             |            |                          | <u> </u>      |                         | mount         |             |
| C .   | Beginning balance .  | •        |                | •           | •          | •                        | 10            |                         | <del></del>   |             |
| d     | Additions during the year  | •        |                |             |            | •                        | 10            |                         |               |             |
| e     | Distributions during the year  |          |                |             |            |                          | 16            | <del></del>             |               |             |
| f     | Ending balance .   |          | F 000 D        |             | 04 (       |                          |               | <del></del>             | ~ ¬           |             |
|       | Did the organization include an amou<br>If "Yes," explain the arrangement in P |          |                |             |            |                          |               |                         | // ∐ Yes<br>  | ☐ No        |
| Part  |  |          | 1 112          |             |            |                          | 4.0           |                         |               |             |
|       | Complete if the organization   | T        |                |             |            | <del>,</del> -           |               |                         |               |             |
|       | D  | (a)      | Current year   | (b) Pro     | or year    | (c) Two year             | s back        | (d) Three years bac     | k (e) Four y  | ears back   |
| 1a    | Beginning of year balance .  |          |                |             |            | ļ                        |               |                         |               | ~           |
| b     | Contributions  |          |                |             |            | ·                        |               | <del></del> .           | -             |             |
| С     | Net investment earnings, gains, and losses                                     |          |                |             |            |                          |               |                         |               |             |
| d     | Grants or scholarships .   |          |                | ļ           |            |                          |               |                         |               | <del></del> |
| е     | Other expenditures for facilities and programs                                 |          |                |             |            |                          |               |                         |               |             |
| f     | Administrative expenses  |          |                |             |            |                          |               |                         |               |             |
| g     | End of year balance  |          |                |             |            |                          |               |                         |               |             |
| 2     | Provide the estimated percentage of  | the cu   | ırrent year er | nd balanc   | e (line 1g | j, column (a             | )) held       | as                      |               |             |
| а     | Board designated or quasi-endowme  |          |                | %           |            |                          |               |                         |               |             |
| ь     | Permanent endowment ▶  | %        |                |             |            |                          |               |                         |               |             |
| С     | Term endowment ►%  | <b>.</b> |                |             |            |                          |               |                         |               |             |
|       | The percentages on lines 2a, 2b, and   | 2c sh    | ould equal 1   | 00%         |            |                          |               |                         |               |             |
| 3a    | Are there endowment funds not in the   | e pos    | session of th  | ne organi   | zation tha | at are held              | and ac        | lministered for th      |               |             |
|       | organization by  |          |                |             |            |                          |               |                         |               | es No       |
|       | (i) Unrelated organizations  |          |                |             |            |                          |               |                         | 3a(i)         |             |
|       | (ii) Related organizations .   |          |                |             |            |                          |               | •                       | 3a(ii)        |             |
|       | If "Yes" on line 3a(ii), are the related of                                    | -        |                |             |            |                          |               |                         | 3b            |             |
| _4    | Describe in Part XIII the intended use   |          |                | on's endo   | wment f    | unds                     |               |                         |               |             |
| Part  | VI Land, Buildings, and Equi   |          |                |             |            |                          |               | <b>-</b> -              |               |             |
|       | Complete if the organization   | n ans    | wered "Yes     | on For      |            |                          | <u>e 11a.</u> | See Form 990            |               |             |
|       | Description of property  |          | (a) Cost or o  |             | , , ,      | or other basis<br>other) |               | Accumulated epreciation | (d) Book      | value       |
| 1a    | Land .   |          |                | 9682        |            |                          |               |                         |               | 9682        |
| b     | Buildings  |          |                | 653409      |            |                          |               |                         |               | 653409      |
| С     | Leasehold improvements .   |          |                | 311690      |            |                          | <u>_</u>      |                         |               | 311690      |
| d     | Equipment  |          |                | 275397      |            |                          | L             |                         |               | 275397      |
| e     | Other  |          |                |             |            |                          |               |                         |               |             |
| Total | Add lines 1a through 1e (Column (d))   | must e   | equal Form C   | 190 Part    | X colum    | n (R) line 1             | 201           |                         |               | 1250179     |

| Part VII             | Investments – Other Securities. Complete if the organization answered "Yes" on F  | 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<br>Cost or end-of-yea | valuation               |
| (1) Financia         | derivatives   |                                       |                                     |                         |
| (2) Closely h        | neld equity interests .   |                                       |                                     |                         |
| (3) Other            |   |                                       |                                     |                         |
| (A)                  |   |                                       |                                     |                         |
| (B)                  |   |                                       |                                     | ·· <del>···</del> ····· |
| (C)                  |   |                                       |                                     |                         |
| (D)                  |   |                                       |                                     |                         |
| (E)                  |   |                                       |                                     |                         |
| (F)                  |   |                                       |                                     |                         |
| (G)                  |   |                                       |                                     |                         |
| (H)                  | ma (h) must acual Form 000 Part V acul (P) inc 12)  |                                       |                                     |                         |
| Part VIII            | mn (b) must equal Form 990, Part X, col (B) line 12) . Investments — Program Related.   |                                       | 1 ,                                 |                         |
| Fart VIII            | Complete if the organization answered "Yes" on F  | Form 990 Part IV line                 | 11c See Form 000                    | Dart V June 12          |
|                      | (a) Description of investment   |                                       |                                     | ****                    |
|                      | (a) Description of investment   | (b) Book value                        | (c) Method of<br>Cost or end-of-yea |                         |
| (1)                  |   |                                       | <u>.</u>                            |                         |
| (2)                  |   |                                       |                                     | <del></del>             |
| (3)                  |   |                                       | <del></del> .                       | <del></del>             |
| (4)                  |   |                                       |                                     |                         |
| (5)                  |   |                                       | <del> </del>                        |                         |
| (6)                  |   |                                       |                                     |                         |
| (7)                  |   |                                       |                                     | ****                    |
| (8)                  |   |                                       |                                     |                         |
| (9)                  |   |                                       |                                     |                         |
| Total. (Colu         | mn (b) must equal Form 990, Part X, col (B) line 13)  | <b>&gt;</b>                           |                                     |                         |
| Part IX              | Other Assets.   |                                       |                                     |                         |
|                      | Complete if the organization answered "Yes" on F  | orm 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)<br>(9)           |   | · · · · · · · · · · · · · · · · · · · |                                     | <del></del>             |
|                      | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.   |                                       | <b>&gt;</b>                         |                         |
|                      | Complete if the organization answered "Yes" on Fline 25.  | Form 990, Part IV, line               | e 11e or 11f See For                | m 990, Part X,          |
| 1.                   | (a) Description of liability  |                                       |                                     | (b) Book value          |
|                      | ncome taxes   |                                       |                                     |                         |
|                      | ita Taxes - International Union, UAW  |                                       |                                     | 20847                   |
|                      | ita Taxes - CAP Councils  |                                       |                                     | 829                     |
| _(4)                 | <u> </u>  |                                       |                                     |                         |
| (5)                  |   |                                       |                                     |                         |
| (6)                  |   |                                       |                                     |                         |
| (7)                  |   |                                       | -                                   |                         |
| (8)                  |   |                                       |                                     |                         |
| (9)<br>Tratal (0.54) | (h)   |                                       |                                     |                         |
|                      | ımn (b) must equal Form 990, Part X, col (B) line 25 )  |                                       | <u> </u>                            | 21676                   |
|                      | or uncertain tax positions. In Part XIII, provide the text of the foods is liability for uncertain tax positions under FASB ASC 740. Ch |                                       |                                     |                         |

| Part                | · · · · · · · · · · · · · · · · · · ·   |  | -                                       |
|---------------------|---|--|---|
|                     | Complete if the organization answered "Yes" on Form 99  |  | •                                       |
| • 1                 | Total revenue, gains, and other support per audited financial statemen  | ts   | . 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   |   |
| С                   | Recoveries of prior year grants   | . 2c   |   |
| d                   | Other (Describe in Part XIII )  | 2d   |   |
| e                   | Add lines 2a through 2d   | ,  | . 2e                                    |
| 3                   | Subtract line <b>2e</b> from line <b>1</b>  |  | 3                                       |
| 4                   | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |  |   |
| а                   | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a   |   |
| b                   | Other (Describe in Part XIII.)  | 4b   |   |
| С                   | Add lines 4a and 4b   |  | . 4c                                    |
| 5                   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii  | ne 12 )  | 5                                       |
| Part                |   |  | enses per Return.                       |
|                     | Complete if the organization answered "Yes" on Form 99  | · · · · · · · · · · · · · · · · · · ·          | •                                       |
| 1                   | Total expenses and losses per audited financial statements .  | 5, 1 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | . 1                                     |
| 2                   | Amounts included on line 1 but not on Form 990, Part IX, line 25  | •  |   |
| a                   | Donated services and use of facilities .  | 2a   |   |
| b                   | Prior year adjustments  | 2b   |   |
| c                   | Other losses  | 2c   |   |
|                     | Other (Describe in Part XIII )  | . 2d   | <del></del>                             |
| đ                   | Add lines 2a through 2d   | . <u>  2u  </u>                                | 20                                      |
| e                   | Subtract line 2e from line 1  | •  | . 2e                                    |
| 3                   | Amounts included on Form 990, Part IX, line 25, but not on line 1   |  | .   3                                   |
| 4                   |   | 1.0  | ) )                                     |
| 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   | 1 - 10 )                                       | ·   4c                                  |
| 5<br>Part           | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  |  | 5                                       |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,   | and 4, Part IV, lines                          | 1b and 2b, Part V, line 4, Part X, line |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  le 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 |

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

International Union, UAW Local 598

Partl

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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

| <b>O</b>    |  |
|-------------|--|
| _           |  |
| 0           |  |
| $\emptyset$ |  |
|             |  |

OMB No 1545-0047

Open to Public nspection

ጎ

38-1119392

Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2019 ž Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets N/A|N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)2 (c) Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) Michigan (b) Primary activity (b) Primary activity , Hold Title For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity G-3293 Van Slyke Road, Flint MI 48507-3265, EIN 38-2382075 (a) Name, address, and EIN of related organization (1)Local Union 598 UAW Building Part II Ξ 2 ල ₹ 2 9 <u>0</u> ල € 3 9 2

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

|   |                         |                                      |   | 2 :   | ,                                   |  |  |                                   | :  |                                |                                       | (  |
|---|-------------------------|--------------------------------------|---|---|-------------------------------------|--|--|-----------------------------------|--|--------------------------------|---------------------------------------|--|
| (a) Name, address, and ElN of related organization  | (b)<br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity                 | (e) Predominant income (related, unrelated, excluded from tax under sections 512—514) |                                     | (f) Share of total S income                  | (g)<br>Share of end-of-<br>year assets | (h) Disproportionate allocations? | (I)  Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | <del></del>                    | (J) General or managing partner?      | (k)<br>Percentage<br>ownership                     |
|   |                         |                                      |   |   |                                     |  |  | Yes No                            | 1  | ۳                              | Yes No                                |  |
| (1)   | ÷                       |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (2)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (3)   |                         |                                      |   |   | <br>                                |  |  |                                   |  |                                |                                       | :  |
| (4)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (5)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (9)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (2)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. | elated Organizati       | ons Taxable                          | as a Corporal<br>ations treated               | tion or Trus<br>as a corpor   | it. Comple<br>ation or tr           | ete if the crust during                      | rganizatio                             | n answer<br>ear.                  | ed "Yes" on  | Form                           | 990, Pa                               | rt IV,   |
| (a)<br>Name, address, and EIN of related organization   | organization            | (b)<br>Primary activity              | (c) Legal domicile (state or foreign country) | · · · · · · · · · · · · · · · · · · ·   | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp S corp, or trust) |  | Share of total en                 | (g)<br>Share of<br>end-of-year assets                        | (h)<br>Percentage<br>ownership |                                       | (I)<br>Section 512(b)(13)<br>controlled<br>entity? |
|   |                         |                                      |   |   |                                     |  |  |                                   |  |                                | Yes                                   | S No   |
| (1)   |                         |                                      | <u> </u>                                      | -   |                                     |  | -m·                                    |                                   |  |                                | · · · · · · · · · · · · · · · · · · · |  |
| (2)   |                         | •                                    |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (3)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (4)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (5)   |                         |                                      |   |   |                                     |  |  | ,                                 |  |                                |                                       |  |
| (9)   |                         |                                      |   |   |                                     |  |  |                                   |  |                                |                                       |  |
| (2)   |                         |                                      |   |   |                                     |  |  | 1                                 |  |                                |                                       |  |

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Schedule R (Form 990) 2019

| Schedule R (F | Form 990) 2019   |
|---------------|--|
| Part V        | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 |

| Š        | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |                           |                        | Les NO   |
|----------|---|---------------------------|------------------------|--|
| **       | 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?                         | organizations listed in F | arts II-IV?            | 1 2 2  |
| Ø        | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | ٠                         |                        | 1a /   |
| q        | Gift, grant, or capital contribution to related organization(s)   |                           |                        | 4p   |
| ပ        | Gift, grant, or capital contribution from related organization(s)   |                           |                        | 10 /   |
| Ъ        | Loans or loan guarantees to or for related organization(s)  |                           |                        | 1d \   |
| Ф        | Loans or loan guarantees by related organization(s)   |                           | •                      | 1e 🗸   |
|          |   |                           |                        | F .  |
| 4-       | Dividends from related organization(s)  |                           |                        | 7  |
|          | Colored to related accountant of  |                           |                        | 10   |
| <b>J</b> | Sale of assets to related organization(s)   | •                         | •                      | 5 1  |
| _        | Purchase of assets from related organization(s)   |                           |                        | >  |
| -        | Exchange of assets with related organization(s)   |                           |                        | ;=   |
|          | Lease of facilities, equipment, or other assets to related organization(s)  |                           | •                      | 1j /   |
|          |   |                           |                        |  |
| ¥        | Lease of facilities, equipment, or other assets from related organization(s)  |                           |                        | <b>*</b>   |
|          | Performance of services or membership or fundraising solicitations for related organization(s)  |                           | ٠                      | 7  |
| 2        |   |                           |                        | 1m   |
| _        |   |                           |                        | -\   |
| : '      |   |                           | •                      |  |
| 0        | Sharing of paid employees with related organization(s)  |                           |                        | 01   |
|          |   |                           |                        | The state of the s |
| Q.       | Reimbursement paid to related organization(s) for expenses  |                           |                        | 1p \   |
| σ        | Reimbursement paid by related organization(s) for expenses  |                           |                        | 1q /   |
|          |   |                           |                        | -  |
| ۲        | Other transfer of cash or property to related organization(s)   |                           |                        | 1r   |
| S        | Other transfer of cash or property from related organization(s)   | ٠                         |                        | 15   |
| 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 | e, including covered rela | tionships and transact | ction thresholds   |
|          |   | 6                         |                        |  |
|          | (a) (b) Name of related organization  | (c) Amount involved       | Method of determin     | (d)<br>Method of determining amount involved   |
|          | type (a – S)  |                           |                        |  |
|          |   |                           |                        |  |
| Ξ        |   |                           |                        | ļ  |
|          |   |                           |                        |  |
| 2        |   |                           |                        |  |
|          |   |                           | •                      |  |
| ව        |   |                           |                        |  |
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| <b>+</b> |   |                           |                        |  |
| (g       |   |                           |                        |  |
| 2        |   |                           |                        |  |
| 9        |   |                           | ***                    |  |
| <u> </u> |   |                           | Schedul                | Schedule R (Form 990) 2019   |

# 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.

|   |                  |                            |   |  |          | 1-7                   | 140              | 13   | 3                          | (1)         |
|---|------------------|----------------------------|---|--|----------|-----------------------|------------------|--|----------------------------|-------------|
| (a)<br>Name, address, and EIN of entity | Primary activity |                            | Predominant   | (e)<br>Are all partner                 | Share of | Share of              | Disproportionate | Code V—UBI   |                            | Percentage  |
|   |                  | (state or foreign country) | income (related,<br>unrelated, excluded<br>from tax under | section<br>501(c)(3)<br>organizations? |          | end-of-year<br>assets | allocations?     | amount in box 20<br>of Schedule K-1<br>(Form 1065) | managing<br>partner?       | ownership   |
|   |                  |                            | sections 512-514)   | Yes No                                 | T        | İ                     | Yes No           |  | Yes No                     |             |
| (1)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (2)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (3)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (4)                                     |                  |                            |   |  |          |                       |                  |  |                            | 4           |
| (5)                                     |                  |                            |   |  |          |                       |                  |  |                            | 1           |
| (9)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (7)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (8)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (6)                                     |                  |                            |   |  |          |                       |                  |  |                            |             |
| (10)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (11)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (12)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (13)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (14)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (31)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| (16)                                    |                  |                            |   |  |          |                       |                  |  |                            |             |
| ,                                       |                  |                            |   |  |          |                       |                  | Sche   | Schedule R (Form 990) 2019 | n 990) 2019 |

## 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.

2019

Open to Public

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.

Open to Public Inspection

| 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       | <u> </u>                                   |
| 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 a                 | 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 hou     | ırs  |
| Part XI, Line 9 Changes in Net assets equals \$28,176. This figure was arrived at using the following | information                                |
| Change in inventory for sale (Part X, Line 8 B-A) \$3,142   |  |
| Change in Fixed Assets (Part X, line 10C B-A) \$81,402  |  |
| Change in current liabilities (Part X, Line 26 A-B) (\$56,369)  |  |
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