

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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

Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
International Union, UAW Local 1811

Number and street (or P O box, if mail is not delivered to street address) Room/suite
6172 Somerset Court

City or town, state or province, country, and ZIP or foreign postal code
Grand Blanc, MI 48439 **05**

D Employer identification number
38-2026967

E Telephone number
(810)-397-9433

F Group Exemption Number ▶ **0427**

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **145,967**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	136,562
	4 Investment income	4	2,144
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	7,261	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	145,967	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	21,400
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	112,067
	17 Total expenses. Add lines 10 through 16 ▶	17	133,467
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,500
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	360,372
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	4,572
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	377,444

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	365,620	22 378,120
23 Land and buildings	2,546	23 2,546
24 Other assets (describe in Schedule O)	300	24 1,140
25 Total assets	368,466	25 381,806
26 Total liabilities (describe in Schedule O)	8,094	26 4,362
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	360,372	27 377,444

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? LABOR ORGANIZATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 COLLECTIVE BARGAINING AND REPRESENTATION FOR 265 MEMBERS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kurt Alanko Unit Chairperson	0	0	0	0
Stephanie Bey Trustee	2	4,730	0	0
Brenda L. Bishop Chair Trustee	0	207	0	0
Aaron Bradford Sergeant At Arms	0	0	0	0
Xantheia M. Carter Financial Secretary	0	166	0	0
Sue Ellis Vice President	0	0	0	0
Marcia Fox Unit Chairperson	0	0	0	0
Marie Kinville Trustee	0	724	0	0
Rachele M. Leonard Unit Chairperson	0	0	0	0
Monica R. Masolini Financial Secretary	1	2,600	0	0
Teresa McGinnis President	2	4,244	0	0
Andriana Rodriguez Chairperson	1	272	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ <i>Sheila Haskill</i> Signature of officer	▶ 4-30-19 Date
	▶ <i>Sheila Haskill</i> Type of print name and title	

Paid Preparer Use Only	Print/Type preparer's name Sheila Haskill	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01487008
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

International Union, UAW Local 1811

Employer identification number

38-2026967

PART I- LINE 8, OTHER REVENUE \$7261

Rebate from International Strike Fund \$2516 Refund Registration/Conf Fees \$4745

Part I - Line 16 - Other Expenses: \$112067

Officer- Non-Tax Travel Per Diem Etc \$3195 Clerical- Non-Tax Travel Per Diem Etc \$1262

Others- Non-Tax Travel Per Diem Etc \$694 Supplies Reimbursement \$267

REIMBURSEMENT/GIFT BASKET \$52 Charitable Contributions Forward \$260

Banquets Lunches Dinners (Tkts&Tables) \$100 Donations-Charities \$1880

Donations - Other \$100 Entry Fees (Not Athletic) \$340

Fees Licences Permits Etc \$20 Insurance-Union Liability(Misrepresent) \$2605

Per Capita Taxes - International \$84965 Per Capita Taxes - CAP Councils \$3176

Registration/Conference/Tuition Fees \$5435 Rental of Storage Facilities \$436

Technical and Support Fees \$895 Travel-Direct Pd Airline Hotel Tr Agency \$6385

Part I Total other changes - Line 20: \$4572

Fixed assets \$0; plus Inventories \$840; plus Liabilities \$3732; accounts for amount on Line 20.

Part II Line 24: \$1140

30 Bibles @ \$38 each

Part II Line 26: \$4362

Federal Income Taxes (941) Forward \$7 State Income Taxes Forward \$161 Per Capita Taxes \$4194

Officer Disbursements (continued)	Status	Gross Salary	Allowances & Other Disb	Total
Wells, Jimmie, Recording Secretary	C	\$3993	\$1250	\$5242