

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

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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
PO Box 7280

City or town, state or province, country, and ZIP or foreign postal code
Flint, MI 48507

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 95,319

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	92,301
	4 Investment income	4	672
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	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	0
c Less: direct expenses from gaming and fundraising events	6c	0	
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	0	
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	2,346	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,319	

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	10,743
	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	80,708
17 Total expenses. Add lines 10 through 16	17	91,451	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,868	
Net Assets	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	353,391
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-4,198
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	353,061

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	350,390	22	354,261
23 Land and buildings	2,546	23	2,546
24 Other assets (describe in Schedule O)	455	24	304
25 Total assets	353,391	25	357,111
26 Total liabilities (describe in Schedule O).	0	26	4,050
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	353,391	27	353,061

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

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

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.

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		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
Stephanie Bey	0	320	0	0
Trustee				
Julia N Bierman	0	206	0	0
Trustee Alt Committee				
Brenda L Bishop	0	207	0	0
Chair Trustee				
Aaron Bradford	0	0	0	0
Sergeant At Arms				
Xantheia M Carter	0	781	0	0
Fin Sec Chairprson				
Sue Ellis	0	0	0	0
Vice President				
Marcia Fox	0	0	0	0
Guide				
Carol Martinez	1	1,516	0	0
Chairperson GM				
Teresa McGinnis	0	781	0	0
President				
Cheri Raymond	0	0	0	0
Chairperson GM Nurse				
Jimmie Wells	0	977	0	0
Recording Secretary				

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. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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.	46	No

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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
NONE		

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 ***** Signature of officer	2022-04-26 Date
Xantheia Carter Financial Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	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

Additional Data

Software ID:

Software Version:

EIN: 38-2026967

Name: International Union UAW Local 1811

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 206 MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

International Union UAW Local 1811

Employer identification number

38-2026967

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 8 OTHER REVENUE	Transfer to Commercial Account \$100000.00; Less Transfers Exchanges (\$100000.00); Refund Registration Conf Fees \$2346.42

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I Line 16 Other Expenses	Clerical NonTax Travel Per Diem Etc. \$55.92; Others NonTax Travel Per Diem Etc \$1046.21; Refund Dues Regular \$97.60; Refund Dues SUB \$142.41; Charitable Contributions Forward \$800.00; Bank Charges Check Printing \$161.42; Bank Charges Svc Fees NSF etc \$447.48; Donations Charities \$1000.00; Insurance-Union Liability(Misrepresent) \$2716.00; Per Capita Taxes International \$65688.70; Per Capita Taxes CAP Councils \$2396.47; Registration Conference Tuition Fees \$158.00; Supplies Office \$164.61; Taxes Sales (State Forwarded) \$435.01; Technical and Support Fees \$5034.70; Travel Direct Pd Airline Hotel Tr Agency \$362.97; Trans from Comm Acct to Other Cash Asset \$100000.00; Less Transfers/Exchanges (\$100000.00)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I Total other changes Line 20	(\$4,198) Fixed assets \$0 Inventories (\$151); Liabilities \$4,044; Voided checks from a previous year \$0; rounding by \$3

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part II Line 24	8 Bibles Total \$304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part II Line 26	Charitable Contributions Forward \$150.00; Per Capita Taxes International \$3749.11; Per Capita Taxes CAP Councils \$150.64