

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



601L@CAL 06/10/2010 1 23 PM Form 990

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public

IIILE	THAI NEVERGE	SEIVIC		The organization may have to use a copy of this fetall to stately state reporting	, roquironion	itiopecutiii
<u> </u>			_	ear, or tax year beginning , and ending		
В	Check if applica		Please se IRS	C Name of organization	D	Employer identification number
	Address change		abel or	TEAMSTERS LOCAL NO. 401		04 0740210
	Name change	p	rint or	Doing Business As		24-0740310
$\overline{\Box}$	Initial return		type.	Number and street (or P O box if mail is not delivered to street address) Room/suite		Telephone number
러		ls	See pecific	260 S WASHINGTON ST P.O.BOX 1420		570-823-3121
_	Termination		nstruc.	City or town, state or country, and ZIP + 4	G Gro	oss receipts
	Amended return	n <u> </u>	tions.	WILKES BARRE PA 18703		
	Application pen	_{iding} F	Name	and address of principal officer	H(a)	Is this a group return for
					н/ь\	affiliates? Yes X No
					''(5)	Are all affiliates Included? Yes No
						If "No," attach a list (see instructions)
ı	Tax-exempt	status	X	501(c) (5) ◄ (insert no) 4947(a)(1) or 527		
J	Website:	<u> </u>	<u>'A</u>		H(c)	Group exemption number ▶ 0320
ĸ	Type of organia	zation	Con	poration Trust Association X Other ▶ Labor Union L Year of forma	tion 1922	M State of legal domicile PA
P	art I	Sun	nmai	y		
	1 Brief	fly desc	cribe tl	he organization's mission or most significant activities		
d)	L	abor	Unı	Lon		
Activities & Governance						
Ë				er#		
}	2 Che	ck this	box >	if the organization discontinued its operations or disposed of more than 25% of its ni	et assets	
Ö				members of the governing body (Part VI, line 1a)		3 7
.00 0	1		-	endent voting members of the governing body (Part VI, line 1b)		4 7
ij.			•	employees (Part V, line 2a)	-	5 20
漫				volunteers (estimate if necessary)	-	6
ž					-	7a
)		_		ated business revenue from Part VIII, column (C), line 12	-	7b 0
,)	b Net	umeiai	lea bus	siness taxable income from Form 990-T, line 34	Prior Year	Current Year
2	8 Cont	tributio	ns and	d grants (Part VIII, line 1h)		
Revenue 6				revenue (Part VIII, line 2g)	830,2	68 815,943
Ş.	1			ne (Part VIII, column (A), lines 3, 4, and 7d)	32,5	
8				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,6	
			-	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	830,0	
				ar amounts paid (Part IX, column (A), lines 1–3)		35 380
				or for members (Part IX, column (A), line 4)		
		-		propensation, employee benefits (Part IX, column (A), lines 5–10)	337,0	49 344,409
nses	16 De65	COLOR	3 A.	raising fees (Part IX, column (A), line 11e)		323,233
ĕ	loa i ipe			expenses (Part IX, column (D), line 25)		
Expe	47 Oth				360,1	25 376,867
	11001 2011	Expe		Rentix, column (A), lines 11a–11d, 11f–24f) do lines 3-17 (must equal Part IX, column (A), line 25)	697,7	
					132,3	
<u> </u>	1 19 Revi			penses-Subtract line 18 from line 12	g of Current Ye	
ets	20 Tota			t'X, line 16)	934,9	
Net Assets or	21 Tota		•	rart X, line 26)	25,3	
Ž	22 Net			d balances Subtract line 21 from line 20	909,6	
	art II			re Block	<u> </u>	
	4.4.0			ties & penjury, I declare that I have examined this return, including accompanying schedules and stater	ments and to t	the hest of my knowledge
		and b	elief, it	is rue, correct and complete Declaration of preparer (other than officer) is based on all information of	which prepare	er has any knowledge
Sig	nn	.	/	Youl, (omm	[s.	11-25-1
	re	1	Signatu	re of officer		Date
		•	-	TRICK CONNORS SECRETARY	TREAST	
		7		print name and title		
_			-		Chack of	Preparer's identifying number
Рa	id	Prepa		Date 06/10/10	Check if self-	(see instructions)
	eparer's	signa	ture -	employed >	□ P00476607	
	e Only		s name	E	IN ▶ 23-2872012	
if self-em(ployed), SSS N SCN SC				PI	hone	
				Reading, PA 19601	n	
_				turn with the preparer shown above? (see instructions)		Yes No
For DA/	Privacy A	ct and	Pape	rwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)
UNF	`					<i>[f l</i>]

Form 990 (2009)	TEAMSTERS LOCAL N	TO. 401	24-0740310	Page 2
	Statement of Program Serv	ice Accomplishments		
	ribe the organization's mission			
Labor U	nion	•		
2 Did the orga	anization undertake any significant p	program services during the year which	h were not listed on	
· · · · · · · · · · · · · · · · · · ·	m 990 or 990-EZ?			Yes X No
	scribe these new services on Sched			
3 Did the orga	anization cease conducting, or make	e significant changes in how it conduct	ts, any program	Yes X No
	scribe these changes on Schedule (0		163 24 110
		r each of the organization's three large	est program services by expenses	
Section 501	(c)(3) and 501(c)(4) organizations a	and section 4947(a)(1) trusts are requi	red to report the amount of grants and	
allocations t	to others, the total expenses, and re	evenue, if any, for each program service	æ reported	
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
		e improved collecti		,
agreeme		•	3	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	am services (Describe in Schedule) (Daverus d	,
(Expenses	ram service expenses	uding grants of \$) (Revenue \$)
TE . Can brogi	TIVO ONPOLIGOS P			

For t n	n 990 (2009) TEAMSTERS LOCAL NO. 401 24-0740310					Р	age 3
P	art IV 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	ļ	X
2	is the organization required to complete Schedule B, Schedule of Contributors?				2		X
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_	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				_ ا		.
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				6		x
7	complete Schedule D, Part I				┡		A
′	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				<u> </u>		
0	complete Schedule D, Part III				8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				ٿ		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI						
•	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						
•	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						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total ass	ets					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	(
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address.	esses					
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple	te			ļ		<u> </u>
	Schedule D, Parts XI, XII, and XIII		<u> </u>	- : .	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	424	Yes	X			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12/	·L	1 4	42		X
14a					13 14a		X
b					170		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	1			14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		X
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				17		X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?				I	1	l

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

9) TEAMSTERS LOCAL NO. 401 24-0740310 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
L	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds? Did the organization act as an "an healf of locuser for hands outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ხ		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			75
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₹.
33	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		x
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	, "	Form	990	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				,	
				£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ایا	_			
	U.S. Information Returns Enter -0- if not applicable	1a	5 0			
-	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>	 [
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	•		•	х
_	gaming (gambling) winnings to prize winners?		I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ایا	20			
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	_20		x	ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	S/		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
20	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered	hv				
sa	this return?	DУ		3a	•	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other at	ithority	ı	55		\vdash
70	over, a financial account in a foreign country (such as a bank account, securities account, or other fina		•			
	account)?	, old,		4a		х
b	If "Yes," enter the name of the foreign country					
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	ank				
	and Financial Accounts			Ē.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	ding				
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s 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 go	ods				
	and services provided to the payor?			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					<u> </u>
	required to file Form 8282?	1 1	ī	7c	ļ	ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	sonai		1_	1	
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	X ′		7f		\vdash
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	26		7 <u>g</u>		\vdash
h	required?	as		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u>'''</u>		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	Ì	Ī
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓]
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Ē		
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				L
				Fom	n 990	(2009)

orm	990 (2009) TEAMSTERS LOCAL NO. 401 24-0740310		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch	anges	in	
	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
		F	Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent.	-		
b	Enter the framework of voting members that are made enterthing.	-[
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	 		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		
0	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	"		\vdash
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?		!	
а	The organization's CEO, Executive Director, or top management official	15a	X	L
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

260 South Washington St.

PA 18701

Wilkes Barre

organization > SECRETARY/TREASURER

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organizatio (A)	n did not compe (B)	(C)						rector, or trustee (D)	(E)	(F)			
Name and Title	Average hours per week	១ Individual trustee ជ or director				Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations			
Scott Kucharski								0.400	•				
Trustee Sandra Moosic		X						2,489	0	0			
		x						2,460	0	0			
Trustee Dale Keller	 	┿					-	2,400					
Trustee		x						1,259	0	0			
Patrick Connors	1	+**	 		 			1,233					
Sec/Treas				x				96,321	0	951			
James Murphy						-							
President				x				62,920	0	2,287			
Dennis McNulty													
V. President				X				2,660	0	0			
Thomas Sissick										_			
Recording Secretary		1		X	_			2,560	0	0			
Andrew Goryl		1						440	•				
V. President		+			-		X	410	0	0			
		+	 		\vdash	-							
				<u> </u>	\vdash								
			<u> </u>										
			ļ										
	-	+	 		<u> </u>	<u> </u>							
		-	\vdash										
	 	+	┢			-							

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	у Ег	nplo	yees	s, an	d Highest Compensated	Employees (continued)	
(A) Name and Title	(B) Average hours per		_	chec	_			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	<u>-</u>									
				<u> </u>						
1b Total 2 Total number of individuals (in				hose	liste	ed at	oove	171,079) who received more than \$		3,238
reportable compensation from 3 Did the organization list any for			·	ustee	e ke	v em	nlov	ee or highest compensate	d	Yes No
employee on line 1a? If "Yes," For any individual listed on lin the organization and related o individual	complete Sched e 1a, is the sum o rganizations grea	ule J of rep iter ti	for sorta	such ble c \$150	indi omp 000,	vidua ensa)? If "	al ation 'Yes	and other compensation fr ," complete Schedule J for	rom such	3 X X
5 Did any person listed on line 1 services rendered to the organ Section B. Independent Contract	nization? If "Yes,"	com	ompo	ensa e Sch	tion <u>redu</u>	ile J	any for s	unrelated organization for such person		5 X
Complete this table for your five compensation from the organic	e highest compezation	nsat	ed ın	dep	ende	ent co	ontra			
Name and	(A) I business address			- -				Descrip	(B) tion of services	(C) Compensation
2 Total number of independent	contractors (inclu	dina	but r	not lu	mite	d to t	hose	e listed above) who receive	ed .	
more than \$100,000 in compe									-	0 Form 990 (2009)

Pa	ırt V	III Statement of Reve	nue					
*******	••••				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10.10						revenue		512, 513, or 514
antst	1a	Federated campaigns	1a					
gr	b	Membership dues	1b					
fts, rar	C	Fundraising events	1c					
igi ila	d	Related organizations	1d					
ons	e	Government grants (contributions)	1e					
iţi.	f	All other contributions, gifts, grants, and similar amounts not included above	,,	1				
tip of			1f					
Son	g	Noncash contributions included in lines 1a-	1f \$	_	1			
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f						
) June				Busn. Code	815,943	815,943		
Seve	2a	MEMBERSHIP DUES & A	SSESSMENTS		615,945	615,945		
ce	b							
ervi	٠ د			 				
S E	d e							
grai	•	All other program service revei	nue.					
Pro	a		iue	•	815,943			
_	3	Investment income (including of	lividende inter		013,343			<u></u>
	"	other similar amounts)	arriachas, mich	Lost, and	22,897			22,897
	4	Income from investment of tax	exemnt bond r	roceeds -				
	5	Royalties	CACINE BOILG	,				
		(i) Real	(11)	Personal				
	6a	Gross Rents						
	b	Less rental exps						
	c	Rental inc or (loss)						
	d	Net rental income or (loss)	•	•			Ī	1
	7a	Gross amount from (i) Securities	ı) Other					
		sales of assets other than inventory						
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)			1			
	d	Net gain or (loss)		>				
je je	8a	Gross income from fundraising even	its					
, nu∈		(not including \$	İ				·	
eve		of contributions reported on line 1c)						
Other Revenu		See Part IV, line 18	a					
the		Less direct expenses	ь[
•		Net income or (loss) from fund		•				
	9a	Gross income from gaming activities	5					
		See Part IV, line 19	a					
		Less direct expenses	ь	<u>_</u>				:
		Net income or (loss) from gam	ing activities	•				· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales of inventory, less		1				
	_	returns and allowances	a					
	i	Less cost of goods sold	b		†			i
	С	Net income or (loss) from sales		Duaz Cada				
	44.	Miscellaneous Revenue		Busn. Code	22 120		#	02 120
	11a	Mutual Fds - Investme	ent Gain	 	23,132	12,000		23,132
	b	Rent		 	12,000 7,137	7,137		
	9	Miscellaneous All other revenue		 	1,542	1,542		
	e	Total. Add lines 11a-11d			43,811	1,342		
	12		ns		882,651	836,622	0	46,029
	<u> </u>						<u> </u>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (

	All other organizations must				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			_	<u> </u>
2	Grants and other assistance to individuals in	200			
	the U.S. See Part IV, line 22	380			<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	205,712			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	72,125			
9	Other employee benefits	48,953			
10	Payroll taxes	17,619			
11	Fees for services (non-employees)		-		
а	Management				
b	Legal	20,564			
С	Accounting	20,900			
d	Lobbying		<u> </u>		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		·		
16	Occupancy	22,465	•		
17	Travel				
18	Payments of travel or entertainment expenses	-	<u></u>		
	for any federal, state, or local public officials				1
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,808			
23	Insurance		·		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	Ī			‡
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а	Per Capitas	198,482	***		
b	Stewards Expense	25,659			
С	Automobile Expense	9,480			
d	Refunds - Dues & Init.	8,732			
е	Insurance	8,729			
f	All other expenses	39,048			
25	Total functional expenses. Add lines 1 through 24f	721,656			
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			-	
	from a combined educational campaign and				
	fundraising solicitation				

	X Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing		L	68,099	1	76,226
2	Savings and temporary cash investments		L	592,000	2	587,745
3	Pledges and grants receivable, net	_		3		
4	Accounts receivable, net	L		4		
5	Receivables from current and former officers, directors, t	trustees, key			1	
	employees, and highest compensated employees. Comp	olete Part II of			•	
	Schedule L	L		5		
6	Receivables from other disqualified persons (as defined		1			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			1	
	Part II of Schedule L	L		6		
7 8	Notes and loans receivable, net		L		7	
8 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges		L		9	
10	a Land, buildings, and equipment cost or				Ī	
	other basis Complete Part VI of Schedule D	10a	420,101		Ī	
1	Less accumulated depreciation	10b	278,723	157,516	10c	141,378
11	Investments—publicly traded securities			117,370	11	265,323
12	Investments—other securities See Part IV, line 11		`	12		
13	Investments—program-related See Part IV, line 11			13		
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34	1)		934,985	16	1,070,672
17				17	· · · · · · · · · · · · · · · · · · ·	
18	Grants payable	Γ		18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		Ī		20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D	Γ		21	
21 22						
;	employees, highest compensated employees, and disqui				1	
:	persons Complete Part II of Schedule L				22	
23		l parties		25,308	23	
24					24	
25					25	
26	Total liabilities. Add lines 17 through 25			25,308	26	
	Organizations that follow SFAS 117, check here ▶ 🎗	and			I	
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	_			ı	
27	Unrestricted net assets			909,677	27	1,070,672
28	Temporarily restricted net assets			28		
2 29					29	
5	Organizations that do not follow SFAS 117, check he	re ▶ 🗍				
:	and complete lines 30 through 34.	_			I	
30					30	
31		t fund	Γ		31	
32			Γ		32	
27 28 29 30 31 32 33 34			Ī	909,677	33	1,070,672
34			Ī	934,985	34	1,070,672

Form **990** (2009)

Form	990 (2009) TEAMSTERS LOCAL NO. 401 24	-0740310	Pa	ge 12
Pa	rt XI Financial Statements and Reporting	 		
		· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual	Other		
	If the organization changed its method of accounting from a pnor year or checked "Other," ex	kplain in		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent account	intant? 2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent	accountant? 2c	X	
	If the organization changed either its oversight process or selection process during the tax ye	ear, explain in		
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the	ne year were		
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	s set forth in		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	undergo the		

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number TEAMSTERS LOCAL NO. 401 24-0740310 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

6,867

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d Equipment e Other

TEAMSTERS LOCAL NO. 401

Schedule D (Form 990) 2009 TEAMSTERS LOCAL NO. 4	01	24-0740310	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	lue
Financial derivatives			
Closely-held equity interests			
Other			
		_	
			_
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99	00. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
,, ,	`'	Cost or end-of-year market va	lue
		-	
	· · · · · · · · · · · · · · · · · · ·		
	 		
		 	
	-	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>	<u> </u>	
(a) Description		(b) F	Book value
(4) 3333, p. 1.			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes	(4)//	╡	
Teachar mostle taxes		-	
		-	
	 	╡	
		-{	
		1	
	 	┪	
	 -		
	 - · · · · · · · · · · · · · · · · · · 	-{	
		-	
	 	-∤	
T-1-1 (O-1 (h) 1 1 200 B 1V 1 1 1 1 1 1 1 1 1	 	-{	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	ization's financial stateme	nts tnat reports the	
organization's liability for uncertain tax positions under FIN 48			

	dule D (Form 990) 2009 TEAMSTERS LOCAL NO. 401		24-074031		Page 4
Pi	irt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Staten	nents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	·-····································
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	1		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	· _ ·		
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b			
_	Add lines 4a and 4b			4c	
5 D.	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Int XIII Reconciliation of Expenses per Audited Financial Statem		Mith Francisco	5	
		ents	with Expenses per i	tetur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	۔ ا	Ī		
a	Donated services and use of facilities	2a			
b	Prior year adjustments Other leases	2b			
ن د	Other losses	2c			
d e	Other (Describe in Part XIV) Add lines 2a through 2d	2d		. 1	
3	Subtract line 2e from line 1			2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	ſ	3	
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	_ 40		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
.,,,,,,,,	rt XIV Supplemental Information		********		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	s 1a a	nd 4 Part IV lines 1b		
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line				
	art to provide any additional information		12 12 1 1100 COMPICE		
•	· •				
				- -	
_					
	- 	_			
	_ = = = = = = = = = = = = = = = = = = =				

Schedule D (Fo	orm 990) 2	2009	TEA	MST:	ERS	LOC	AL :	NO.	40	1			2	24-0	7403	310		_		Page 5
Schedule D (Fo	Supple	emen	tal Inf	orma	tion	(conti	nued)												
						•						-								
							_				 -		-				_	 . —	_	
					- -						 		· —				-	 · —	_	
											 						_	 . _	_	
											 _						_	 	_	
											 _					_	_			
	·										 _		_				_	 _	_	
					- -						 		· –				_	 · —	_	
								_ _			 		-				_	 . —	_	
											 						_	 	_	
											 	_					_	 _	_	
													_							
		- -					_				 -		-				_	 _	_	
											 		-				_	 -	_	
											 		-				_	 · —	_	
											 						_	 . —	_	
											 						_	 	_	
											 		_					 _	_	
											 		-				_	 -	_	
							-				 		-				_	 · —	_	
							_				 						_	 · –	_	
							_				 						_	 	_	
							_				 						_	 	_	
																	_	 	_	
											 _		_				_	 . —		
				– -							 		-				_	 . —	_	
				– -			_	_ _		- -	 					- –	_	 · –	_	
							_		_		 						_	 · —	_	
							_				 							 - -		
				_			_		_		 						_	 	_	
											 _		_			_		 _	_	_

SCHEDULE J

(Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEAMSTERS LOCAL NO. 401

Employer identification number

24-0740310

P;	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			I
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ŧ
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			I
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			I
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				ŧ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			l
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			•
	compensation contingent on the revenues of			ŧ
а	The organization?	5a		ļ
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			l
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			l
	compensation contingent on the net earnings of			•
а	The organization?	6a		
b	Any related organization?	6b		ļ
	If "Yes" to line 6a or 6b, describe in Part III			l
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		ļ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		↓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		<u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Page 2

TEAMSTERS LOCAL NO. 401

24-0740310

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Part II

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
Andrew Goryl	41	0	0	0	0	410	0
)		0	0		0	0	0
	8 8	•			·		
5							
9)	(n)						
))))	(ii)						
	(0)						
	(ii)						
0)	8						
1)	(E)						
(t)	(m) (0)						•
)) ()	(n) (0)						
0)	(E)						
)))	(II) (0)						
0)	(t)						
))))	(n) (n)						
))))	(u) (t)						
j))	(n)						
						Schedu	Schedule J (Form 990) 2009

401LOCAL 06/10/2010 1 23 PM

Schedule J (Form 990) 2009 TEAMSTERS LOCAL NO. 401

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Schedule J (Form 990) 2009

SCHEDULE O (Form 990) Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TEAMSTERS LOCAL NO. 401

Employer identification number 24-0740310

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

Each of the trustees are provided a copy of the form 990 prior to issuance.

After review of the form it is signed and forwarded to IRS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The trustees review pay scales and benefit packages for all staff at

trustees meetings with written minutes as substantiation of actions taken.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The trustees review pay scales and benefit packages for all staff at

Trustees meetings with written minutes as substantiation of actions taken.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents and financial statements are made available to the public on request.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

► See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return

OMB No_1545-0172

Attachment

Identifying number Name(s) shown on return TEAMSTERS LOCAL NO. 401 24-0740310 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr. Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 409 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 399 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in period service only-see instructions) 19a 3-year property þ 5-year property 7-year property C d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L 27 5 yrs MM Residential rental property MM S/L 27 5 yrs мм S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L c 40-year 40 yrs MM Summary (See instructions Part IV 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22,808 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Totals

401LOCAL 06/10/2010 1 23 PM	L -		Notes Develor		
Forms 990 / 990-PF	Mo	rtgages and Otl	her Notes Payable	1	2009
990 / 990-F1	For calendar year 2009	or tax year beginning	, and ending		2003
Name	To Galendar year 2000	, or tax your beginning	, and onemy	Employer Ident	ification Number
TEAMSTERS LOC	מי איר ארי			24-0740	310
TEMMSTERS LOC	AL NO. 401			24-0740	<u> </u>
Form 990, Par	t X, Line 23	 Additional 	Information		
	Name of lender		Relationship to	disqualified person	
(1) First Natio	onal Community	Bank	Telationship to	disqualified person	
(2) First Natio	onal Community	Bank			
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Original amount		Matunty			Interest
borrowed (1) 24,0	Date of loan 00 07/09/08	date 12/09/09	Repayment terms Monthly	·	rate 5.990
(1) 24,0 (2) 11,4		11/06/09	Monthly		5.990
(3)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			_
(4)					
(5)					
(6)					
(7)					
(8) (9)		+	 		
(10)					
S	ecurity provided by borrower	r	Purpos	e of loan	
(1)			Automobile		
(2)			Automobile		
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	<u> </u>		
			Balance due at		nce due at
Conside (1)	eration furnished by lender		beginning of year 17,212	en en	d of year
(2)			8,096		
(3)					
(4)					
(5)			 		<u> </u>
(6)					
(7) (8)					
(9)					
(10)					

25,308

401LOCAL 05/14/2010 2 42 PM

CERTIFIED MAILING: #7008 0150 0002 7336 5344

Form (Rev April 2009) Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of to internal Revenu	•	► File a separate application for each return.			
		stomatic 3-Month Extension, complete only Part I and check this box			▶ X
•	•	Iditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		•	• —
Do not comp	lete Part II uni	ess you have already been granted an automatic 3-month extension on a previously filed Form	8868	3	
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).			
A comparation	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			
Part I only	required to file	Total 350-1 and requesting an automatic o-month extension—Greek this box and complete			\blacksquare
•			٠.	•	
	orations (includ ome tax return	ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensions.	on of		
Electronic Fil	ling (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to fil	le	
one of the retu	urns noted belo	ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868	ļ.		
electronically	ıf (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, g	roup		
returns, or a c	composite or co	insolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II)) of F	Form	
8868 For mor	re details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits	;		
Type or	Name of Ex	empt Organization Em	ploy	er identification numl	ber
print					
File by the	TEAMSI	ERS LOCAL NO. 401	<u>4-0</u>	740310	
due date for filing your		eet, and room or suite no. If a P.O box, see instructions. WASHINGTON ST P.O.BOX 1420			
return See instructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions			
	WILKES	BARRE PA 18703			
Check type o	f return to be	filed (file a separate application for each return).		_	
X Form 99	90	Form 990-T (corporation)		Form 4720	
Form 99	90-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 5227	
Form 99	90-EZ	Form 990-T (trust other than above)		Form 6069	
Form 99	90-PF	Form 1041-A		Form 8870	
The books	s are in the car	e of ▶ SECRETARY/TREASURER			
Tolophon	. No. N. 57	0-823-3121 FAX No. ▶ 570-823-5131			
_		not have an office or place of business in the United States, check this box			ΝП
_		im, enter the organization's four digit Group Exemption Number (GEN) 0320 If the	ıe ie		
	group, check th				
-		Is of all members the extension will cover	41		
	· ·	3-month (6 months for a corporation required to file Form 990-T) extension of time		· ·	
•	_	, to file the exempt organization return for the organization named above. The extension is			
	rganization's r	· · ·			
	calendar year				
	tax year begin				
	,,	me			
2 If this ta	x year is for les	ss than 12 months, check reason	count	ting period	
3a If this ar	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
			3a	\$	
		Form 990-PF or 990-T, enter any refundable credits and estimated tax			
paymen	ts made Includ	de any prior year overpayment allowed as a credit	3b	\$	
c Balance	Due. Subtrac	t line 3b from line 3a Include your payment with this form, or, if required,			
		on or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instruction		3c	\$	
Caution. If you	u are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO			
for payment in	structions				
For Privacy A	ct and Paperv	vork Reduction Act Notice, see Instructions.		Form 8868 (Rev	4-2009)