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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

bonefit 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

Inspection For the 2009 calendar year, or tax year beginning and ending Please D Employer identification number Check if applicable C Name of organization use IRS TEAMSTERS LOCAL UNION # 364 Address change label or 35-0415522 Doing Business As print or Name change Number and street (or P O box if mail is not delivered to street address) Telephone number type. Room/suite Initial return See 2405 E. EDISON ROAD 574-234-6031 Specific Termination 1,889,152 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-SOUTH BEND IN 46615 Amended return tions. F Name and address of principal officer H(a) Is this a group return for Application pending ROBERT WARNOCK, III affiliates? Yes $|\mathbf{X}|$ No H(b) Are all affiliates 2405 E. EDISON ROAD IN 46615 SOUTH BEND If "No," attach a list (see instructions) X 501(c) Tax-exempt status (insert no) 4947(a)(1) or Website: ▶ N/A **H(c)** Group exemption number ▶ Type of organization X Corporation Trust Association Other > Year of formation 1933 M State of legal domicile INPart I Summary Briefly describe the organization's mission or most significant activities LOCAL LABOR UNION - TO IMPROVE THE WORKING CONDITIONS OF THE MEMBERS Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 16 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T. lline 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and (d) ,874,025 1,642,376 2010 -1,306 52,641 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e, 31,008 36,127 1,957,674 1,677,197 12 Total revenue - add lines 8 through 11 (must equal Part VIII, colum 3,190 4,185 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) SCANNED JON 135,545 042 724 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 837,419 707,900 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,977,149 753,814 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -76<u>,617</u> -19,475 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 527,810 1,390,580 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 12,973 20,453 377. 607 507, Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Warnoc Kobent Sign Here Signature of officer Date ROBERT WARNOCK, PRESIDENT Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions) Paid sionature 13/10 employed P00234702 Preparer's INSIGHT ACCOUNTING GROUP 20-3708395 EIN Firm's name (or yours **Use Only** 1832 W LINCOLN AVE Phone ıf self-employed), address, and ZIP + 4 GOSHEN. IN 46526-5918 ▶ 574-534-4040

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes

Form 990 (2009)

No

) (Revenue \$

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

				Τ.,	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Yes	No
•	complete Schedule A		1		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		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		Х
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,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				T
-	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,"				T
•	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				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		<u> </u>
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		1.	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				1 1
•	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				1 1
•	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				1 1
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				1
	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 addresses				
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	-	↓
	Schedule D, Parts XI, XII, and XIII	—т.	12	-	<u> </u>
12A		Yes	No		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Х	 		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14	-	<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			_	🗸
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14	' —	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			.	- V
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		1:	'	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		4	.	Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		1	' 	+~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	.	X
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<u>⊢'</u>	+	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1:	.	x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- '	 	+
19	If "Yes," complete Schedule G, Part III		1	,	x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		2		X
	Did the diganization operate one of more hospitals. If Tes, complete ocheque if				0 (2009)
					,

Form	990 (2009) TEAMSTERS LOCAL UNION # 364 35-0415522		<u>Р</u>	age 4
	rt IV Checklist of Required Schedules (continued)			
	District the second of the sec		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		х
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	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			
270	\$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 25	24a		Х
b	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			
Ŭ	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) and 501(c)(4) 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		1
ь	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		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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?			ĺ
	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	28b		X
С	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		Х
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,			
	Part I	31		X
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		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,		.,	
	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		3.7	
	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,			

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

Form 990 (2009)

38

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					
	U.S. Information Returns. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	Χ	
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	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				
	this return?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				٠,,
	account)?			4a		X
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 Bar	ık				
_	and Financial Accounts			_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	^		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ıg		5c		
6a	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
oa	organization solicit any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		- 00		
	gifts were not tax deductible?	.		6b		,
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					١,,
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	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		
9	Sponsoring organizations maintaining donor advised funds.			00		Ī
a	Did the organization make any taxable distributions under section 4966?			9a 9b		\vdash
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			30		_
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter]				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them)	11b				
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	412		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
		_		_	000	(0000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.				
Sec	tion A. Governing Body and Management				
	E. a. a. a. b. a. f. a. b. a. a. a. a. b. a. a. a. b. a. a.	ا اما		Yes	No
1a	Enter the number of voting members of the governing body	1a / 1b 7			
b	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	any other officer, director, trustee, or key employee?		2	1	x
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	†	
3	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	2	4	┪	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5	1	X
6	Does the organization have members or stockholders?		6	1	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		<u> </u>	1	<u> </u>
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1	
	the year by the following		į.		l
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	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 Inf	ernal			
	renue Code.)	_			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	<u> </u>	X
ь	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		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the]		
	form?		11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ	
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		ĺ		
	rise to conflicts?		12b	<u> </u>	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c	+	
13	Does the organization have a written whistleblower policy?		13	-	X
14	Does the organization have a written document retention and destruction policy?		14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by				I
	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
b	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	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	 	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		405		1
	the organization's exempt status with respect to such arrangements?		16b	<u>i</u>	Ь
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed IN	h.A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	y <i>)</i>			
	available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request.				
40		•			
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				
20	organization BECKY HARTER 2405 E. EDISON RD.	•			
S	OUTH BEND IN 466	L5	574-23	34-6	031

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 organization did not compensate any current officer, director, or trustee										
(A) Name and Title	(B) Average	Pos	ition ((C) ition (check all that apply)				(D) Reportable	(E) Reportable	(F) Estimated
Name and Tibe	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
EUGENE KNAPP									.,	
TRUSTEE/AGNT	55.00	X						75,698	0	29,481
ROBERT RANS										
TRUSTEE		X				ļ		2,015	0	0
ANNA REYNOLDS										
TRUSTEE		X			<u> </u>	ļ		1,550	0	0
JAMES JENNINGS	İ									
TRUSTEE		X					_	465	0	0
•	III									
PRESIDENT	55.00	 		X			<u> </u>	101,739	0	29,481
JAMES SZUCS										
REC SEC / SEC/TREAS	55.00	 	_	X		<u> </u>		78,802	0	29,481
HENRY DOBBS	1				ŀ					00.401
VICE PRES	55.00	 	_	Х		<u> </u>		76,502	0	29,481
BECKY HARTER								67 000		00 401
REC SEC	55.00	-	<u> </u>	X		ļ	├	61,087	0	29,481
GARY MONROE	F			١,,				F2 120		10 000
SEC/TREASURER	55.00	 		X				52,130	0	12,283
										000

Par	T VII Section A. Officers	, Directors, Trus	1005	, 14	y Ell	hio	7005	anc	I Highest Compensated E	inployees (continued)	T		
	(A) Name and Title	(B) Average hours per			(chec		hat ap		(D) Reportable compensation	(E) Reportable compensation	Estin amoi	ınt 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)	compe from organ and re	ner nsation i the ization elated izations	
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	·		-	ļ <u> </u>									
			\vdash				_						
1b	Total		<u>L</u>				l	>	449,988			159,	688
2	Total number of individuals (increportable compensation from	-		to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in			
		=										Yes	No
3 4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line	complete Schede	ule J of rep	for s ortat	uch o	indiv ompe	idual ensai	tion a	and other compensation fro	m	3		x
5	the organization and related or individual Did any person listed on line 1:									uch	4	-	x
	services rendered to the organ	iization? If "Yes,"									5	<u> </u>	X
1	tion B. Independent Contract Complete this table for your five compensation from the organia	e highest compe	nsate	ed in	depe	nde	nt co	ntrac					
	Name and	(A) d business address							Descrip	(B) otion of services		(C) Compens	ation
								-					
			···					-					
2	Total number of independent of more than \$100,000 in compe		_				l to th	nose	listed above) who received			 0	
DAA	more man \$100,000 in compe	nsauon nom ule	orgal	ıızal	1011 P	-						rm 99 (0 (200

Pa	rt V	III Statement of Reve	nue		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
· · · ·			T 4- T			revenue	 	512, 513, 01 514
발범		Federated campaigns	1a		1			
P		Membership dues	1b		į			
a g		Fundraising events	1c		į			
į g	d	Related organizations	1d		Ī			
Siris	ө	Government grants (contributions)	1e		1			
널힐	f	All other contributions, gifts, grants,			İ	1		
은히		and similar amounts not included above	1f		1			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-	1f \$		Į.			
$\overline{}$	h	Total. Add lines 1a-1f						
흴				Busn. Code				
Program Service Revenue	2a	DUES - CHECKOFF		900099	1,621,447	1,621,447		
	b	INITIATION		900099	23,022	23,022		
	С	DUES - CASH		900099	4,558	4,558		
Ser	đ	REINITIATION		900099	3,919	3,919		
ш	ө	WITHDRAWALS		900099	448	448		
.go	f	All other program service rever	nue	900099	-11,018	-11,018		
<u>-</u>	g	Total. Add lines 2a-2f		•	1,642,376			
	3	Investment income (including d	ividends, i	nterest, and				
		other similar amounts)		▶ [39,281			39,281
	4	Income from investment of tax-	exempt be	ond proceeds 🕨				
	5	Royalties		<u>▶</u>				
		(ı) Real		(II) Personal	1			
	6a	Gross Rents			1			
	b	Less rental exps			1			
	С	Rental inc or (loss)			1			
	d	Net rental income or (loss)		•				
	7a	(i) Securities	s	(ii) Other			•	
		sales of assets other than inventory 170	, 768	600	1			
	b	Less cost or other						
		basis & sales exps 210	, 225	1,730	I			
	С		,457	-1,130	1		:	
	d	Net gain or (loss)	<u> </u>	•	-40,587	600		-41,187
	8a	Gross income from fundraising ever	nts		,		:	
ıue		(not including \$	1		1			
Ne.		of contributions reported on line 1c)			1			
8		See Part IV, line 18	a		1			
Other Reven	h	Less direct expenses	_ <u>"</u> ⊢		1			
ŏ	c	Net income or (loss) from funda		ents	1	Ì	:	
		Gross income from gaming activities		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		~	
	••	See Part IV, line 19	a		I	'		
	h	Less direct expenses	<u>"</u>		I			
		Net income or (loss) from gami		200				
		Gross sales of inventory, less	,,g <u>uouv</u>	-				
		returns and allowances	a	j	1			
	h	Less cost of goods sold	<u>"</u>					
		Net income or (loss) from sales	~	nry 🕨	Ť	Ì	:	
		Miscellaneous Revenue		Busn. Code				
	11a	SERVICE FEE		900099	10,488	10,488	:	•
	b	ADMINISTRATIVE FEE		900099	10,460	10,460		
	C	REIMBURSED EXPENSES		900099	9,520	9,520		
	d	All other revenue		900099	5,859	5,859		
		Total. Add lines 11a–11d		700039	36,127			
	12		ne	[]	1,677,197		0	-1,906
		NOTOLIGG, OEE HISHUCHU				±, ∪, ∪, ±∪∪	•	2,200

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 (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1										
•	organizations in the U.S. See Part IV, line 21	2,690								
2	Grants and other assistance to individuals in									
_	the U.S. See Part IV, line 22	500			1					
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,		 	<u> </u>						
	trustees, and key employees	449,988								
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 salaries and wages	246,186								
8	Pension plan contributions (include section 401(k)									
-	and section 403(b) employer contributions)	153,044								
9	Other employee benefits	138,004								
10	Payroll taxes	55,502								
11	Fees for services (non-employees)									
а	Management									
b	Legal	9,330								
С	Accounting	12,750								
d	Lobbying	•								
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses	73,911								
14	Information technology	-								
15	Royalties									
16	Occupancy	29,370								
17	Travel	46,499								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	6,934								
20	Interest		·· ·							
21	Payments to affiliates	440,800								
22	Depreciation, depletion, and amortization	33,463								
23	Insurance	13,350								
					<u> </u>					
24	Other expenses Itemize expenses not				1					
	covered above (Expenses grouped together	1			1					
	and labeled miscellaneous may not exceed				1					
	5% of total expenses shown on line 25 below)									
а	MEMBERSHIP EVENTS/SEMINAR	12,970								
b	EDUCATION AND PUBLICITY	7,305								
C	STEWARD EXPENSES (NOT DUE	5,183		<u> </u>	<u> </u>					
d	ARBITRATION FEES	4,500		<u> </u>						
θ	REFUNDS - DUES	4,299		 	<u> </u>					
f	All other expenses	7,236								
25	Total functional expenses. Add lines 1 through 24f	1,753,814			ļ					
26	Joint costs. Check here									
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs									
	from a combined educational campaign and									
DAA	fundraising solicitation	<u> </u>		J	Form 990 (2009)					

Part	X Balance Sheet	π 50	- 33	-0415522		Page 11
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			200	1	200
2	Savings and temporary cash investments			293,079	2	487,275
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors,	rustees,	key			
ľ	employees, and highest compensated employees. Comp	lete Part	l II of		1	
	Schedule L				5	
6	Receivables from other disqualified persons (as defined	under se	ction		1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete		1	
	Part II of Schedule L				6	
\$ 7	Notes and loans receivable, net		7	·		
Assets 8 8	Inventories for sale or use				8	
∢ 9	Prepaid expenses and deferred charges				9	
10	a Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a	570,320		1	
	Less accumulated depreciation	10b	393,522	210,237	10c	176,798
11	Investments—publicly traded securities			887,064	_11	863,537
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	. <u> </u>	15			
16	Total assets. Add lines 1 through 15 (must equal line 34	•)		1,390,580	16	1,527,810
17	Accounts payable and accrued expenses			12,973	17	20,453
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			·	20	
g 21	Escrow or custodial account liability. Complete Part IV of	Schedu	le D		21	
.≝ ₂₂	The state of the s					
Liabilities	employees, highest compensated employees, and disqu				I	
<u>.</u>	persons Complete Part II of Schedule L				22	
_ 23		parties			23	
24	Unsecured notes and loans payable to unrelated third pa				24	
25	Other liabilities Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			12,973	26	20,453
ς.	Organizations that follow SFAS 117, check here ▶	X and				
ဎၟ	complete lines 27 through 29, and lines 33 and 34.	_			I	
<u>re</u> 27	Unrestricted net assets			1,377,607	27	1,507,357
ස් 28	Temporarily restricted net assets				28	
열 29	Permanently restricted net assets				29	
<u> </u>	Organizations that do not follow SFAS 117, check he	re ▶ 「	7			
<u>ک</u>	and complete lines 30 through 34.					
ပ္ဟု 30	•				30	
ğ 31		fund			31	
ğ 32	-		nds		32	
Net Assets or Fund Balances				1,377,607	33	1,507,357
Ÿ ₃₄	Total liabilities and net assets/fund balances			1,390,580		1,527,810

Form **990** (2009)

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.

2009
Open to Public

Inspection

Employer identification number Name of the organization TEAMSTERS LOCAL UNION # 364 35-0415522 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 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 an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat 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 Heid at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d 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 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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. Part III 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

che	dule D (Form 990) 2009 TEAMSTERS	<u>LOCAL UNION #</u>	364		<u> 35-04155</u>	22		Pa	age 2
	rt III Organizations Maintaining C	ollections of Art, Hi	storical Treas	ures, or	Other Simila	ar Assets	(continu	ed)	
3	Using the organization's acquisition, accession, a collection items (check all that apply)								
а	Public exhibition	d Loan or	exchange program	s					
b	Scholarly research	e Other							
c	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	ions and explain how they	further the organiza	ation's exer	mpt purpose in				
5	During the year, did the organization solicit or rec assets to be sold to raise funds rather than to be	eive donations of art, histo	rical treasures, or o	other simila	r		Ye	s 「	No
Pa	art IV Escrow and Custodial Arran				wered "Yes"	to Form 9	90, Part		
٠.	IV, line 9, or reported an amo						•		
1a	Is the organization an agent, trustee, custodian o			assets not					
	included on Form 990, Part X?	,,					Ye	s	No
h	If "Yes," explain the arrangement in Part XIV and	complete the following tab	le						,
٥	II 100, explain the arrangement are are are	complete and tempting the	-				Amount		
_	Beginning balance					1c			
	Additions during the year					1d			
u -	Distributions during the year					10			
e	•					1f		•	
7-	Ending balance	000 Bod V kgs 212				<u> </u>	Ye	<u>.</u>	No
	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIV	350, Fait A, line 217					[] 10	- ∟	, NO
	ert V Endowment Funds. Complet	o if organization and	wered "Ves" to	Form 9	90 Part IV	line 10			
	ILLY Endowment Funds. Complet	(a) Current year	(b) Prior year	(c) Two ye		hree years bac	k (e) Four	vears	back
4	B	(a) Current year	(b) i noi yeur	(0) 1.00 / 0	alo saon (a)			,	
	Beginning of year balance								·····
	Contributions							***************************************	·····
С	Net investment earnings, gains,								
	and losses			ļ		·····			
	Grants or scholarships						-		
6	Other expenditures for facilities								
	and programs								
f	Administrative expenses			ļ		·,···			
g	End of year balance			L					
2	Provide the estimated percentage of the year en	d balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
	Term endowment ► %								
3а	Are there endowment funds not in the possession	n of the organization that a	re held and admını	stered for the	he		ſ	_	
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organizations list	ted as required on Schedul	e R?				3b		
4									
Pa	art VI Investments—Land, Buildin	gs, and Equipment.	See Form 990	<u>), Part X,</u>	line 10				
	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Accumula	ted	(d) Book	value	
		(investment)	basis (other)	depreciation	n			
1a	Land		30	,000				30,	000
	Buildings			,400	184	,260		96,	140
	Leasehold improvements								
	Equipment		259	,920	209	,262		50,	658
	Other								
_	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, columi	n (B), line 10(c))	***		•	1	76,	798
						Cabad	ulo D (For		

Schedule D (F	orm 990) 2009 TEAMSTERS LOCAL (364	35-0415522 Page 3			
Part VII	Investments—Other Securities. See F	orm 990,				
	(a) Description of security or category		(b) Book value	(c) Method of v		
	, (including name of security)			Cost or end-of-year	market value	
Financial deriv		<u> </u>				
Closely-held ed	quity interests	-				
Other		· - - -	· · · · · · · · · · · · · · · · · · ·		 	
		-				
		+				
		-				
		-				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. See F		Part X, line 13.			
	(a) Description of investment type		(b) Book value	(c) Method of v	valuation	
				Cost or end-of-year	market value	
			·			
			····		······	
	n (b) must equal Form 990, Part X, col (B) line 13)	45				
Part IX	Other Assets. See Form 990, Part X, li			· · · · · · · · · · · · · · · · · · ·	(h) Rook value	
	(a) Des	cription			(b) Book value	
					· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·						
		-				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 15)			>		
Part X	Other Liabilities. See Form 990, Part >	K, line 25.			····	
1	(a) Description of liability		(b) Amount			
Federal incom	e taxes					
	·			_		
						
				_		
				_		
				4		
				-		
				4		
				4		
	4)			4		
	n (b) must equal Form 990, Part X, col (B) line 25)	.	bank factorial at the state of			
Z. FIN 48 FO	otnote In Part XIV, provide the text of the footnote to	ıne organızal	ion s iinanciai statement	s mat reports the		

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 TEAMSTERS LOCAL UNION # 364	35-041552	22	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
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	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Ret	urn	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	<u></u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	<u>ents With Expenses per R</u>	<u>leturi</u>	<u>n</u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	4	
C	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	-	
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIV)	4b	4	
C	Add lines 4a and 4b		4c	
	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, lines			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also complete		
his p	art to provide any additional information			

Sche	dule	D (F	orm S	90)	2009	9	.1.1	EAN	MS.	LEI	<u> </u>	Ъ(\mathcal{ICP}	<u>بلا</u>	10	<u>1TC</u>	<u> </u>	#	36	4			 	35	- 04	: T 2	<u>52</u>	2				Pag	e 5
Pa	rt X	IV	Sι	ıpp	lem	en	tal I	Info	orm	atio	on ((coi	าtını	ued	l)																		
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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

Department of the Treasury Internal Revenue Service Name of the organization

TEAMSTERS LOCAL UNION # 364

Employer identification number 35-0415522

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

N/A

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE RETURN WAS PROVIDED TO OFFICERS AND TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION
A COPY OF FORM 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

A COPY OF THE FINANCIAL STATEMENT IS POSTED ON THE BULLETIN BOARD IN THE

MEETING HALL AND IS ALSO AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)	Related Org	Related Organizations and Unrelated Partnerships Complete of the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	Inrelated Partne	rships 3, 34, 35, 36, or 37.		2009
Department of the Treasury Internal Revenue Service	sury Attach to	Form 990.	See separate instructions.	ú		Open to Public Inspection
Name of the organization	tion TEAMSTERS LOCAL UNION # 364				Employer identific 35-0415522	Employer identification number 35-0415522
Part i Ide	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e organization answer	ed "Yes" to Form 99	30, Part IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
			or foreign country)			Ánna Anna
Part II Ide	Identification of Related Tax–Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the orgaring the tax year.)	nization answered "	Yes" to Form 990, F	art IV, line 34 beca	ause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
LOCAL 364 1 2405 E. ED SOUTH BEND	364 BUILDING CORPORATION 35-6075354 BEND IN 46615	LABOR UN	NI	50105		N/A
or Drivacy Act an	Common and and and and and and the Madian Land and Land a	000			24-3	0000 (000 mm c 1) to -1-1-3

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Schedule R (Form 990) 2009

Page 2

35-0415522

TEAMSTERS LOCAL UNION # 364

(j) General or тападіпд Yes No partner? Schedule R (Form 990) 2009 Percentage ownership amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets Share of 9 (h)
Disproportionate alloc 2 Yes No (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity (d) Direct controlling Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ĕ

Schedule R (Form 990) 2009 TEAMSTERS LOCAL UNION # 364

orm 990, Part IV, line 34, 35, or 36.)
36
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		·	Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			***	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		·1a	1	×
b Gift, grant, or capital contribution to other organization(s)		1p		×
		5		×
		1d		×
			\dagger	,
e Loans or toan guarantees by other organization(s)		B	┤'''	
f Sale of assets to other organization(s)		16	-	×
a Purchase of assets from other organization(s)		19		×
		무	\dashv	×
i Lease of facilities, equipment, or other assets to other organization(s)		; =	- "	×
i Tosco of facilities equinment or other assets from other organization(s)		=	•••	×
		¥		×
		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		F	×	
o Reimbursement hard to other organization for expenses		- 6		×
		10		×
 q Other transfer of cash or property to other organization(s) 		+	╌┼	×
L	- 46.00 - 6.00	-	×	
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	n Inresnoids			
(a) Name of other organization	(b) Transaction type (a=r)	(c) Amount involved	8	
	type (a-1)			
(1) NO AMOUNTS EXCEED \$50,000.				
(2)				
				1
(3)				1
(4)				
(9)				
	Schedul	Schedule R (Form 990) 2009	330) 3	600

Part VI

Page.

)N # 364

35-0415522

Schedule R (Form 990) 2009 TEAMSTERS LOCAL UNION # 364

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c)	(q)	(0)	(P)		(e)	€		. (6)	ε	
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	artners	Share of	Disproportionate	tionate	Code V—UBI	Gene	eral or
		(state of foreign country)	501(c)(3)	(3) Inns?	assets	and Carrie	<u> </u>	of Schedule K-1	part	managing partner?
			Yes	ટ		Yes	° ×		Yes	Š
				:						
								Schedule R (Form 990) 2009	гт 990) 2009

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

Name	(s) shown on return	TO LOCAL I	DITON 264				1	fying n	
		ERS LOCAL C	NION # 364	<u> </u>			35-	041	5522
	ess or activity to which this form relates	CONT							
	NDIRECT DEPRECIATI			470					
Pa	Election To Expen	•	_			nloto Do			
	Note: If you have a			•	com	piete Pa	π ι.	T .	250 000
1	Maximum amount See the instruct	•		i				1	250,000
2	Total cost of section 179 property p	•	•					2	000 000
3	Threshold cost of section 179 proper	•	•	ictions)				3	800,000
4	Reduction in limitation Subtract line		,					4	
5	Dollar limitation for tax year Subtract lin				-			5	
_6	(a) Description	от ргорепу	(D) Cost (business use	only)	(C) E	Elected cost		
				·					
_					I _				
7	Listed property Enter the amount for				_ 7			1 -	
8	Total elected cost of section 179 pr	• •	in column (c), lines 6	and 7				8	
9	Tentative deduction Enter the sma							9	
10	Carryover of disallowed deduction i	•						10	
11	Business income limitation Enter the		•	,	ee ins	tructions)		11	
12	Section 179 expense deduction Ac	•		n line 11			· · · · · · · · · · · · · · · · · · ·	12	
13	Carryover of disallowed deduction to			<u> </u>	13				
	: Do not use Part II or Part III below								(0 1 1)
	ırt II Special Depreciati					ude liste	d prope	rty.)	(See instr.)
14	Special depreciation allowance for	· · · · · · · · · · · · · · · · · · ·	er than listed property	r) placed in servici	е				
	during the tax year (see instructions	•						14	
15	Property subject to section 168(f)(1	•						15	
16	Other depreciation (including ACRS		1 2 4 1					16	24,138
_Pe	irt III MACRS Depreciat	ion (Do not inclu			ction	<u>(S)</u>			
			Section					····	
17	MACRS deductions for assets place	-	• •			_	_	17	0
18	If you are electing to group any assets pl								
	Section B—	_	rvice During 2009 Ta	 	Gene	rai Depred	lation Sy	stem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in	(c) Basis for deprecial (business/investment i	use (a) Noocychy	(e) (Convention	(f) Met	hod	(g) Depreciation deduction
40.	• • • • • • • • • • • • • • • • • • • •	service	only-see instructions	s) period	-				
<u>19a</u>	3-year property	-							
<u>b</u>	5-year property	1		 					
<u>c</u>	7-year property								
<u>d</u>	10-year property	1							
	15-year property								
f_	20-year property			05			C/I		
9	25-year property			25 yrs			S/L		
n	Residential rental property			27 5 yrs	-	MM	S/L		
				27 5 yrs	<u> </u>	MM	S/L		
i	Nonresidential real property			39 yrs	_	MM	S/L	_	
		nanta Planad in San	rice During 2009 Tax	Voor Uning the	ltorn	MM	S/L		
		SSUS FIACOU III SON	le During 2009 Tax	Tear Using the A	T	ILIVE DEDIC		ystem	
<u>20a</u>	Class life	-		40			S/L		
	12-year			12 yrs		1414	S/L		
	40-year	tructions \		40 yrs	L	MM	S/L		
	Irt IV Summary (See ins							24	0 205
21	Listed property Enter amount from		on 10 and 20	n (n) nnd l 04	F-4	h		21_	9,325
22	Total. Add amounts from line 12, lines of your				⊏nter	nere		30	22 162
22	and on the appropriate lines of your For assets shown above and place	·	•					22	33,463
23	portion of the basis attributable to s	-	s current year, enter th	i c	23				
	portion or the basis attributable to s	COLOTI 200/1 CU313			_ 43	L			

	EAMST 4562 (2009		L UNION #	364			35-0	4155	22							Page 2
	irt V	Listed Prop	erty (Include a ed for entertair ehicle for which yo i) through (c) of Se	nment, red	creation	n, or a	imusei	nent.)	ucting lea	•				•	s, and	
			—Depreciation a							for limit	s for pas	senger a	utomob	ıles)		
24a	Do you ha	ve evidence to supp	ort the business/inve	stment use cla	imed?		Yes	No	24b	f "Yes,"	is the ev	idence v	written?		Yes	N
	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or o	other		(e) s for depr siness/invi use only	estment	(f) Recovery period		(g) lethod/ nvention	1	(h) Depreciati deductio			section cost
25		•	ance for qualified l an 50% in a qualifi		• •			g the			25					
26			50% in a qualified t			. instruc	21101137					<u>' </u>				
		ATEMENT :	1	J45111C55 45C	<u></u>	Т				T		\top		-		
			%	6	1,43	1	61	,431		<u> </u>			9	,325		
			%												i	
27	Property	used 50% or less	in a qualified busi	ness use		_				•						
<u></u>	Tioperty	0000 00 70 01 1000	I quanto a da									T				
			%							S/L						
							·									
			%							S/L						
28	Add amo	ounts in column (h), lines 25 through	27 Enter he	ere and o	on line 2	1. page	1			28	3	9	,325		
29		•	, line 26 Enter hei											29		
			,				tion on	Use of	Vehicles							
Com to you	plete this : ur employee	section for vehicle s, first answer the qu	es used by a sole puestions in Section C	roprietor, pa	rtner, or	other "r	nore tha	n 5% ow	ner," or re	elated p hose ver	erson If ncles	you pro	vided ve	hicles		
30	Total bu	siness/investment	miles driven	1	(a		(b)	(0	:)	(4		(e)	(f)
	during th	e year (do not inc	clude		Vehi	-	1	ıcle 2	Vehi	cle 3	Vehi	cle 4	Veh	icle 5	Vehi	cle 6
		ng miles)														
31		-	ven during the yea	r												
32		_	commuting) miles of						1							
33		es driven during t														_
		through 32	, , ,													
34		vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•		ng off-duty hours?	•													
35		vehicle used prim					<u> </u>									
•		an 5% owner or re			ľ		i							1		
36			e for personal use	7					1 -							
-	70 0110111		Section C—Qu		Employe	ers Who	Provid	e Vehic	les for Us	e by T	heir Emo	lovees				
Ansv	ver these	nuestions to deter	mine if you meet a							_		-	ot			
		-	persons (see insti			· · · · · · · · · · · · · · · · · · ·				-,,						
37	Do you r	maintain a written	policy statement th		all perso	nal use	of vehic	les, ınclu	uding com	muting,	by				Yes	No
	•	ployees?														
38	•		policy statement thus actions for vehicles	•	•						our					
39			icles by employee	-												
40	•		five vehicles to yo	•		ınform	ation fro	n your e	mplovees	about	the					
	-		etain the information				··· - ·	• = =	, ,,	•						
41			ents concerning q			emonsti	ration us	e? (See	ınstructio	ns)						
••			, 38, 39, 40, or 4 <u>1</u>													-
P:	art VI	Amortizatio		,											-	
	;:::: :::::: :::			,				(c)		14	, [(e)			(f)	
		(a) Description of cost	ts	(b) Date amoi begii	rtization			(c) ortizable mount		(d Co sect	de	Amortiza period percent	or	Amortiza	(י) ation for th	ns year
42	Amortiza	ation of costs that	beains durina voui	r 2009 tax ve	ear (see i	nstructi	ons)									

Federal Statements

35-0415522 FYE: 12/31/2009

01661

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Section 179							0
	Deduction		1,675 \$		2,850		4,800	9,325 \$
			₩					Ω.
	Period Method		S/Γ -		$\rm S/\Gamma$ -		4.0 S/L-	
	Period		5.0		4.0		4.0	
	Depr Basis		21,037 5.0 S/L-		20,510 4.0 S/L-		19,884	61,431
			٠Ç				ļ	.v.∥
	Cost		21,037 \$		20,510		19,884	61,431
	Business %		6/02/05 100.00 \$	ASSET # 94	100.00	1 # 236	100.00	w
Property Type	Date B	MARQUIS	6/05/05	IN TRADE FOR	11/09/01	TRADE FOR ASSET	2/25/08	
		2005 MERC GRAND MARQUIS		'08 MERC RECEIVED IN TRADE FOR ASSET # 94		08 MERC RECD IN 1	2/25/08 100.00	TOTAL

TEAMSTERS LOCAL UNION 364

FID: 35-0415522

FORM 990 2009

PART X, LINE 33 - NET ASSET RECONCILIATION

NET ASSETS, BEGINNING OF YEAR EXPENSES OVER REVENUES - 2009 UNREALIZED GAIN ON INVESTMENTS NET ASSETS, END OF YEAR 1,377,607 (76,617) 206,367 1,507,357