

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



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 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

Open to Public Inspection

Burey Year		AF	or un	e 2010 calendar year, or tax year beginning and	enaing		
Strict S		Вс	heck if	C Name of organization		D Employer identifie	cation number
Dong Dusiness A Number and street (or P.O. bux if mails not delivered to street address) Room/suite E Telephone number 203-368-0231 139 FAIRFIELD AVENUE E Telephone number 203-368-0231 1416, 916, 916, 916, 916, 916, 916, 916, 9				INTERNATIONAL BROTHERHOOD OF			
District		<u></u>	_ichang	• TEAMSTERS LOCAL 191		۰. ۵	453455
Number and street (of V.D. ox if mails not dewered to street address) Hoomysule Telephono number Co3 - 368 - 0.231 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town, state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or town state or country, and Z/P + 4 City or coun		<u>_</u>	_ chang	e Doing Business As			
Displayed Chy or town, state or country, and ZIP + 4 G. eves revenus			return	1	Room/suite		
Second		<u> </u>	Jated −	1133 PRINTIBID AVENUE		_	
Finame and address of principal officer UOSEPH ESPOSITO Tax-exempts status Sol(c) X So		\vdash	_lreturn	City or town, state or country, and ZIP + 4			
SAME AS C ABOVE Taxexempt status So1t(c)(s) So1t(c)(s) (insert no.) 4947(a)(1) or 527 If 'No. ' attach as its (see instructions) H(b) (Group exemption number 0320		<u></u>	Jtion	BRIDGEPORI, CI 00005		1	
Tex-exement status 501(c)(3) \$ 501(c) \$							
Website: ► N / A Hick Group exemption number ► 0320					a- [⊣ ''	
Part Summary	•				01 52	-	
Part Summary	•				1 Van		
Briefly describe the organization's mission or most significant activities. LABOR_UNION	١				IL TEAL	UTIOTHIALION, 1945 N	of State of legal dollinche. C.1
2 Check this box	Į				R IINIT	אר	
Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5)Ce	•	Briefly describe the organization's mission of most significant activities.	I ONI	J14	
Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5		nar	2	Check this boy. If the organization discontinued its operations or dispo	sed of mor	re than 25% of its net as	sets
Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5		Ver		_	300 01 11101	4 1	7
5 Total number of individuals employed in calendar year 2010 (Part V. line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (A), line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2h) 10 Investment income (Part VIII, lorumn (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 13 Ghants affoliable femourist said (Part IX, column (A), line 12) 14 Benefits Pard to or for members (Part IX, column (A), line 13) 15 Sagrets of program service revenue (Part IX, column (A), line 14) 16 Program service revenue (Part VIII, column (A), lines 3, 4, 200. 17 Cother revenue (Part VIII, column (A), lines 3, 4, 200. 18 Ghants affoliable femourist said (Part IX, column (A), line 12) 19 Sagrets of programs said in members to the program (A), lines 13) 10 Investment income (Part VIII, column (A), lines 13) 11 Cother expenses (Part IX, column (A), line 12) 11 Grants affoliable femourist said (Part IX, column (A), lines 13) 12 Cother expenses (Part IX, column (A), line 16) 13 Sagrets of programs said in members be benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees, (Part IX, column (A), line 15) 17 Cother expenses (Part IX, column (A), line 25) 17 Cother expenses (Part IX, column (A), line 25) 17 Cother expenses (Part IX, column (A), line 25) 19 Forther expenses (Part IX, column (A), line 25) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature of officer 14 Total liabilities (Part X, line 26) 15 Signature of officer 15 Signature Stock 15 Si		ဗိ					0
b Net unrelated business taxable income from Form 990-T, Ine 34 The O .		S		The state of the s			
b Net unrelated business taxable income from Form 990-T, Ine 34 The O .		itie					
b Net unrelated business taxable income from Form 990-T, Ine 34 The O .	_	ţ		,			
Provided	3 0 1	A				7b	
8	⊌ . ∜					Prior Year	Current Year
9 Program service revenue (Part VIII, Inine 2g) 10 Investment income (Part VIII, Column (A), Ines 3, 4, and 7d) 11 Other revenue (Part VIII, Column (A), Ines 3, 6d, 8c, 9c, 10c, and 11e) 12 Treat revenue (Part VIII, Column (A), Ines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants an Osimilate and Orins had (Part IX, Column (A), Ines 1-3) 14 Benefits paid to or for members (Part IX, Column (A), Ines 1-3) 15 Salaste, other compelsation (Part IX, Column (A), Ines 1-3) 16 Professional fundraising eyes (Part IX, Column (A), Ines 1-10) 17 Other expenses (Part IX, Column (A), Ines 1-10) 18 Total fundraising eyes (Part IX, Column (A), Ines 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 35, 803 2, 473, 066. 25 Sign Here Primit and MONTALTO CPA Preparer Preparer Firm's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771	2	as	8	Contributions and grants (Part VIII, line 1h)		0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ğ				1,305,049.	1,363,081.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		69,772.	40,548.
13 Grants and similar amounts bad (Fat X, column (A), lines 1-3) 2, 200 8, 200 1, 400 1, 000 1,		۳ ا	11	Other revenue (Part VIII, column (A), Ines 5, 6d, 8c, 9c, 10c, and 11e)		3,821.	13,287.
13 Grants and similar tend of the Naci (Part XX, column (A), lines 1-3) 2, 200 . 8, 200 . 14 Behefits Paid to or for members (Part XX, column (A), lines 4) 0 . 1,000 . 1,000 . 15 Satisfies, other compensation) embers (Part IX, column (A), lines 5-10) 15 Satisfies, other compensation) embers (Part IX, column (A), lines 5-10) 16a Professional fundraising speesses (Part IX, column (D), line 25) 0 .			12	Total revenue. add-lines 8 timpugh 17 (must equal Part VIII, column (A), line 12)			
15 Salantes, other corporational tendral sing fees (Part IX, column (A), line 11e) 16a Professional fundratising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundration expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total lithities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 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 Primi's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771			13	Grants and similar amounts baid (Rart IX, column (A), lines 1-3)		2,200.	
15 Salantes, other corporational tendral sing fees (Part IX, column (A), line 11e) 16a Professional fundratising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundration expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total lithities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 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 Primi's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771		ļ	14	Benefits paid to or for members (PA) X, column (A), line 4)			T
16a Professional fundraising speepess (Part X, column (A), line 11e) 0. 0.		S	15	Salartes, other compensation employee benefits (Part IX, column (A), lines 5-10)			
17 Other expenses (status, content pay, lines 13-17 (must equal Part IX, column (A), line 25) 1,434,548. 1,394,527. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,2389. 19 Revenue less expenses Subtract line 18 from line 12 < 55,906. 22,389. 20 Total assets (Part X, line 16) 2,435,803. 2,473,066. 21 Total liabilities (Part X, line 26) 741. 15,615. 22 Net assets or fund balances Subtract line 21 from line 20 2,435,062. 2,457,451. Part III 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		Su	16a	Professional fundraising fees (Part 🛠 column (A), line 11e)			0.
17 Other expenses (status, content pay, lines 13-17 (must equal Part IX, column (A), line 25) 1,434,548. 1,394,527. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,2389. 19 Revenue less expenses Subtract line 18 from line 12 < 55,906. 22,389. 20 Total assets (Part X, line 16) 2,435,803. 2,473,066. 21 Total liabilities (Part X, line 26) 741. 15,615. 22 Net assets or fund balances Subtract line 21 from line 20 2,435,062. 2,457,451. Part III 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		ğ	b	Total fundralsing expenses (Pair IX, column (D), line 25)	<u> </u>		
19 Revenue less expenses Subtract line 18 from line 12 S55,906. 22,389.		ш					
Beginning of Current Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 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 Sign Here Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer WILLIAM MONTALTO CPA Preparer Firm's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771				·	<u> </u>		
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 Sign Here Date JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Use Only Pirm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771			19	Revenue less expenses Subtract line 18 from line 12			
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 Sign Here Date JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Use Only Pirm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771		Sel			<u> B</u>		
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 Sign Here Date JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Use Only Pirm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771	•	Sset		·	<u> </u>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here JOSEPH ESPOSITO, SECTY/TREAS Date Date				•	<u> </u>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here JOSEPH ESPOSITO, SECTY/TREAS Date Check Print/Type preparer's name Preparer's signature Date O5/12/11 Sett-employed Prim's name S.M. ESPOSITO & CO., P.C. Firm's EIN Prim's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771	1	<u>칥</u>				2,435,062.	2,457,451.
Sign Here Signature of officer	Į			•			w knowledge and halof stage
Sign Here JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Use Only Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Pate JOSEPH ESPOSITO, SECTY/TREAS Preparer's signature Date O5/12/11 Scheck PTIN 05/12/11 Seth-employed Firm's EIN Phone no. 203-387-7771							ly knowledge and belief, it is
Here JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Firm's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Preparer S/18/2011 Preparer's signature Date 05/12/11 sett-employed Firm's EIN Phone no. 203-387-7771	!	true,	corre	it, and complete. Declaration of preparer (other than officer) is based on all information of w	mich prepare	er has any knowledge	
Here JOSEPH ESPOSITO, SECTY/TREAS Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Firm's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Preparer S/18/2011 Preparer's signature Date 05/12/11 sett-employed Firm's EIN Phone no. 203-387-7771				Supporture of officer) Date	
Type or print name and title Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Use Only Prim's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Preparer Date 05/12/11 sett-employed Firm's EIN Prim's EIN Phone no. 203-387-7771					0 5.	# T	\$ /18/2011
Print/Type preparer's name Preparer Print/Type preparer's name WILLIAM MONTALTO CPA Preparer Firm's name S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Pohone no. 203-387-7771	1	Here	9		r-cag		
Preparer Use Only Prim's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 O5/12/11 sett-employed Firm's EIN Phone no. 203-387-7771	-				<u></u>	Date Check	PTIN
Preparer Use Only Firm's address S.M. ESPOSITO & CO., P.C. Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771		Da:4		1	İ	d L	 -
Use Only Firm's address 3013 DIXWELL AVENUE HAMDEN, CT 06518 Phone no. 203-387-7771							
HAMDEN, CT 06518 Phone no. 203-387-7771		•				Tim 3 Cit	
	,	J J J J	J,			Phone no. 2	03-387-7771
		Mav	the I				

Form **990** (2010)

INTERNATIONAL BROTHERHOOD OF

Form 990 (2010)

Form 990 (2010) TEAMSTERS LOCAL 191
[Rart 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 "Ye," omplete Shedule 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 "Ye," omplete Schedule C, and I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Ye," omplete &hedule C, at II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Ye," omplete &hedule C, and II	_ 5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ye," omplete Schedule D, aRt I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<u> </u>	<u> </u>
′	the environment, historic land areas, or historic structures? If "Ye," omplete Schedule D, ARt II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ye," omplete			
Ŭ	Schedule D, 47t II	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 "Ye," omplete &hedule D, AR V	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Ye," omplete Schedule D, aPt V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	, ,		
	as applicable	. , `	-	<u>)</u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Ye," omplete &hedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Ye," omplete Schedule D, and VI	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Ye," omplete &hedule D, and VIII	11c		<u> X</u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Ye," omplete &hedule D, APt X	11d	ļ	х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Ye," omplete &hedule D, aRt X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Ye," omplete Schedule D, aPt X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Ye," omplete			
	Schedule D, aPts XI XI, and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Ye," and filine organization answered "No" of the 2a, then completing Schedule D, afts XI XI, and XI s optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Ye," omplete &hedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		_X_
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 "Ye," omplete Schedule F, and V	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? If "Ye," omplete Schedule F, Arts II and V Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
10	located outside the United States? If "Ye," omplete Shedule F, afts II and V	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 22
••	column (A), lines 6 and 11e? If "Ye," omplete &hedule G, aft I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···	<u> </u>	
-	1c and 8a? If "Ye," omplete Schedule G, and II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ye,"			
	complete &hedule G, and II	19		Х
20a	Did the organization operate one or more hospitals? If "Ye," omplete Shedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	Ļ	
		Form	990 f	2010)

Pại	t IV 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 1? If "Ye," omplete Schedule ,I Parts I and II	21		Х
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 "Ye," omplete Schedule ,I Parts I and II	22	X	
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 "Ye," omplete			
	Schedule J	23	Х	
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 "Ye," aswer thes 2b brough 2d and omplete			
	Schedule K.f I "No", goo the 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 "Ye," omplete Schedule L. Art I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Ye," omplete		l	
	Schedule L. Mart I	25b		ļ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			ļ
	person outstanding as of the end of the organization's tax year? If "Ye," omplete &hedule 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 "Ye," omplete			
	Schedule L. Mart II	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, '} ,	1 -	3
	instructions for applicable filing thresholds, conditions, and exceptions):	14.5	4,1	
	A current or former officer, director, trustee, or key employee? If "Ye," omplete Schedule L. Art V	28a		X
		28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Ye," omplete Schedule L. Mert V	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Ye," omplete Shedule M	_29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Ye," omplete Schedule M .	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ļ	
	If "Ye," omplete Schedule N, aPt I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye," omplete			1,,
	Schedule N, ant 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 "Ye," omplete Schedule R lart I	_33	-	X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Ye," omplete Schedule R Marts II, II, V, and V, inte 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Ye," omplete Schedule R Rert V,ine 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
_	If "Ye," omplete Schedule R lart V,Inb 2	36	+	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
	and that is treated as a partnership for federal income tax purposes? If "Ye," omplete Shedule R lart VI	37	-	┼╌
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O	_		(2010)
		. 5111		,,

_		06 0450	400	_	_
	990 (2010) TEAMSTERS LOCAL 191	<u>06-0453</u>	477	P	age 5
Pai					
	Check if Schedule O contains a response to any question in this Part V				لِـــا
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a3		<u>.</u> ***	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			١,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			'
	(gambling) winnings to prize winners?		1c		
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 20		ŕ	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	'
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		20		
0-		3)	20		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		
	If "Yes," has it filed a Form 990.T for this year? If "No," rpvide an aplanation in Schedule O		3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country			٠.	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accounts.		'	1
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts			
	were not tax deductible?		6b_	X	
7	Organizations that may receive deductible contributions under section 170(c).				٠٠.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			, .	12.00
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
_	Sponsoring organizations maintaining donor advised funds.	any timo during the year.	-ٽ	,	30.30
9			9a	4 1	- 11
a	Did the organization make any taxable distributions under section 4966?				-
40	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	140-		'	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		٠,	_
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.	1 1			
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				
	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		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		'
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	;	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O		Ι,		1.
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1		-	1.1
	organization is licensed to issue qualified health plans	13b]		
С	Enter the amount of reserves on hand	13c			-,

Form **990** (2010)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," rpvide an eplanation n Schedule O

06-0453477 Page 6

Part VI Governance, Management, and Disclosure For each "Ye" reponse to thes 2 through to below, and for a "No spremse to the &, &, or Ob below, escribe the croumstances, pocesses, or hanges in Schedule O & instructions $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 0 1h b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 "Ye," povide the armes and addresses in Schedule O Section B. Policies (This Section B requests information about plicies of required by the internal Revenue Cods.) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go the 3 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give use 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye," describe in Schedule O dw his s done 12c X Does the organization have a written whistleblower policy? 13 13 X 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization 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 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. ___ Another's website X Upon request Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JOSEPH ESPOSITO - 203-368-0231 1139 FAIRFIELD AVENUE, BRIDGEPORT, 06605 Form 990 (2010)

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	/01		Posi		app	l. A	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated Complexes		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN BUTLER										
TRUSTEE	4.00	X						3,350.	0.	0 .
ED ROONEY	55.00	v	i					114,350.	0.	34,145
TRUSTEE - BUS AGENT	33.00	<u> </u>		-	_			114,550.	<u> </u>	34,143
RICHARD HILL TRUSTEE	4.00	x						3,568.	0.	0
JOSEPH ESPOSITO										
SECTY/TREAS - BUS AGENT	55.00			X				132,787.	0.	34,906
ROBERT FLYNN								110 075		20 404
PRESIDENT - BUS AGENT	55.00	├	<u> </u>	X				112,075.	0.	32,421
OTIS LEWIS V.PRESIDENT	4.00			x				3,350.	0.	0
KEVIN BAVOLACCO			-					0,000		
REC.SECRETARY - BUS AGENT	55.00	ļ		X				19,700.	0.	5,787
		-								

Form 990 (2010)

Pa	T VII: Section A. Officers, Directors, True	ıstees, Key Eı	npk	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)	j		(F)	
	Name and title	Average hours per	(c		Pos		n : app	lv)	Reportable compensation	Reportable compensation	,		timate 10unt	
		week	ا	1		T	7	,,	from	from related			other	OI .
		(describe	liecto						the	organizations			pensa	
		hours for related	e or d	stee			sated		organization	(W-2/1099-MIS	·C)		om th	_
		organizations	Individual trustee or director	Institutional trustee		a de	Highest compensated employee		(W-2/1099-MISC)			•	anızat d relat	
		ın Schedule	ıvıqna	ututio	Officer	Key employee	hest c	Ē					ınızatı	
		0)	Ē	SEL	ŧ	ξ.	물등	호			ļ			
						l					ł			
			<u> </u>		<u> </u>	-	 	-						
				 				_			一			
			į											
			ļ	ļ			-							
				ļ .			 	-						
											ł			
						 -	1					-		
			_	ļ			-	<u> </u>			\dashv			
	Sub-total Sub-total	I	L	٠	L	_	┢	<u> </u>	389,180.		0.	10	7.2	59.
	Total from continuation sheets to Part V	II, Section A							0.		0.		<u>, , ,</u>	0.
	Total (add lines 1b and 1c)						<u> </u>		389,180.		0.	10	7,2	59.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	,000 in reportable	Э			
	compensation from the organization												V	3
2	Did the organization list any former officer	director or tru	a ta a	. ko		مامد		or b	highest companiested or	mployee on	1		Yes	No
3	Did the organization list any former officer, line 1a? If "Ye," omplete &hedule J fo			e, Ke	y e n	ibio	yee,	Of I	ngnest compensated er	nployee on	1	3		X
4	For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	•							·	J	ļ	4	X	
5	Did any person listed on line 1a receive or							relat	ed organization or indiv	idual for services			t	e e
_	rendered to the organization? If "Ye," on	plete Schedul	е <i>Ј</i>	for	cstu	je r:	son					5		X
	tion B. Independent Contractors								that received more than	\$100,000 of som		etion f	rom	
1	Complete this table for your five highest countered the organization NONE	mpensated in	aepe	enae	ent c	Ont	racio	ors i	that received more than	\$100,000 01 0011	pens	allon	TOTT	
	(A)								(B)			((
	Name and business	address							Description of s	services	C	ompe		n
										-				
						•		\dashv						
													_	
										ļ				
	Total mumber of independent control	noludine but =	ot !		- A & -			<u></u>	d abaya) who received a	nore then				
2	Total number of independent contractors (\$100,000 in compensation from the organi	_	iŲl II	ние	u (0		ose II O	siec	מטטעם ע received n	iore triairi				
	w. co.joco in compensation from the organi													2010)

Рa	rt VII	I. Statement of Revenue			-		
			i Tame (Cont.)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ တ	1 a	Federated campaigns	1a	1 11			
grants		Membership dues	1b	1 4 :	-		
		Fundraising events	10				
gifts, lar an	ď		1d	− ͺ.		, \ -	
		Government grants (contributions)	1e	┥ :			,
ion	f	All other contributions, gifts, grants, and		-		**************************************	·:
but	•	similar amounts not included above	1f	;		, ,	=
현	a	Noncash contributions included in lines 1a-1f \$		┤			
Contributions, and other sim	_	Total. Add lines 1a-1f		, ,	1 3 3 4 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 50	
\neg			Business Cod	e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
بو	2 a	MEMBERSHIP DUES	900099		1,363,081.		
٦٤	b			1			
S ž	c						
e a	d						
Program Service Revenue	е						
٩	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,363,081.			
	3	Investment income (including divide	ends, interest, and				
		other similar amounts)	•	38,048.			38,048.
	4	Income from investment of tax-exer	npt bond proceeds				
	5	Royalties	<u> </u>				
		(i) Real (ii) Personal		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6 a	Gross Rents				21%	
	þ	Less rental expenses		1.5-1.76.11.35.1			
	С	Rental income or (loss)			18 - 30 C C	ne 150	, -
	d	Net rental income or (loss)	>	1000 40 500	7 2 - 5 x - 22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	7 a		Securities (ii) Other				-11
		assets other than inventory	2,500			例:"生活"	5.4
	b	Less cost or other basis					
		and sales expenses	0.500	4			
		Gain or (loss)	2,500		2 500		
		Net gain or (loss)	. , .	2,500.	2,500.	, -	
Other Revenue	8 a	Gross income from fundraising ever including \$	nts (not _ of	; ,			
ě		contributions reported on line 1c). §	See	· ·			
필		Part IV, line 18	a	_			
ξl	b	Less direct expenses	b	_			
		Net income or (loss) from fundraising					
1	9 a	Gross income from gaming activitie	s See	, i	3		1 4
		Part IV, line 19	a	- 1	`['		
Ì		Less. direct expenses	b			v.	
1		Net income or (loss) from gaming a	,		4,6,7,4,5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ł	10 a	Gross sales of inventory, less return		, and a second			
		and allowances	a				The second
		Less cost of goods sold	b[┥ ' '	*	, ,	
ł	С	Net income or (loss) from sales of in		10 \		-	<u> </u>
-		Miscellaneous Revenue	Business Cod MENTS 900099	<u>iel</u> , :	11,547.	,	
		REFUNDS/REIMBURSEN VOIDED OLD O/S CKS					
	b	FUNDS FOR TRANSMIT					
l	C	All other revenue	300033	/44.	/ 44 •		
	d	Total. Add lines 11a-11d		13,287.	region of the last of		. 1
	12	Total revenue See instructions.		1,416,916	1,378,868.	0.	38,048.
03200 12-21		TOTAL POTONOCO COO MONTOCOMO.		<u> </u>			Form 990 (2010)

Part IX Statement of Functional Expenses

	Section 5 1(c)(All o ther organizations must o m	(3) a ni 5 01(c)(4) orga nz a nplete o lumn A) bot ar	ations m st o mplete a e. pt r e uired o o mple	ll o lumns. te o lumns B), C), a d	(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	Grants and other assistance to governments and				The state of the state of
	organizations in the U.S. See Part IV, line 21			المراجع المراج	
2	Grants and other assistance to individuals in			可感的勒思的	图 其中人類學
	the U.S See Part IV, line 22	8,200.			
3	Grants and other assistance to governments,			(学)是17年代	17 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	organizations, and individuals outside the U.S.				1965年46年度
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,000.		达数1997年基本特徵	7. 7. E. J Y. J.
5	Compensation of current officers, directors,				
•	trustees, and key employees	389,180.			
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	203,081.			
8	Pension plan contributions (include section 401(k)				
Ū	and section 403(b) employer contributions)	85,142.			
9	Other employee benefits	106,275.			
10	Payroll taxes	47,122.			
11	Fees for services (non-employees)	1/1224			
''	Management				
b	Legal	14,687.			
C	Accounting	14,275.			
ď	Lobbying	11/0/01			
u	Professional fundraising services. See Part IV, line 17		17. 17. 19. 18. 18. 18. 18.	2 · 对 () () () () () ()	
	Investment management fees		74, 34,		
,	Other	5,811.			
g 12	Advertising and promotion	3/0111			
13	Office expenses	22,220.			
14	Information technology	22/2201			
15	Royalties				
16	Occupancy	42,412.			
17	Travel	38,969.			
18	Payments of travel or entertainment expenses	307303.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,139.			
20	Interest	12/13/			
21	Payments to affiliates	338,160.			
22	Depreciation, depletion, and amortization	43,318.			
23	Insurance	2,016.			
24	Other expenses, Itemize expenses not covered	15 - 15 - 17 - 17 - 17 - 17 - 17 - 17 -	amen of the Branch	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
27	above. (List miscellaneous expenses in line 24f. If line		25 4.5 65	S. 19	.] '':
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)	,	٠ -	,	
_	STEWARD EXPENSES	9,733.			
a b	CONTRIBUTIONS	5,890.			
_	EDUCATION/PUBLICITY	2,046.			
c d	REFUNDS	1,039.			
	FUNDS FOR TRANSMITTAL	744.			
e •	All other expenses	1,068.			
	Total functional expenses. Add lines 1 through 24f	1,394,527.		 	
<u>25</u>	Joint costs. Check here I If following SOP	1,37 1,341.			
26	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
	V-10-10-10-10-10-10-10-10-10-10-10-10-10-		······		

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	165		102.
2	Savings and temporary cash investments	2,027,143	. 2	2,061,390.
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	10 mm 1 m	. i	12 mg 1 12 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2
	employees, and highest compensated employees. Complete Part II	. N. 13	' '	, ***
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			· - 1,
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		-i	
	employers and sponsoring organizations of section 501(c)(9) voluntary			• •
.	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7_	
8	Inventories for sale or use	,	8	
9	Prepaid expenses and deferred charges .	·	9	
10a	Land, buildings, and equipment: cost or other		图 作成	
İ	basis Complete Part VI of Schedule D . 10a 183,	137.		- · · · · · · · · · · · · · · · · · · ·
b	Less: accumulated depreciation 10b 127,	342. 74,399	• 10c	55,795
11	Investments - publicly traded securities		11	
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	334,096		355,779
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,435,803		2,473,066
17	Accounts payable and accrued expenses	741	. 17	1,326
18	Grants payable		18_	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employe	es,		~
21 22	highest compensated employees, and disqualified persons. Complete P	artil 📗 🔭 🤭 😁	L-	,
'	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23_	14,289
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities, Add lines 17 through 25	741	- 26	15,615
	Organizations that follow SFAS 117, check here and comp	plete Commission of the Commis		,
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117, check here	nd		
	complete lines 30 through 34.		- (
27 28 29 30 31 32	Capital stock or trust principal, or current funds	0		0
31	Paid-in or capital surplus, or land, building, or equipment fund	0 125 260		0
32	Retained earnings, endowment, accumulated income, or other funds	2,435,062		2,457,451
33	Total net assets or fund balances	2,435,062		2,457,451
34	Total liabilities and net assets/fund balances	2,435,803	. 34	2,473,066

Form **990** (2010)

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

Х

За

Form 990 (2010)

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	tions Complete Part III			
		TIONAL BROTHERHO	OOD OF	Empi	oyer identification number
	TEAMSTE	RS LOCAL 191			06-0453477
Pá	art I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	cation's direct and indirect politi	cal campaign activities		
Pá	art I-B Complete if the org	janization is exempt und	der section 501(c))(3).	
	Enter the amount of any excise tax			▶ \$	
	Enter the amount of any excise tax	, ,		k .	
	If the organization incurred a section	, ,		·	Yes No
	Was a correction made?		•		Yes No
t	olf "Yes," describe in Part IV.				
Pa	art'I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 501	c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	
2	Enter the amount of the filing organ	iization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
	line 17b			▶ \$	
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses and er made payments For each organiza	tion listed, enter the amount pa	ad from the filing organ	ızatıon's funds Also enter tl	ne amount of political
	contributions received that were pr				ite segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

INTERNATIONAL BROTHERHOOD OF

Schedule C (Form 990 or 990-EZ) 2010	TEAMSTERS	LOCAL 191		06-0	453477_Page 2
Part II-A. Complete if the org	janization is exer	npt under section	n 501(c)(3) and fi	ed Form 5768	
(election under sec	tion 501(h)).				
A Check ► if the filing organiza	ition belongs to an affil	ated group.			
B Check ▶ if the filing organiza	tion checked box A an	nd "limited control" pro	visions apply.	,	
	ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to infli					
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure	es .		•		
e Total exempt purpose expenditure	es (add lines 1c and 1d	f)			
f Lobbying nontaxable amount Enter	er the amount from the	e following table in bot	h columns.		2017 17
If the amount on line 1e, column (a) of	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			Section 2 Section 2
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc		The state of the state of	
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ss over \$1,500,000.	是"是"。"最高的	的智慧等
Over \$17,000,000	\$1,000,0	000			
				经保险 医脱脂素	
g Grassroots nontaxable amount (er	· ·				
h Subtract line 1g from line 1a If zer		• •			
i Subtract line 1f from line 1c. if zero	•		ntine file Form 4700		
j If there is an amount other than ze		line II, did the organiz	ation life Form 4720	ſ	Yes No
reporting section 4911 tax for this		eraging Period Under	Section 501/h)		
	zations that made a solumns below. See the	ection 501(h) election	n do not have to com		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	,		t No hitcher i. to-e	. 10 300 000	
b Lobbying ceiling amount	2 m 1 - 1 3 m/2 m	· Ar the frage of the	加强的影响		
(150% of line 2a, column(e))		Let Willer & Brand B	Wall San Carlotte	一张 法一张证	
c Total lobbying expenditures					
d Grassroots nontaxable amount	34 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Jan 19 and the state of the sta	2 1 mm 1-24 CF 137 K 1 1 2	- "C . "5	
e Grassroots ceiling amount		意 是	The Time of the second		
(150% of line 2d, column (e))	3 4 7 x 3 7 23	F 1 12 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1	the The .	7 - 7- 15 5 7 15 2	
f Grassroots lobbying expenditures	I.,,		<u> </u>	1	<u> </u>

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 TEAMSTERS LOCAL 191 06-0453477 Page 3

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1))? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	No , or so	Amou	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).), or so		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).), or so		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).), or so		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).), or se		
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or se		
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?), or se		
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or se		
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or so		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III:A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?), or so		212
p Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?), or se		21, 1
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III.A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ر میری ا, or se		200
i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	, or se		20,00
j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ر میں اور		2 1 2 2 2 2
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III:A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or se		
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or se		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III. A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?	, or se		44-2
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III. A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?), or se		
Part III: A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	, or se		
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		504011	<u>, ' </u>
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?			
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		Yes	No
- · · · · · · · · · · · · · · · · · · ·	_ 1_	X	
- · · · · · · · · · · · · · · · · · · ·	2		X
	3	Ţ ,	X
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 "Yes." 1 Dues, assessments and similar amounts from members	1	T	
	75	<u> </u>	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		•	
expenses for which the section 527(f) tax was paid).	0.0		
a Current year	2a	 	
b Carryover from last year	2b	ļ	
c Total	2c	-	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	_ 3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	-		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political)	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	1 4	1	
	5		

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.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF

TEAMSTERS LOCAL 191

Employer identification number
0.6 - 0.4 5 3 4.7.7

Pa	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
			(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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 full	nds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
٠	for charitable purposes and not for the benefit of the donor of	• •	-
	impermissible private benefit?	of donor advisor, or for any other purpose corne	Yes No
Pa		ganization answered "Ves" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizati		,
•	Preservation of land for public use (e.g., recreation or e	· — ·	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Troopreason a consistent	notono di dotalo
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
_	day of the tax year.	ned conscivation continuation in the form of a c	onder randir datement on the last
	ady of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	* * * * * * * * * * * * * * * * * * * *	
_	listed in the National Register	4.15 . 6 , 1, 1, 7.00 , 4.10 1.00 0.10 0.10 0.10 0.10 0.10 0.10	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	
	year ▶	, ,	•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	rear > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganization's accounting for
	conservation easements	<u> </u>	O'
Pai	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		or public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, 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	,	* * * * * * * * * * * * * * * * * * *
2	If the organization received or held works of art, historical tre	_	, provide
~	the following amounts required to be reported under SFAS 1	relating to these items	~ ¢
	Revenues included in Form 990, Part VIII, line 1		•
D	Assets included in Form 990, Part X		ν Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF

		RS LOCAL 1						<u>53477</u>	
Pai	till Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	y of the following tha	at are a sig	nıfıcant u	se of its o	collection it	ems
	(check all that apply):								
а	Public exhibition	d	ı 🖳 Loa	n or exchange progr	ams				
b	Scholarly research	е	· L Oth	er					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they	further the organizat	ion's exem	pt purpos	se in Part	XIV	
5	During the year, did the organization solicit of	r receive donations	of art, histor	rical treasures, or oth	ner sımılar :	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganization answered	"Yes" to F	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21		<u> </u>					
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for cor	tributions or other as	ssets not r	ncluded		_	
	on Form 990, Part X?							Yes	Ll No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tabl	e:					
								Amount	
С	Beginning balance					1c			· ·
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Par	tV Endowment Funds. Complete	f the organization ar	nswered "Ye	es" to Form 990, Pari	t IV, line 10)			
		(a) Current year	(b) Prior	year (c) Two yea	rs back (d) Three ye	ars back	(e) Four ye	4 . 3 44
1a	Beginning of year balance				1	漢點阿	医 液体		A Mary
b	Contributions				7,7	17 To	等人權。這	7.	
С	Net investment earnings, gains, and losses				(°,	17 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		15 30	The special
d	Grants or scholarships				•	3 2 7 6 2 3	<u> </u>	L	35.5
е	Other expenditures for facilities				35	ا المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية الم المارية المارية (1. 5 - 1)	.i , ,;		
	and programs		İ			y - 75.00			<u> </u>
f	Administrative expenses						ا المحدد المحدد المحدد	10 6	
g	End of year balance					1. 2.		*	1
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		 %							
За	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held and administ	ered for th	e organiz	ation		
	by	_						Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required of	on Schedule	e R?				3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment fun	ds.					
Par	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, Ir	e 10.					
	Description of investment	(a) Cost or o	other	(b) Cost or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi	ment)	basis (other)	dep	reciation			
1a	Land				-2.3	₋	-		
	Buildings								
	Leasehold improvements								
	Equipment			61,627.		56,1	17.	5	,510.
e	- · ·			121,510.		71,2	25.	50	,285.
	I. Add lines 1a through 1e (Column d) mst	ejual Form 990, Ran	t X, atumn					55	<u>,795.</u>

Schedule D (Form 990) 2010

Part VII Investments - Other Securities	See Form 990, Part X, line	12	00 0433477
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation of year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	>	The Stran Service	· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related		13	
(a) Description of investment type	(b) Book value		nod of valuation: of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)		(1) · · · · · · · · · · · · · · · · · · ·	atter to find the first to the
Part IX Other Assets. See Form 990, Part X,			(b) Book value
(A) CECUDITAL DEDOCIA	(a) Description		3,000.
(1) SECURITY DEPOSIT (2) STRIKE FUND			352,779.
(3)			3327773
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			255 770
Total. (Column b) met qual Form 90, Part X, at E			▶ 355,779.
Part X Other Liabilities. See Form 990, Pa	irt X, line 25.	(b) Amount	
11 (27)		(b) Amount	
(1) Federal income taxes			
(2) (3)		······································	Company of the second
(4)		,	2.0
(5)			• •
(6)			
(7)			
(8)			•
(9)			
(10)		— ¬,	· 4
			· -
(11) Total. (Column 15) met equal Form 990, fert X, of #5 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the Iootle 2. FIN 48 (ASC 740)		, ;	

	· INTERNATIONAL BROTHERS	HOOD OF		25 2452	455 - 4
_	dule D (Form 990) 2010 TEAMSTERS LOCAL 191	0001 4 13 1 5			477 Page 4
Ра	t XI Reconciliation of Change in Net Assets from Form	1 990 to Audited Financ	cial S		116 016
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		416,916.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,	394,527.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•	3		22,389.
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		00 200
10	Excess or (deficit) for the year per audited financial statements. Combine		10	Datama	22,389.
Pai	t XII; Reconciliation of Revenue per Audited Financial S	statements with Rever	iue p	er Return	
1	Total revenue, gains, and other support per audited financial statements			1 , ox	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1			
а	Net unrealized gains on investments	<u>2a</u>			
b	Donated services and use of facilities	<u>2b</u>			
С	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			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		\$4.787.1 \$35.770	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b	•		4c 5	
5 Do	Total revenue. Add lines 3 and 4c. (This most qual Form 990, lart J the tix XIII Reconciliation of Expenses per Audited Financial	Y.) Statements With Eyns	neae		
		Otatements With Expe	11303	1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			-518C	
2	·	2a		[f] -	
a	Donated services and use of facilities	2b			
b	Prior year adjustments Other losses	2c		v	
9	Other (Describe in Part XIV)	2d			
d e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
-	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	<u> </u>		4c	
5	Total expenses. Add lines 3 and 4c. (This most qual Form 990, Part J the	e 8.)		5	
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.				
	-	-		0.1.1.2.2	F 0001 00 10

Schedule I (Form 990) (2010) **Employer identification number** ž 06-0453477 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(c) IRC section or government

(d) Amount of cash grant non-cash grant or government

(e) Amount of cash grant non-cash assistance other)

(a) Description of cash assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INTERNATIONAL BROTHERHOOD Enter total number of section 501(c)(3) and government organizations TEAMSTERS LOCAL 191 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part Parl

Schedule I (Form 990) (2010) Part III

06-0453477 INTERNATIONAL BROTHERHOOD OF

(Form 990) (2010) TEAMSTERS LOCAL 191

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGE IN THE UNITED STATES,	4	8,200.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE EX	ECUTIVE	BOARD APPR	OVES ALL G	THE EXECUTIVE BOARD APPROVES ALL GRANT AMOUNTS	
AND MAINTAINS AN ACCOUNTING OF THE GRANT SPECIFICS. ALL GRANT APPROVALS ARE	GRANT S	PECIFICS.	ALL GRANT	APPROVALS ARE	
DOCUMENTED IN THE MINUTES OF THE EXECUTIVE BOARD MEETING WHEN APPROVAL	XECUTIVE	BOARD MEE	TING WHEN	APPROVAL	
OCCURRED. THE EXECUTIVE BOARD ALSO RETAINS AN EDUCATIONAL PROFESSIONAL TO	RETAINS	AN EDUCAT	IONAL PROF	SSIONAL TO	
REVIEW THE APPLICATIONS AND MAKE GRANT		RECOMMENDATIONS	NS.		

Schedule I (Form 990) (2010)

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.

Open to Public

Employer identification number

06-0453477

Inspection

OMR No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions INTERNATIONAL BROTHERHOOD OF

TEAMSTERS LOCAL 191

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 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence 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 are 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 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? 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 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 5a a The organization? 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF

TEAMSTERS LOCAL 191

Schedule J (Form 990) 2010

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 il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

06-0453477

Page 2

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€	132,787.	0.	0	0	34,906.	167,693.	0
1 JOSEPH ESPOSITO	(ii)	0	0.	0.	0	.0	0.	0.
	Ξ							
2	(E)							
	Θ							
8	(E)							
	(1)							
4	Ξ							
	Ξ							
5	(ii)							
	ε							
9	(ii)							
	(1)							
2	Ξ							
	ε							
80	<u>(ii)</u>							
	(9)							
6	(ii)							
	ε							
10	▣							
	Ξ							
11	Ξ							
	Ξ							
12	⊞							
	Ξ							
13	⊞							
	(1)							
14	Ξ							
	Ξ							
15	Ξ							
	Ξ							
16	(II))						
							Schedu	Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection.

Name of the organization

INTERNATIONAL BROTHERHOOD OF MEANGEDER TOCAT 101

Employer identification number 06-0453477

TEAMSTERS LOCAL 191 00-04534/7
FORM 990, PART VI, SECTION A, LINE 6: LABOR UNION CONSISTS OF MEMBERS
THAT PAY DUES TO THE ORGANIZATION AND WORK FOR EMPLOYERS THAT ARE OPERATING
UNDER A COLLECTIVE BARGAINING AGREEMENT.
FORM 990, PART VI, SECTION A, LINE 7A: UNION MEMBERS IN GOOD STANDING ARE
ABLE TO VOTE FOR THE OFFICERS OF THE UNION AT ELECTIONS THAT ARE HELD IN
ACCORDANCE WITH THE UNION BYLAWS (NORMALLY EVERY THREE YEARS).
FORM 990, PART VI, SECTION A, LINE 7B: THE GENERAL MEMBERSHIP APPROVES
CERTAIN EXECUTIVE BOARD DECISIONS SUCH AS THE PURCHASE OF CERTAIN ASSETS AS
REQUIRED UNDER THE UNION BY LAWS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED IN PERSON WITH
CERTAIN MEMBERS OF THE EXECUTIVE BOARD PRIOR TO FILING OF THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19: THE UNION DOES NOT MAKE AVAILABLE
TO THE GENERAL PUBLIC ANY OF ITS GOVERNING DOCUMENTS, IT'S CONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS.
FORM 990, PART XII, LINE 1
THE UNION MAINTAINS ITS BOOKS AND RECORDS AND FILES ITS TAX RETURNS ON
THE MODIFIED CASH BASIS OF ACCOUNTING.
FORM 990, PART XII, LINE 2C
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT RESPONSIBILITY. THE EXECUTIVE
BOARD ASSUMES RESPONSIBILITY FOR THE AUDIT PROCESS INCLUDING SELECTION HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)
The For Experience Benjumbn ACC Monce See the instructions for Form 550 Or 550-FZ. SCHEOUR U IFORM 550 OF 550-FZI (ZU IV)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Urrelated Partnerships

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

2010 Open to Públic Inspection

OMB No 1545-0047

Employer identification number

06-0453477

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 191 Name of the organization Part

	(a)	(q)	(0)	()	(e)	(
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Partil	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)	iions (Complete if the organization and	iswered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	lated tax-exempt

organizations during the tax year)							
	(q)	(0)	©		E	(g)) 205Y13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code section	Public chanty status (if section	Direct controlling entity	controlled entity?	Iled
				501(c)(3))	•	Yes	2
LOCAL 191 HEALTH SVC & INSURANCE PLAN -							
06-0689974, 1139 FAIRFIELD AVE, BRIDGEPORT,	PAYMENT OF MEMBER HEALTH					•	;
7	AND WELFARE BENEFITS	CONNECTICUT	501(C)(9)				×
	j						
				-			
				-			
							

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

Schedule R (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF

Schedule R (Form 990) 2010 TEAMSTERS LOCAL 191

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) Part III

Page 2

06-0453477

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a composition or frust clining the fax year.) 3 Yes No Code V-UBI amount in box '20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or programment of the part (organizations treated as a corporation or trust during the tax year.)	oration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related year.)	the organization	on answered "Yes"	to Form 990, Part	IV, line 34 because	it nad one or mo	re related
(a)	(q)	(0)	(p)	(e)	€	(6)	Ē
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
					-		
		_	-				

Schedule R (Form 990) 2010

27

032162 12-21-10

Schedule R (Form 990) 2010 TEAMSTERS LOCAL 191

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

06-0453477

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	2
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?	s with one or more re	slated organizations listed	n Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		:	:		1a	×
b Gift, grant, or capital contribution to other organization(s)		:	:		1b	×
c Gift, grant, or capital contribution from other organization(s)			,		1c	×
d Loans or loan guarantees to or for other organization(s)			:		1d	×
e Loans or loan guarantees by other organization(s)					1e	×
f Sale of assets to other organization(s)			: .	LI	+	×
g Purchase of assets from other organization(s)			:		1g	×
h Exchange of assets			:	<u></u>	丰	×
i Lease of facilities, equipment, or other assets to other organization(s)		·		l	-	×
i Lease of facilities, equipment, or other assets from other organization(s)			•	1.	1j X	1
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)		•		*	×
 Performance of services or membership or fundraising solicitations by other organization(s) 	zation(s)	:		1	=	×
m Sharing of facilities, equipment, mailing lists, or other assets	•	:		<u>' </u>	Ē	×
n Sharing of paid employees .		٠			12	×
o Rembursement paid to other organization for expenses					6 ×	
p Reimbursement paid by other organization for expenses		:	• • •	:	10	×
 q Other transfer of cash or property to other organization(s) 		:			19	×
					-	4
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.	who must complete the	nis line, including covered	elationships and transaction thres	holds.	;	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	etermining ivolved		
(1)						
(2)						
<u> </u>						
(4)						
(5)						
(6)	28			Schedule R (Form 990) 2010	Form 990) 2	2010

Page 4 06-0453477

INTERNATIONAL BROTHERHOOD OF

TEAMSTERS LOCAL 191 Schedule R (Form 990) 2010 Part VI 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

chiat was not a related organization loce instructions regarding execusion to certain investment particularly	A Contain investment particular	Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa	5	(9)	9	(5)	4	
(a)	(a)		3		3	6		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing	p g c
			Yes No	-	Yes No	(Form 1065)	Yes	2
1.000								
					-			
					_			
						-		
						-		
							_	
1								
Consistency of the Constitution of the Constit								
					_	1		

0321**64** 12-21-10

Schedule R (Form 990) 2010

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	•	1,542.						3	
Current Sec 179		0	, -	'		· 5			
Accumulated Depreciation	29,	54,575. 84,024.			<u>,</u>		,		
Basis For Depreciation	121,510.	61,627.			· · -	₹ <u>.</u>		; ; ;	
Reduction In Basis		0	ī.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.'	, , , , , , , , , , , , , , , , , , ,		٠ 	
Bus % Excl				,	` .	•		-	
Unadjusted Cost Or Basis	121,510.	61,627. 183,137.	•			٠		 	
No	16	16				,	,		
Life	2.50	2.00							
Method									
Date Acquired	VARIESSL	VARIESSI							
Description	AUTOMOBILES FURNITURE & EQUIPMENT * TOTAL 990 PAGE 10 DEPR								
Asset No	ਂ ਜ (

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

S. M. ESPOSITO & COMPANY, P.C.

Certified Public Accountants

3013 DIXWELL AVENUE • HAMDEN, CONNECTICUT 06518 • (203) 387-7771 • FAX (203) 248-1309

INDEPENDENT AUDITOR'S REPORT

Mr. Joseph Esposito, Secretary-Treasurer International Brotherhood of Teamsters Local Union 191 Bridgeport, Connecticut 06605

We have audited the balance sheet (Part X) of International Brotherhood of Teamsters Local Union 191 as of December 31, 2010, and the related statement of revenues, expenses and changes in net assets (Part I) and the statement of functional expenses (Part IX) for the year then ended included in the accompanying Internal Revenue Service Form 990. These financial statements are the responsibility of the Union's Executive Board. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

The financial statements have been prepared under a modified cash basis, whereas, certain revenue and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred except for property, plant and equipment which are capitalized and depreciated over the estimated useful lives of the assets and the recording of a note payable. Although these procedures comply with Internal Revenue Service instructions, the format and disclosures differ in certain respects from generally accepted accounting principles. Accordingly, the accompanying financial statements are not intended to present financial position and results of operations in conformity with generally accepted accounting principles.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets of International Brotherhood of Teamsters Local Union 191 as of December 31, 2010, and its revenues, expenses and changes in net assets for the year then ended, on the basis of accounting described in the preceding paragraph.

Our audit was made for the purpose of forming an opinion on the financial statements referred to in the first paragraph taken as a whole. The accompanying information on Pages 13 to 30 is presented for purposes of additional analysis and is not a required part of the above financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements referred to above; and in our opinion, the information is fairly stated in all material respects in relation to the above financial statements taken as a whole.

This report is intended solely for the information and use of the Executive Board of International Brotherhood of Teamsters Local Union 191 and for filing with the Internal Revenue Service and should not be used for any other purpose.

S.M. Esporite & Company. P.C.

March 17, 2011

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you Do not of Electron required of time to Personal visit www. Part I	are filing for an Automatic 3-Month Extension, complete are filing for an Additional (Not Automatic) 3-Month Extension and Additional (Not Automatic) 3-Month Extension (Part II unless you have already been granted a sic filing (e-file). You can electronically file Form 8868 if you to file Form 990-T), or an additional (not automatic) 3-moot file any of the forms listed in Part I or Part II with the extension of the form of the IRS in paper of the sent to the IRS in paper of the sent to the IRS in paper of the sent contracts, which must be sent to the IRS in paper of the sent contracts. Automatic 3-Month Extension of Time autom required to file Form 990-T and requesting an automatic are file for Campus and automatic and requesting an automatic are file for the sent file form 990-T and requesting an automatic are file for the sent file form 990-T and requesting an automatic are file for the sent file for the sent file for the sent file for the sent file for the sent file for the sent file for the sent file for the sent file file file for the sent file file file file file file file file	tension, of an automa you need a nth extens ception of per format seed. Only su	complete only Part II (on page 2 of this tic 3-month extension on a previously fil a 3-month automatic extension of time to sion of time. You can electronically file Form 8870, Information Return for Tran (see instructions). For more details on the bmit original (no copies needed)	ed For o file (6 orm 88 sfers A ne elec	rm 8868 6 months for a corpo 368 to request an ex Associated With Cer	itension itain					
Part I on	y orporations ificluding 120-C fers), partnerships, ÆM				sion of irtie						
Type or print Name of exempt organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 191 Number, street, and room or suite no If a P.O. box, see instructions filing your return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions DRIFTONIA DESCRIPTION OF THE PROPERTY OF THE											
BRIDGEPORT, CT 06605 Enter the Return code for the return that this application is for (file a separate application for each return) 0 1											
Applicat	ion	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990)	01	Form 990-T (corporation)			07					
Form 990		02	Form 1041-A			08					
Form 990		03	Form 4720			09					
Form 990		04	Form 5227		10						
	O-T (sec 401(a) or 408(a) trust)	05	Form 6069		11						
Form 990	O-T (trust other than above)	06	Form 8870		12						
JOSEPH ESPOSITO • The books are in the care of ▶ 1139 FAIRFIELD AVENUE - BRIDGEPORT, CT 06605 Telephone No ▶ 203-368-0231 FAX No. ▶											
● If this box ▶	organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemp	Group Exe and atta required	emption Number (GEN) If thatch a list with the names and EINs of all	memb :il	ers the extension is						
is for the organization's return for: X calendar year 2010 or tax year beginning, and ending											
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period											
	his application is for Form 990-BL, 990-PF, 990-T, 4720, prefundable credits. See instructions.	3a	\$	0.							
	his application is for Form 990-PF, 990-T, 4720, or 6069	 -									
	imated tax payments made. Include any prior year overg	3b	\$	0.							
	lance due. Subtract line 3b from line 3a. Include your pa	T									
	using EFTPS (Electronic Federal Tax Payment System)	3c	\$	0.							
	If you are going to make an electronic fund withdrawal			8879-	EO for payment ins						
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)											

023841 01-03-11