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# SCANNED APR 15 2011

Form **990** 

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.

QMB No 1545-0047
2010
Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF TEAMSTER	S	D Employer identifi	cation number
Γ	Addres	8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_		
F	Name change			42-0	559240
7	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
ř	Termin	· · · · · · · · · · · · · · · · · · ·		· ·	262-3194
F	lated Amend return			G Gross receipts \$	658,530.
F	Application			H(a) Is this a group re	
_	pendin			for affiliates?	Yes X No
		SAME AS C ABOVE			luded? Yes No
_	Tax-exe	empt status: 501(c)(3) X 501(c) ( 5 )  (Insert no.) 4947(a)(1)	or 527	1 ''	list. (see instructions)
_		e: ► N/A	<u> </u>	4	n number ▶ 0320
_		organization: Corporation X Trust Association Other	L Year		A State of legal domicile: IA
		Summary		2	7 0.00.0 07 1050.0 001.00.0 202
_	1	Briefly describe the organization's mission or most significant activities: LABO	R UNIC	N	
Activities & Governance				·	
2	2	Check this box   If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
, Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	1
op Ø	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	•	5	8
iţie	6	Total number of volunteers (estimate if necessary)	••	6	0
ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•••	7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
_	<del>                                     </del>		<u>-</u>	Prior Year	Current Year
) 41	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		670,794.	655,862.
2	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,614.	2,001.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		367.	667.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		675,775.	658,530.
_		Grants-and-similar-amounts paid (Part IX, column (A), lines 1-3)		2,040.	441.
		Benefits paid/confor members (Part IX, column (A), line 4)		3,950.	2,300.
ď		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		379,212.	401,580.
S.		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ě		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ		Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24f)		288,064.	285,955.
		Dotal expenses. And lines 13-17 (must equal Part IX, column (A), line 25)		673,266.	690,276.
	19	Revenue less expenses. Subtract line 18 from line 12	"	2,509.	
ъ	S		Ве	ginning of Current Year	End of Year
SS.	20	Total assets (Part X, line 16)		327,317.	292,953.
Net Assets or	21	Total liabilities (Part X, line 26)		0.	0.
Ę.	22	Net assets or fund balances. Subtract line 21 from line 20		327,317.	292,953.
F	Part II	Signature Block			
Ur	der pena	alties of perjury, I declare that I have exampled this return, including accompanying schedule	es and statem	nents, and to the best of m	y knowledge and belief, it is
tru	ie, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	
_		Claudia +10		3-18	-11
Śi	gn	Signature of officer		Date	
	ere	CLAUDIA PETTIT, SECRETARY TREASURER			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date, Check [	PTIN
Pa	iid	LEGACY PROFESSIONALS LLP Cegacy Professional	LLP	3/14/2011 sett-employ	ed
Pr	eparer	Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	
Us	e Only	Firm's address 4530 WEST 77TH STREET, STE 300			
		EDINA, MN 55435		Phone no. (	952)841-3950
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)	··		X Yes No
_	2001 02-		ions.		Form <b>990</b> (2010)

(Expenses \$ including grants of \$
4e Total program service expenses ▶

4d Other program services. (Describe in Schedule O.)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<b> </b>
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 "Yes," complete Schedule C, Part III	_5	<u> </u>	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			}
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		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.		]	]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<del> </del>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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 "Yes," complete Schedule D, Part IX	11d	X	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
т	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 "Yes," complete Schedule D, Part X		x	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_^_	$\vdash$
128	Schedule D, Parts XI, XII, and XIII	12a	х	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	^	<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		170		1
~	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	112		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
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		
			000	

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rai	t IV Checklist of Required Schedules (continued)		V	NI-
04	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
20	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			- 41
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	]	X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ĺ		
	0.4.4.4.4.4.8.4.8.4.4.5.4.6.4.6.4.4.4.4.4.4.4.4.4.4.4.4.4	24a		Х
k	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			
C	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		l —	
zua	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Cohodula I Book I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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 "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	]	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		1

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X

37

37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Check if Schedule O contains a response to any quastion in this Part V	Fo	rm	990 (2010) LOCAL 90 42-0559	240	Р	age 5
Le Enter the number reported in Box 3 of Form 1098, Enter -0 if not applicable    Senter the number of Forms W-20 included in line 1a. Enter -0 if not applicable   De Children or Compt with hackup withholding rules for reportable payments to vendors and reportable gaming   Gambling without provided in line 1a. Enter -0 if not applicable   Children or Compt with hackup withholding rules for reportable payments to vendors and reportable gaming   Gambling without provided in line 1a. Enter -0 if not applicable   Children or Compt with hackup withholding rules for reportable payments to vendors and reportable gaming   Gambling without provided in line 1a. Enter -0 if not applicable   Children or Children or Compt with hackup without provided refered and provided refered and provided refered extender year ending with or within the year covered by this return   Learn of Institute or Children or Chil	F	ar				
tal Enter the number of pome Wild Cancidude in in et al. Enter of not applicable b. 10 0 0 c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambting) without prize withness?  2a Enter the number of ormployees reported on Form W.9. Transmittal of Wage and Tax Statements, filled for the calendar year anding with or within the year covered by this return  8 b if al least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if al least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if all least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if all least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if a least one of the sum of lines 1a and 2a is greater than 250, you may be required to e-rife. (see instructions)  8 b if a least one during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account is a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  8 b if "Yes," has the organization the organization have an interest in, or a significant or other authority over, a financial account is a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  8 b if "Yes," to line 5a or 5b, did the organization file form 888817  8 c in "Yes," to line 5a or 5b, did the organization file form 888817  8 c in the search of the organization file organization file form 888817  9 c in the search of the organization file form 888817  9 c in the companization search and gross receives that are normally greater than \$100,000, and did the organization solid.  9 c in the companization search and gross receives that are normally greater than \$10			Check if Schedule O contains a response to any question in this Part V			
tal Enter the number of pome Wild Cancidude in in et al. Enter of not applicable b. 10 0 0 c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambting) without prize withness?  2a Enter the number of ormployees reported on Form W.9. Transmittal of Wage and Tax Statements, filled for the calendar year anding with or within the year covered by this return  8 b if al least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if al least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if all least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if all least one is reported on line 2.8 did the organization file all required federal employment tax returns?  8 b if a least one of the sum of lines 1a and 2a is greater than 250, you may be required to e-rife. (see instructions)  8 b if a least one during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account is a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  8 b if "Yes," has the organization the organization have an interest in, or a significant or other authority over, a financial account is a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  8 b if "Yes," to line 5a or 5b, did the organization file form 888817  8 c in "Yes," to line 5a or 5b, did the organization file form 888817  8 c in the search of the organization file organization file form 888817  9 c in the search of the organization file form 888817  9 c in the companization search and gross receives that are normally greater than \$100,000, and did the organization solid.  9 c in the companization search and gross receives that are normally greater than \$10					Yes	No
b Enter the number of Forms W-2G included in line 1s. Enter 0-f not applicable C Did the organization comptly with backup witholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. [2a 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	1.00
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners?  2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2 b If at least one is reported on Ine 22, all of the organization file all required federal employment tax returns?  Note. If the sum of fines 1 a and 2 is is greater than 250, you may be required to e-file, (see instructions)  3 b If the scannaria on the vertical deviations gross income of \$1.00 or more dumpt the year?  3 b If Yes,* has it filed a Form 990-T for this year? If Y/6, * provide an explanation in Schedule O.  3 b If Yes,* has it filed a Form 990-T for this year? If Y/6, * provide an explanation in Schedule O.  3 b If Yes,* has it filed a Form 990-T for this year? If Y/6, * provide an explanation in Schedule O.  3 b If Yes,* has it filed a Form 990-T for this year? If Y/6, * provide an explanation in Schedule O.  4 b If Yes,* the threat the name of the foreign ocuntry to prohibited tax shelter transaction.  5 b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 c If Yes,* to line 5a or 56, dit the organization that it was or is a party to a prohibited tax shelter transaction?  5 c If Yes,* to line 5a or 56, dit the organization that it was or is a party to a prohibited tax shelter transaction?  5 c If Yes,* to line 5a or 56, dit the organization file Form 8888 to 17  6 c If Yes,* to line 5a or 56, dit the organization file Form 889 as required to it If yes, to line 5a or 56, dit the organization file form 889 as required to life Form 889 as required to life Form 889 as required?  6 b If Yes,* clid the organization notify the donor of the walve of the goods or servenes provided to the payor?  7 b If Yes,* or a contraction, or a contribution of care should fund.  8 b If Yes,* or a contraction or served a contributio						1
gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [ad or the calendar year ending with or within the year covered by this return  5 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 bit was made and a did the calendar year ending with or within the year covered by this return  5 bit if vest, has if filed a Form 990-F1 for this year? If w6, provide an explanation in Schedulio O  5 bit if vest, has if filed a Form 990-F1 for this year? If w6, provide an explanation in Schedulio O  5 bit if vest, has if filed a Form 990-F1 for this year? If w6, provide an explanation in Schedulio O  5 bit if vest, has if filed a Form 990-F1 for this year? If w6, provide an explanation in Schedulio O  5 bit if vest, that if filed a Form 990-F1 for this year? If w6, provide an explanation in Schedulio O  5 bit if vest, the organization outly gluch as a bank account, securities account, or other financial account)?  5 bit if vest, the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 bit if vest, the organization aparty to a prohibited tax shelter transaction of the financial accounts.  5 was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable?  5 bit if vest, did the organization includio with every solicitation an express statement that such contributions or gifts were not tax activatible?  6 bit if vest, did the organization includio with every solicitation an express statement that such contributions or gifts were not tax activatible?  7 bit if vest, and deductable?  7 bit if vest, and activations and partity for goods and services provided to the payor?  7 bit if we organization sell, exchange, or otherwise disposes of tangelie personal property for which it was required to file Form 8822?  6 bit if vest, and the organization f						1
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year anding with or within the year oovered by this return  b If at least one is reported on Inne 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3 D dit the organization have unreliated business gross income of \$1.000 or more dump the year?  3a X  X  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If "Yes," the inter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5 Was the organization and the foreign country (such as a bank account, securities account, or other financial account)?  5 Was the organization have the organization file Form 8885.17  5 Was the organization have annual gross receipts that are normally greater than \$150,000, and did the organization solicid any contributions that were not tax deductible?  6 Was the organization have annual gross receipts that are normally greater than \$150,000, and did the organization solicid any contributions that were not tax deductible?  6 Was the organization that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uf "Yes," the did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  9 Uf "Yes," and the organization necess of \$75 made pathy as a contribution of organization and party for goods and services provided to the payor?  9 Uf "Yes," and the organization section of the walue of the goods or services provided?  10 Ufference				4-	v	
Bit of the the calendary year andring with or within the year covered by this return   2a   8   bit at least one is reported on line 2a, did the organization file all required federal employment tax creatures?   3a   Common of the control of the sum of lines 1 and 2a is greater than 250, you may be required to e-file. (see instructions)   3a   Common of the control of the cont			1 1	10	_	<del> </del> -
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, *has if filed a form \$90.1 for this year? If *No, *provide an explanation in Schedulio O  3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5c If Yes, *to the name of the foreign country: ▶  5c Se instructions for filing regumements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d Yes, *If Yes, *If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Yes, *If Yes, *If the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes, *If the organization stat many receive deductible contributions under section 170(c).  9d the organization stat many receive deductible contributions under section 170(c).  9d the organization stat many receive deductible contributions under section 170(c).  9d the organization trace apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes, *Indicate the number of Forms 8282 filed during the year  9d Did the organization re	-					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  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," provide an explanation in Schedule O.  14b	. 1	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  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," provide an explanation in Schedule O.  14b	1	3	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  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," provide an explanation in Schedule O  14b		а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  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," provide an explanation in Schedule O  14b			Note. See the instructions for additional information the organization must report on Schedule O.			
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  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," provide an explanation in Schedule O  14b		b				
c Enter the amount of reserves on hand  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," provide an explanation in Schedule O  14b		-	age in the second he is a supplified to a like a land	1	1	1
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," provide an explanation in Schedule O		c		1	1	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1		· · · · · · · · · · · · · · · · · · ·	142		T
						† <b>*</b>
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INTERNATIONAL BROTHERHOOD OF TEAMSTERS Form 990 (2010) 42-0559240 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X .. ... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ... 3 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 Does the organization have members or stockholders? ..... . .... ..... X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a . ..... X 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: X 8a **b** Each committee with authority to act on behalf of the governing body? X 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 "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ...... X 12c Does the organization have a written whistleblower policy? ... ... 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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? Х 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 exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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: CLAUDIA PETTIT - 515-262-3194

2425 DELAWARE AVENUE, DES MOINES,

Form 990 (2010)

# 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) Name and Title	(B) Average hours per	(C) Position (check all that apply)					lv)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	ector		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
CLAUDIA PETTIT									_	
SECRETARY TREASURER	40.00	<del> </del>	<u> </u>	X	<u> </u>	<u> </u>		68,893.	0.	30,408
MATTHEW BALLARD	40.00							66 550		
PRESIDENT	40.00	├	<b></b>	X	<u> </u>	₩		66,773.	0.	30,408
PAT NAVIN								66 880		
VICE PRESIDENT	40.00	-	├	X	_	├	ļ	66,773.	0.	30,408
JAMIE HINES	2.00							1 000	_	
RECORDING SECRETARY	2.00	-	├	X	<u> </u>	┝		1,800.	0.	0.
NICHOLAS MEYERS	1 2 00			3.7	İ			1 000		0
TRUSTEE	2.00	├-	┢	X	<u>.</u>	┝	<u> </u>	1,800.	0.	0.
SUZANNE OVERTON	2.00			v				1 000	_	_
TRUSTEE	2.00	╁	<del> </del>	X		-	⊢	1,800.	0.	0.
EMMIT GIBSON	2.00	1		x				1 000	0.	۸ ا
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rai	Section A. Officers, Directors, Tr		<u>nplo</u>	oyee	s, a	nd l	High	<u>est</u>	Compensated Employ	ees (continued	<u>)                                    </u>			
	(A)	(B)	]		(0	-			(D)	(E)	Ì		(F)	
	Name and title	Average			Pos				Reportable	Reportab	le	Es	imate	d
		hours per	(c	heck	all 1	that	арр	ly)	compensation	compensat	ion	am	ount o	of
		week	5						from	from relate			other	
		(describe	턀	Į.		l			the	organizatio			pensa	
		hours for	0.0	<b>1</b> 22			Se Se	i	organization	(W-2/1099-N	IISC)		om the	
		related	şş	喜		8	튵	l	(W-2/1099-MISC)			_	nizati	
		organizations in Schedule	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						relate	
		O)	ě	ŧ	Officer	5	불章	Former				orga	nizatı	ons
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		1		1	ļ	<b> </b>	1	<b> </b>	}	<b>\</b>				
1b	Sub-total						<b></b>		209,639.		0.	9	1,2	24.
c	Total from continuation sheets to Part \								0.		0.			0.
	Total (add lines 1b and 1c)						_		209,639.		0.	9	1,2	
2	Total number of individuals (including but							ho r						
_	compensation from the organization						٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.2.0			0
										·		Т	Yes	No
3	Did the organization list any former office	r director or to	ietor	a ko	v en	onlo	waa	or h	nichaet companeatad e	mplovee on				
3	line 1a? If "Yes," complete Schedule J for				-		yee,		•	inployee on		ا م		Х
												3		
4	For any individual listed on line 1a, is the s	-							•	the organizatio	n	_	ĺ	7.
	and related organizations greater than \$1											4		X
5	Did any person listed on line 1a receive or						_	relat	ted organization or indiv	idual for service	es		į	
	rendered to the organization? If "Yes," con	mplete Schedu	le J	for s	<u>uch</u>	per	son		<del> </del>	···		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of	ompensated in	dep	end	ent c	cont	tract	ors 1	that received more than	\$100,000 of co	ompens	ation f	rom	
	the organization. NONE								,					
	(A)								(B)			(C	;)	
	Name and busines	s address							Description of	services	C	ompe	nsatio	n
										-				
											1			
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									L					
2	Total number of independent contractors	(including but	not l	limite	ed to	the	_	stec	d above) who received i	nore than				
	\$100,000 in compensation from the organ	nization					0			- <u></u>				
												Form	000	

42-0559240 Page 9

Pa	rt VI	III Statement of Revenue	<u> </u>				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	a Federated campaigns 1a		,			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
S,E		Fundraising events 1c					
		d Related organizations 1d			-		
S, E	е	e Government grants (contributions) 1e			ĺ		
P S	f	All other contributions, gifts, grants, and					
호함		similar amounts not included above 11f	ŀ				1
음	g	Noncash contributions included in lines 1a-1f \$					
유	_	h Total. Add lines 1a-1f	. •				
		Bus	siness Code				
ا بو	2 a	MEMBER DUES/ASSESS 9	00099	655,737.	655,737.		
الْ كِ	b		00099	125.	125.		
SE	c						
e a	c		,			· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	e	е		-			
ፈ	f	f All other program service revenue					
$\Box$		g Total. Add lines 2a-2f	<b></b>	655,862.			
	3	Investment income (including dividends, interest, a	and				
		other similar amounts)	▶	2,001.			2,001.
- 1	4	Income from investment of tax-exempt bond proce	eds 🕨 📙				
	5	Royalties	▶				
		(i) Real (ii)	) Personal				
	6 a	a Gross Rents					
	t	b Less rental expenses .					<b>\</b>
		c Rental income or (loss)					
		d Net rental income or (loss)	•				
	7 a	<del></del>	(ii) Other				
	_	assets other than inventory					
(1)	t	b Less cost or other basis		İ			
		and sales expenses					
		c Gain or (loss)	<b>•</b>				1
,		d Net gain or (loss)					
ne	8 8	a Gross income from fundraising events (not including \$					
Ver		contributions reported on line 1c). See					
Other Revenue		0-48/140					
je.	,	b Less direct expenses					
ō		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See				<del></del>	
		Part IV, line 19			i		
	١,	b Less direct expenses b			İ		
	i	c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances a	ļ				
	۱ ۱	b Less; cost of goods sold b					
		c Net income or (loss) from sales of inventory	<b>•</b>				
			siness Code				
•	11		00099	417.			417.
			00099	250.			250.
	l	с					
		d All other revenue					
		e Total. Add lines 11a-11d	. ▶	667.			
	12	Total revenue. See instructions.	. •	658,530.	655,862.	0	. 2,668.
0320	09	- <del></del>					Form 000 (2010)

# Form 990 (2010) LOCAL 90 Part IX Statement of Functional Expenses

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

	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				
	organizations in the U.S. See Part IV, line 21			L	
?	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	441.			
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			]	
	See Part IV, lines 15 and 16				
ļ	Benefits paid to or for members	2,300.			
5	Compensation of current officers, directors,				
,	trustees, and key employees	300,863.		[	
;	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	47,524.		1	
,	Other salaries and wages	17/541			<del></del>
7 3	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	16,526.			
		13,884.		<del> </del>	<del></del>
•	Other employee benefits	22,783.		<del>                                     </del>	
•	Payroll taxes	44,103.		<del>  </del>	
1	Fees for services (non-employees):				
	Management	15 060		-	
b	Legal	15,860.			
	Accounting		<del></del>	<del> </del>	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<del></del>	-	
g	Other	5,389.		ļ	
2	Advertising and promotion				
3	Office expenses	15,636.		<b> </b>	
4	Information technology			ļ	
5	Royalties				
6	Occupancy	21,350.			
7	Travel	21,634.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,574.			
0	Interest				
1	Payments to affiliates	166,486.			
2	Depreciation, depletion, and amortization	2,478.			
3	Insurance	2,402.			
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	STEWARDS EXPENSE	29,169.			
	PROMOTIONAL ITEMS	2,202.			
	MEMBERSHIP PICNIC	499.		†	
	REFUND - DUES	276.		†	
e					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	690,276.		<del> </del>	
<u>5</u>		0,0,2,0.	<del></del>	<del> </del>	
26	Joint costs. Check here   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				

032010 12-21-10

Form 990 (2010)
Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	80,165.	1	48,308.
2	Savings and temporary cash investments		2	139,000.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			•
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	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	
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 47, 4			
t	Less: accumulated depreciation 10b 44, 0	<b>67. 5,001.</b>	10c	3,335
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	104,929.	15	102,310
16	Total assets. Add lines 1 through 15 (must equal line 34)	327,317.	16	292,953
17	Accounts payable and accrued expenses		17	
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 employees	s,		
	highest compensated employees, and disqualified persons. Complete Par	t II		
ļ	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities, Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here   X and complete	ete		
	lines 27 through 29, and lines 33 and 34.		i l	
27	Unrestricted net assets	327,317.	27	292,953
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here   and	1		
	complete lines 30 through 34.	ŀ		
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	327,317		292,953
34	Total liabilities and net assets/fund balances	327,317.	34	<u> 292,953</u>

Form **990** (2010)

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separate basis, consolidated basis, or both:

Act and OMB Circular A-133?

X Separate basis Consolidated basis Both consolidated and separate basis

.

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### 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.

2010

Open to Public Inspection

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

• 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.

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 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) organiza	tions: Complete Part III.	•		
		TIONAL BROTHERHO	OD OF TEAMS	TERS Emp	oloyer identification number
	LOCAL 9	0			42-0559240
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures		al campaign activities		\$
Pa	art I-B Complete if the ord	janization is exempt und	ler section 501(c)	(3).	<del></del>
	Enter the amount of any excise tax			···	\$
	Enter the amount of any excise tax	, ,			\$
	If the organization incurred a section				Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	sization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities				\$
<b>3</b>	Total exempt function expenditures		and on Form 1120-POL	· 	
	line 17b			· •	\$
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses and er				ich the filing organization
	made payments. For each organiza				
	contributions received that were pr	omptly and directly delivered to	a separate political org	janization, such as a separ	ate segregated fund or a
	political action committee (PAC). if	additional space is needed, prov	vide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Schedule C (Form 990 or 990-EZ) 2010 LO	CAL 90	mnt under eastie	= 501(a)(2) and file	42-	0559240 Page 2
Part II-A Complete if the organiz (election under section		npt under section	on out (c)(s) and the	ea rorm 5/08	
A Check ► ☐ if the filing organization b		listed group			
B Check In the filing organization of	=	- ·	ovisions annly		
	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative boo	dy (direct lobbying)	[		
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures .					
e Total exempt purpose expenditures (add	d lines 1c and 1d	d)			<u> </u>
f Lobbying nontaxable amount. Enter the	amount from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) i	: The lob	bying nontaxable an	nount is:		İ
Not over \$500,000	20% of	the amount on line 1e	<u>).</u>		1
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,00			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		1
Over \$17,000,000		000			
	ss, enter -0- either line 1h or 4-Year Aves that made a s	eraging Period Unde section 501(h) election			Yes No
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period	<del></del> -	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots Johnving expenditures				<del></del>	

Schedule C (Form 990 or 990-EZ) 2010

42-0559240 Page 3

Schedule C (Form 990 or 990-EZ) 2010 LOCAL 90 42-055924

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)).

		(a)		(b)	
	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or		<u>†                                      </u>	1		
local legislation, including any attempt to influence public opinion on a legislative matter			1		
or referendum, through the use of:	i				
a Volunteers?		-			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7		
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?		1			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1	1	_	
i Other activities? If "Yes," describe in Part IV				•	
j Total. Add lines 1c through 1i		<del></del>			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	}	<del>                                     </del>			
4. If HVen Htankha	<del></del>	<del> </del>			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	]	1			
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<del>                                     </del>			
art III-A   Complete if the organization is exempt under section 501(c)(4), secti	on 501/c	)(5) or	section		
501(c)(6).	JII JU 1 (C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	350HUII		
	·		Yes	N	
1. News as hetentially all (000), as mare) duce required pendeductible by members?			<del>-  </del> -	<del>  ''</del>	
Were substantially all (90% or more) dues received nondeductible by members?	· ·	_1		┼	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1	on 501(c		section		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Party "Yes."	on 501(c	3;)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes."  1 Dues, assessments and similar amounts from members	on 501(d rt III-A, I	3;)(5), or	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(d rt III-A, I	3;)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(d rt III-A, I	3 c)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year	on 501(d rt III-A, I	3 c)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	on 501(d rt III-A, I	3 c)(5), or line 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year	on 501(d rt III-A, I	3 c)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c rt III-A, I	3 c)(5), or line 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from las	on 501(c rt III-A, I	3 c)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c rt III-A, I	3 c)(5), or ine 3 is	section answered		
Did the organization agree to carryover lobbying and political expenditures from the pnor year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from las	on 501(c rt III-A, I	3 c)(5), or ine 3 is	section answered	d ·	

#### SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Employer identification number 42-0559240

LOCAL 90 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ... .... Aggregate contributions to (during year) ..... 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) .... 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year R Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2010

#### INTERNATIONAL BROTHERHOOD OF TEAMSTERS

	tule D (Form 990) 2010 LOCAL 9		et Uinterie	al Transpurse	Odba		0559240 Page 2
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
	,						
	(check all that apply):						
а	Public exhibition	d		or exchange progra			
b	Scholarly research	е	Other				
С	Preservation for future generations						
	Provide a description of the organization's co		-	_			Part XIV
5	During the year, did the organization solicit o	r receive donations	of art, historic	al treasures, or oth	er simılar a	ssets	
	to be sold to raise funds rather than to be ma				<u></u>	<u> </u>	Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the orga	nızation answered	"Yes" to Fo	orm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					<del></del>
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contri	butions or other as	sets not in	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				
							Amount
c	Beginning balance					1c	<del></del>
	Additions during the year		• • • • • • • • • • • • • • • • • • • •		•	1d	
	Distributions during the year					1e	<del></del>
					•••••	1f	
	Did the organization include an amount on F		212				Yes No
	If "Yes," explain the arrangement in Part XIV		<b></b>				
Par			swered "Yes"	to Form 990 Part	IV line 10		<u> </u>
	E T E TAO TE TOTAL TOTAL COMPLETO	(a) Current year	(b) Prior y				ck (e) Four years back
4_	Decision of way balance	(a) Current year	(b) Prior y	ear (C) IWU yea	IS DACK 10	i) Tillee years ba	ick (e) rout years back
	Beginning of year balance						
	Contributions				<del></del>		
	Net investment earnings, gains, and losses	<del></del>					<del></del>
	Grants or scholarships						
е	Other expenditures for facilities						,
	and programs					·	
f	Administrative expenses		 				
g	End of year balance	L	<u> </u>				
2	Provide the estimated percentage of the year end balance held as:						
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
С	Term endowment	%					
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization						
	by:						Yes 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 o	on Schedule F	1?			3b
4	4 Describe in Part XIV the intended uses of the organization's endowment funds.						
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
	Description of investment	(a) Cost or o	other (t	) Cost or other	(c) Acc	cumulated	(d) Book value
	·	basis (investi	ment)	basis (other)		eciation	• •
1a							
	Buildings						<del></del>
c	Leasehold improvements						
d	Equipment	···		47,402.		44,067.	3,335.
	Other			<u> </u>			
	I. Add lines 1a through 1e. (Column (d) must o	egual Form 990. Pari	X. column (B	) line 10(c) )		<b>•</b>	3,335.

Schedule D (Form 990) 2010

Part A	Other Liabilities. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Amount
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total (C	olumn (h) must equal Form 000. Part Y, col (P) line 25.)	

I otal. (Column (b) must equal Form 990, Part A, Coi (b) line 20.)

Fin 48 (ASC 740) Foolnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. Fin 48 (ASC 740)

032053 12-20-10

Schedule D (Form 990) 2010

' INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Sche	dule D (Form 990) 2010 LOCAL 9 0			559240	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial St	tatements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		658	,530.
2	Total expenses (Form 990, Part IX, column (A), line 25)				,276.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				746.
4	Net unrealized gains (losses) on investments				618.
5	Donated services and use of facilities		-	. <del></del> .	
6	Investment expenses	L I			
7	Pnor penod adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8			-2	618.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			364.
	t XII Reconciliation of Revenue per Audited Financial Statements With	···	r Return	<u> </u>	, 5041
1		<del></del>		655	912.
_	Total revenue, gains, and other support per audited financial statements		• -	055	, , , , , ,
2	1 1	_2 61			
	Net unrealized gains on investments 2a	-2,61	.0.		
	Donated services and use of facilities				
_	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV.)	<del></del>	<del> </del>	^	C10
е	Add lines 2a through 2d				618.
3	Subtract line 2e from line 1		3	658	530.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
C	Add lines 4a and 4b		. 4c		<u> </u>
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>	5		<u>,530.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses	per Retur		
1.1	Total expenses and losses per audited financial statements		1	690	276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Pnor year adjustments 2b				
C	Other losses 2c				
đ	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		1 - 1	690	,276.
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				
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b	······	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5'	690	276.
	t XIV Supplemental Information	<u> </u>	• • • • •	020	, 4, 0 .
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	d A: Part IV lin	ae 1h and 2h	· Dart V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this par				7,1 alt
	RT X, LINE 2 - THE LOCAL FILES FORM 990, RETURN (				oπ
EVI	(1 A, DIME Z - THE DOCAD PIDES FORM 330, RETORAL	or ongar	II LATIO	N EVENI	
ED/	OM INCOME TAX, WHICH IS SUBJECT TO EXAMINATION B	י יייטיי דא	זגאסקיייו	יואישו זיש פו	10
PRO	OM INCOME TAX, WHICH IS SUBJECT TO EXAMINATION BY	I THE IN	TEVNAT	KEVEN	<u> </u>
CEI	OUTCE INMITE MUE ADDITCADIE CMAMIME OF LIMINATION	PVDTDBC	1		
201	RVICE UNTIL THE APPLICABLE STATUTE OF LIMITATION	PVATER	·	· · · · · · · · · · · · · · · · · · ·	
-					
		<del>_</del>			<del>.</del>
	· · · · · · · · · · · · · · · · · · ·				

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Employer identification number 42-0559240

FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL IS COMPRISED OF ACTIVE MEMBERS. ACTIVE MEMBERS HAVE SATISFIED THE REQUIREMENTS FOR MEMBERSHIP AND ARE EMPLOYED UNDER THE JURISDICTION OF THE LOCAL UNION. ACTIVE MEMBERS PAY FULL DUES AND HAVE FULL VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: PER THE BYLAWS, EVERY MEMBER WHOSE DUES ARE PAID UP THROUGH THE MONTH WHICH IS PRIOR TO THE MONTH IN WHICH THE NOMINATIONS OR ELECTION IS HELD SHALL HAVE THE RIGHT TO NOMINATE, VOTE FOR, OR OTHERWISE SUPPORT THE CANDIDATE OF HIS CHOICE.

FORM 990, PART VI, SECTION A, LINE 7B: PER THE BYLAWS, MEMBERS HAVE THE RIGHT TO NOMINATE CANDIDATES OR VOTE IN ELECTIONS OR REFERENDUMS OF THE UNION AND THE RIGHT TO ATTEND MEMBERSHIP MEETINGS, AND TO PARTICIPATE IN THE DELIBERATIONS AND VOTING UPON THE BUSINESS OF SUCH MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO AND REVIEWED BY THE SECRETARY-TREASURER AND PRESIDENT PRIOR TO THE FILING OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE BOARD ANNUALLY REVIEWS AND ADOPTS THE CONFLICT OF INTEREST POLICY. THE POLICY STATES THAT NON-COMPLIANCE WITH THE POLICY SHOULD BE REPORTED TO THE PRINCIPAL OFFICER OF LOCAL 90.

FORM 990, PART VI, SECTION C, LINE 19: THE LOCAL UNION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211

Schedule O (Form 990 or 990-EZ) (2010)		Page 2
Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS  LOCAL 90	Employer identification 42-0559240	n number
TO MEMBERS UPON REQUEST AT THE LOCAL UNION'S OFFICE. THE	SE DOCUMENTS	ARE
NOT AVAILABLE FOR PUBLIC INSPECTION.		
	<del></del>	<del></del>
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	<u>, , ,</u>	
NET UNREALIZED LOSSES ON INVESTMENTS:	<u> </u>	2,618.
		<del> </del>
	<del></del> -	
	<del></del>	
	<del> </del>	
	<del></del>	