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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

<u>A</u>	For th	e 2011 calendar year, or tax year beginning ar	nd ending				
В	Check if applicab	C Name of organization		D Employer identific	ation number		
	Addre	GENERAL TEAMSTERS LOCAL #431					
	Name chang			94-0577293			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number			
	Termi ated	TI40 MESI OHIVE		(559)	<u> 486-5414</u>		
Ļ	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,467,253.		
L	Application pendi	00	· · · · · · · · · · · · · · · · · · ·	H(a) Is this a group re			
	·	F Name and address of principal officer DARRELL PRATT		for affiliates?	Yes X No		
_		1140 W. OLIVE, FRESNO, CA 93728		H(b) Are all affiliates incl			
		empt status 501(c)(3) _X _501(c)(_5 _) ◀ (insert no.) 4947(a)(1) or 52	–	ist (see instructions)		
		te: ► N/A f organization: Corporation Trust Association X Other ► SU	POD I Ve	H(c) Group exemption			
	art I	Summary	BOR L YES	ar or formation: 1950 M	State of legal domicile. CA		
	1	Briefly describe the organization's mission or most significant activities. LAB	OR ORG	ANIZATION			
Activities & Governance							
/err	2	Check this box I if the organization discontinued its operations or disp	oosed of mo	1	sets.		
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	. 1	3	7		
•ඊ ග	5	Number of independent voting members of the governing body (Part VI, line 1b Total number of individuals employed in calendar year 2011 (Part V, line 2a)))	4	<u>0</u> 11		
ij	6	Total number of volunteers (estimate if necessary)		5			
ξį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
Ā	1	Net unrelated business taxable income from Form 990-T, line 34	,	7b	0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,355,418.	1,358,093.		
	9	Program service revenue (Part VIII, line 2g)		116,855.	107,516.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	3.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,904.	1,641.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 12)	1,475,180.	1,467,253.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0.	0.		
		Benefits paid to or for members (Part IX, column (A) Vine 4)9 2012		20,359.	22,644.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1(⁾⁾ -	868,882.	822,128.		
ben	loa	Professional fundraising fees (Part IX, column (A) line 13 e) UT	<u>o</u> . ⊢	0.	0.		
ŭ	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	651,352.	607,545.		
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,540,593.	1,452,317.		
	1	Revenue less expenses Subtract line 18 from line 12		<65,413.			
Net Assets or Fund Balances			E	Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		329,635.	331,728.		
A A B	21	Total liabilities (Part X, line 26)		69,942.	57,099.		
캺	22	Net assets or fund balances Subtract line 21 from line 20		259,693.	<u>274,629.</u>		
_	art II	Signature Block					
true	correc	alties of perjury, I declare that I have examined this return, including accompanying schedult, and complete. Designation of preparer (other than officer) is based on all information of	Jies and state	ments, and to the best of my	knowledge and belief, it is		
11 40	, 001100	and edimplete. See alation of preparer united trial officer is based off all filliorination of	willcii prepar	er nas any knowledge.			
Sig	n	Signature of officer		Date	···		
Her		DARRELL PRATT, PRESIDENT			15-12		
		Type or print name and title					
		Print/Type preparer's name Prepayer's signature.		Date Check	PTIN		
Paid DAWN ROGERS, CPA Que 11/12/12 self-employed P00383379							
-	parer	Firm's name DAWN M. ROGERS, CPA		Firm's EIN	48-1291875		
Use	Only	Firm's address 4100 REDWOOD ROAD, SUITE 10 -3	43				
		OAKLAND, CA 94619		Phone no. 51	0-482-3433		
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruc	tions.		Form 990 (2011)		

	990 (2011) GENERAL TEAMSTERS LOCAL #431	94-0577293	Page 2					
Pa	rt III Statement of Program Service Accomplishments							
	Check if Schedule O contains a response to any question in this Part III							
1	Briefly describe the organization's mission. LABOR ORGANIZATION		·-··					
		 						
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes [X No					
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No					
If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to								
	grants and allocations to							
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ including grants of \$) (Revenue)							
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION SERVICES							
			 					
4b		ue \$)					
	PROVIDING LOCAL UNION MEMBERSHIP WITH SUPPORT SERVICES							
4c	(Code) (Expenses \$ including grants of \$) (Revenue)					
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT SUPPORT S	SERVICES						
4d	Other program services (Describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·						
4e	(Expenses \$\ \text{Including grants of \$}\) (Revenue \$\ \text{Total program service expenses}\							
		Form 990	(2011)					

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
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		
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent			
	endowments, 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,		v	
	Part VI	11a	X	
D	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		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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	140		
13	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		<u> x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ .	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	004 11
		rorm	990 (2011)

Form 990 (2011) GENERAL TEAMSTERS LOCAL #431

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	21 22 23 24a 24b 24c 24d		x x
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	22 23 24a 24b 24c 24d		x
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disqualified person during the year? If "Yes," complete Schedule L, Part I			-
ls the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		— —
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
Schedule L, Part I	25b		
	26		X
			ļ
			37
	27		X
			v
			X
	285		X
	00-		v
			X
	29		
	20		Х
·	30		
	21		Х
	31		_21
	32		Х
·	<u> </u>		
	33		Х
	34	x	
			X
	35b		X
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		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
Note. All Form 990 filers are required to complete Schedule O	38	X	
	Form	990 (2011)
	T'Yes," complete Schedule R, Part V, line 2 Old the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	serson outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV vastructions for applicable filing thresholds, conditions, and exceptions): It current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV vastructions for applicable filing thresholds, conditions, and exceptions): It current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV vas mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV vas in entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M vast organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M vast the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule M vast the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II vast the organization own 100% of an entity disregarded as separate from the organization under Regulations ections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I vas, "complete Schedule R, Part II vas," complete Schedule R, Part II vas, "complete Schedule R, Part II vas," complete Schedule R, Part II vas, "complete Schedule R, Part II vas," complete Schedule R, Part II vas, "complete Schedule R, Part II vas," complete Schedule R, Part II vas, "complete Schedule R, Part II vas," complete Sch	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II vast the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV at a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule M and the organization illiquidate, terminate, or dissolve and cease operations? "Yes," complete Schedule N, Part I and the organization will distensive the organization will distensive the organization will distensive the organization and such assets of the organization under Regulations elections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I and the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1 and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 and the organization conduct more than 5% of its activities through an entity that is not a related organization? "Yes," complete Schedule R, Part V, line 2 and the organization conduct more than 5% of its activities through an entity that is not a related orga

	Check if Schedule O contains a response to any question in this Part V				
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5	5	1.00	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (-1		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1		
	(gambling) winnings to prize winners?		1c	Х	
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 11		l .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	_2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			ĺ
	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:				l
	See instructions for filing requirements 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	-	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
_	any contributions that were not tax deductible?	h	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributivere not tax deductible?	tions or gitts	e.		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		x
-	If "Yes," did the organization notify the donor of the value of the goods or services provided?	r vides provided to the payor.	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a	Did the organization make any taxable distributions under section 4966?		9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		-
а	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter.	100	1		ľ
а	Gross income from members or shareholders	11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		
	amounts due or received from them.)	11b			l
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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				l
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form	990 (2011)

Form 990 (2011) GENERAL TEAMSTERS LOCAL #431 94-0577293 Page
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			X				
Sec	tion A. Governing Body and Management							
	1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	4						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4 !	- [
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		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5								
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1	v					
	more members of the governing body?	7a	Х					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		x					
_	persons other than the governing body? Did the organization contemposes such decreases the meetings held as written entons undertaken during the year by the following:	7b	_^_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х					
_	The governing body?	8a	X					
ь 9	, , , , , , , , , , , , , , , , , , , ,	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9						
<u> </u>	tion D. Folloles (This Section B requests information about policies not required by the internal nevertue Code)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a		11a	х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a								
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		_X				
b	Other officers or key employees of the organization	15b		_X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		<u>X</u>				
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	·					
	DARRELL PRATT - (559)486-5414							
13200	1140 WEST OLIVE, FRESNO, CA 93728	Form	990 /	2011)				

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 week	box	(C) Position (do not check more than one lox, unless person is both an officer and a director/trustee)			than is bot	han I	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DARRELL PRATT				İ					_		
PRESIDENT	40.00			X		-		84,336.	0.	35,427	
(2) KEN FLEMING									_		
/ICE-PRESIDENT	40.00	ļ		X				68,966.	0.	31,011	
(3) PETER NUNEZ						1		400 101	_		
SECRETARY-TREASURER	40.00			X		-		102,481.	0.	35,427	
(4) SCOTT KROEKER						l		2 222	•		
RECORDING-SECRETARY	5.00		ļ	X				3,390.	0.	C	
(5) SARA MALDONADO	40.00							45 650		10 100	
TRUSTEE/BUSINESS AGENT	40.00			X				47,659.	0.	19,422	
(6) CURTIS THIESEN	F 00			.,				2 200			
PRUSTEE	5.00		 	X	_			3,390.	0.	0	
(7) DAVID CARLOCK	5.00			х				3,390.	0.	•	
FRUSTEE	3.00			Λ				3,390.		0	
											
										·	

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<u>. u</u>	Section A. Officers, Directors, Ir	ustees, Key E	mple	oyee	s, a	nd I	High	iest	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average			(C Pos	C) itior	1		(D) Reportable	(E) Reportable		E	(F) stimate	ad .
	Name and title	hours per	box	, unle	ss pe	rson	than is bot	th an	compensation	compensation			nount	
		week (describe		cer an	nd a d	irecto	or/trus	stee)	from the	from relate			other	
		hours for	trustee or director				ם	ļ	organization	organizatior (W-2/1099-MI	- 1	i	pensa om th	
		related organizations	ustee o	trustee		40	pensal		(W-2/1099-MISC)			_	anızat	
		in Schedule	dealt	Institutional trustee	_	Key employee	Highest compensated emptoyee						d relat anızatı	
		O)	Individual	thstit	Officer	Keye	Hgh en pt	Former				Ŭ		
		1												
		-	 	 	-		\vdash						_	
			 	_			 -	_						
							<u> </u>						_	
			ļ				<u> </u>							
		1		-			├			1				
			-			_	 			·-				
1b	Sub-total		'	·					313,612.		0.	12	1,2	87.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)			linta			<u> </u>		313,612.	000 of socoate	0.	12	1,2	<u>87.</u>
2	Total number of individuals (including but compensation from the organization	not ilmited to tr	iose	iiste	o at	JOVE	e) wi	io re	eceived more than \$100	,000 or reportat	ie			1
										· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer			e, ke	y en	npic	yee	, or l	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s				onco	tion	. on	d 0+1	nor componentian from	the ergonization	ŀ	_3_		X
4	and related organizations greater than \$15									ine organization		4		Х
5	Did any person listed on line 1a receive or									dual for services	,			
	rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or st	uch j	pers	son					5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest or	ampenented in	done	ndo	nt o	onte	ranto	ore t	hat received more than	\$100 000 of cor		ation f		
•	the organization Report compensation for										ibense	ationi	10111	
	(A)							$ \top $	(B)			(0		
	Name and business	s address	N	INC	<u> </u>			\dashv	Description of s	ervices	<u>C</u>	ompe	nsatio	n
								\exists						
						_					<u> </u>			
					_			+						
												_		
_	·													
	Total number of independent particular	(maludina bis			d 4 -	4 1	ac !:		labara) reta es es es e	ara the				
2	Total number of independent contractors \$100,000 of compensation from the organ	_	iOT III	mte	u 10		se II: O	sted	above) who received in	iore than				
												Form	990 (2011)

132008 01-23-12

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1358093. Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 1358093 Total, Add lines 1a-1f **Business Code** 107,516. 900099 107,516. Program Service 2 a MEMBERS' FEES & ASSESS f All other program service revenue 107,516. Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less, rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a REIMBURSED EXPENSES 900099 968 968 900099 673 b REIMB. FOR PROMOTIONAL d All other revenue 1,641 Total. Add lines 11a-11d 1467253. 109,157 Total revenue See instructions. Form 990 (2011) Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
<u> </u>			expenses	general expenses	expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members	22,644.							
5	Compensation of current officers, directors,								
	trustees, and key employees	434,899.							
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	207,077.	.						
8	Pension plan accruals and contributions (include	= = = = = = = = = = = = = = = = = = = =							
Ü	· ·	68,642.							
9	section 401(k) and section 403(b) employer contributions) Other employee benefits	67,664.							
_	Payroll taxes	43,846.							
10	Fees for services (non-employees):	43,040.							
11	Management								
	<u> </u>	24,642.		 					
b	Legal	9,300.							
C	Accounting	9,300.	<u></u>						
d	Lobbying Professional fundracing converse See Part IV June 17								
e	Professional fundraising services. See Part IV, line 17	-							
f	Investment management fees	0 700							
9	Other	9,798. 3,832.							
12	Advertising and promotion	61,172.		_					
13	Office expenses	01,1/2.							
14	Information technology								
15	Royalties	14,797.							
16	Occupancy	40,850.	 		_				
17	Travel	40,650.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
10		7,560.							
19	Conferences, conventions, and meetings Interest	3,091.							
20	Payments to affiliates	354,715.							
21 22	Depreciation, depletion, and amortization	23,233.	<u> </u>						
23	Insurance	18,912.	···	<u> </u>					
23 24	Other expenses. Itemize expenses not covered	10,912.							
24	above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	ATTMOMODET DE DEPONICACIÓ	27,963.							
а Ь	CONTRIBUTIONS	7,299.	 		. <u> </u>				
0	FUNDS RECEIVED FOR TRAN	222.							
d	ORGANIZING & STRIKE	159.							
_	All other expenses	133.	····	l					
	Total functional expenses Add lines 1 through 24e	1,452,317.		-					
25	Joint costs Complete this line only if the organization	1,304,011.		 					
26	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here If following SOP 98-2 (ASC 958-720)								
	11 tollowing SUF 98-2 (ASC 938-720)	1		1					

Pa	rt X	Balance Sheet		- · · · · · · · · · · · · · · · · · · ·			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			80,819.	1	105,809.
	2	Savings and temporary cash investments			2,757.	2	2,760.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, di	, trustees, key				
		employees, and highest compensated employee					
	l	of Schedule L		5			
	6	Receivables from other disqualified persons (as			· · · · · · · · · · · · · · · · · · ·		
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru		6			
ets	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges			9		
	I -	Land, buildings, and equipment: cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	559,711.			
	Ь	Less, accumulated depreciation	10b	339,563.	243,048.	10c	220,148.
	11	Investments - publicly traded securities	210/0101	11	220/2201		
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,011.	15	3,011.		
	16	Total assets. Add lines 1 through 15 (must equ	329,635.	16	331,728.		
	17	Accounts payable and accrued expenses	28,985.	17	33,741.		
	18	Grants payable	20,303.	18			
	19	Deferred revenue		19	.=		
	20	Tax-exempt bond liabilities		ì		20	
		•	Dort IV	of Cahadula D		21	·
Liabilities	21	Escrow or custodial account liability. Complete		i i		21	
Ē	22	Payables to current and former officers, director		1			
Lia		highest compensated employees, and disqualifi	ied pers	ions. Complete Part II			
		of Schedule L			40,957.	22	23,358.
	23	Secured mortgages and notes payable to unrela		· .	40,957.	23	43,336.
	24	Unsecured notes and loans payable to unrelate		ſ		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17·24)	. Complete Part X of		ا م	
		Schedule D			69,942.	25	57,099.
	26	Total liabilities. Add lines 17 through 25		v	03,342.	26	37,033.
	ļ	Organizations that follow SFAS 117, check he	ere 📂	and complete			
Ses		lines 27 through 29, and lines 33 and 34.			256 026		271 060
<u>a</u> n	27	Unrestricted net assets			<u>256,936.</u>	27	<u>271,869.</u>
Ва	28	Temporarily restricted net assets			2,757.	28	2,760.
Pu	29	Permanently restricted net assets		.	<u></u>	29	
Ę	1	Organizations that do not follow SFAS 117, c	heck h	ere ▶ ∟ and		1	
Ö		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		i	·	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	250 603	32	074 600
_	33	Total net assets or fund balances		}	<u>259,693.</u>	33	<u>274,629.</u>
	34	Total liabilities and net assets/fund balances			329,635.	34	331,728.

Form 990 (2011)

Form **990** (2011)

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 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	GENERAL	TEAMSTERS LOCAL	#431	<u> </u>	94-0577293
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 o	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities		0.
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c))(3)	
	Enter the amount of any excise tax			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>
	Enter the amount of any excise tax	•		_	<u></u>
	If the organization incurred a section	• •			Yes No
	Was a correction made?	·	·		Yes No
Ł	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization 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	B
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶:	§
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO		
	line 17b			▶ :	
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and er made payments For each organiza	• •		_	
	contributions received that were pr				
	political action committee (PAC) If	• •		•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Namo	(b) Addiess	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0-	
					delivered to a separate political organization
					If none, enter -0
					
				-	
_					

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

Schedule C (Form 990 or 990-EZ) 2011

132041

LHA

Schedule C (Form 990 or 990-EZ) 2011 (Part II-A Complete if the org	GENERAL TEA	AMSTERS LOCA mpt under section	L_#431 n 501(c)(3) and file	94-(ed Form 5768	0577293 Page 2
(election under sec		•			
A Check ► if the filing organiza	tion belongs to an af	filiated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar	e of excess lobbying	expenditures).			
B Check 🕨 🔙 if the filing organiza	tion checked box A a	and "limited control" pro	visions apply		
	ts on Lobbying Expe litures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grass roots lobbying)		-	
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	-	, (,g,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure		d)			
f Lobbying nontaxable amount. Ente	•	•	h columns		
If the amount on line 1e, column (a) o		obying nontaxable am			<u> </u>
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000	•	33 3 4 3 4 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3		
0 401 417,000,000		,000.			
g Grassroots nontaxable amount (en	-				
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
	ations that made a lumns below. See t	reraging Period Under section 501(h) election he instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		<u> </u>	
c Total lobbying expenditures		-			
d Grassroots nontaxable amount				_	
e Grassroots ceiling amount					
(150% of line 2d, column (e))		1			l
f Grassroots lobbying expenditures	···				<u> </u>

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 GENERAL TEAMSTERS LOCAL #431 94-0577293 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)).

each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b	<u>)</u>
he lobbying activity.	Yes	No	Amo	unt
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 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?				
j Total. Add lines 1c through 1i				
a 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?	: 504()((5)	4.	
complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)((5), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		7
Did the organization make only in house lobbying expenditures of \$2,000 or less?		 	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c)(d "No" OR	2 3 (5), or se	X ction III-A, line	
Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(d "No" OR	2 3 (5), or se	ction	2 X e 3, i
Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No" OR	2 3 (5), or se (b) Part	ction	
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	GENERAL TEAMSTERS LOCAL #431	94-0577293
Paı	t I 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
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 fu	unde
3	are the organization's property, subject to the organization's exclusive legal control?	Yes No
_		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Pai	impermissible private benefit?	Yes No
		7, IITE 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat Preservation of a certified l	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution in the cont	conservation easement on the last
	day of the tax year	
		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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it 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	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
Ŭ	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
J	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	
	conservation easements.	inguinzation o accounting to.
Pai	rt 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	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and halance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	provide, provide, in rait XIV,
L.	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	halance sheet works of art. historical
b		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	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 treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
b	Assets included in Form 990, Part X	> \$

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

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 GENERAL TILL Organizations Maintaining C	TEAMSTERS				or Othe		94-05 ar A sse			
3	Using the organization's acquisition, accessi										
	(check all that apply).	•			•		•			_	
а	Public exhibition	d	. 🗀 La	oan or exc	hange progra	ams					
b	Scholarly research	e		ther	0,0						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	v further t	he organizati	on's exe	mpt purpa	se in Par	t XIV		
5	During the year, did the organization solicit o	•		-	-						
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 990.	Part IV.			
	reported an amount on Form 990, Par			- J				, ,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ontribution	s or other as	sets not	included				
	on Form 990, Part X?		,						Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ilowina ta	ple.							
~	Too, explain the arrangement in Fall 200	and complete the re	morring to	.0.0					Amoun		
С	Beginning balance						1c			<u> </u>	
d	Additions during the year						1d				
e	Distributions during the year						1e				
•	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990 Part Y line	212						Yes		No
	If "Yes," explain the arrangement in Part XIV	om 550, r art X, mic	21.						_ 103		J 140
Par		f the organization an	swered "	Yes" to Fo	rm 990 Part	IV. line 1	0.				
	T T T T T T T T T T T T T T T T T T T	(a) Current year		or year	(c) Two year		(d) Three y	ears hack	(e) Four	veare	hack
10	Beginning of year balance	(a) Ourrent year	(0) 11	oi yeai	(C) I WO you	3 Duck	(d) Tilles y	cais buok	(6) (04)	yours	Duck
1a b	Contributions										
_	t										
C	Net investment earnings, gains, and losses Grants or scholarships										<u>_</u>
u	' I				-						
е	Other expenditures for facilities										
	and programs										
1	Administrative expenses					-					
g	End of year balance		// 1	h	\\				_		
2	Provide the estimated percentage of the curi	ent year end balanc		, column (a	i)) neid as.						
a	Board designated or quasi-endowment	%	%								
b	Permanent endowment										
С	Temporarily restricted endowment	%									
٥-	The percentages in lines 2a, 2b, and 2c should be a second and the second secon		ation that	ara bald a		and for th	ha araan:=	ation			
Sa	Are there endowment funds not in the posse	ssion of the organiz	ation that	are neiu a	nu auministe	erea lor li	ne organiz	alion	í	Yes	No
	by								2-(1)	res	NO
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			.I. DO					3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations								3b		<u> </u>
Dai	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm										
Fai		T .				/-\ A			(-D	دياميداد	
	Description of property	(a) Cost or of basis (investi		• •	or other	• • •	ccumulate oreciation	١	(d) Boo	k valu	е
	Load	Dasis (ITIVESTI	nent)		(other)	uel			-	<u> </u>	42
	Land	<u> </u>	+		0,642. 8,454.		160 0'	71 -			<u>42.</u>
þ	Buildings				0,454.	-	160 <u>,8</u> '	<u>/ </u>	14	7 <u>,5</u>	03.
C	Leasehold improvements	<u> </u>		1 1	0 276		00 5	. -		^ 7	02
	Equipment				0,376.		89,59			<u>0,7</u>	04.
e	Other	15 000 5 .			0,239.		89,09	70.	22	<u> </u>	4 T •

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 GENERAL TEAMSTERS LOCAL #4				<u>577293</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	•••	1,467	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	<u> </u>	1,452	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u> </u>	<u>,936.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10	Poturn	14	<u>,936.</u>
	· · · · · · · · · · · · · · · · · · ·	ans with neve	nue per	neturn		
1	Total revenue, gains, and other support per audited financial statements			1-1-		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a		_		
D	Donated services and use of facilities	2b		\dashv		
С.	Recoveries of prior year grants	2c		-		
a	Other (Describe in Part XIV.)	2d		- $ -$		
e	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				
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		
Day	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statem	onto With Evn	oncoc n	or Botur		
		ents with Exp	enses p		<u> </u>	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1				
a	Donated services and use of facilities	_2a				
D	Prior year adjustments	2b				
C	Other losses	2c	-			
đ	Other (Describe in Part XIV.)	_2d		\dashv \Box		
_	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	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b		-	4c		
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5		· · · · · · · · · · · · · · · · · · ·
		Lines to and 4. D		1h 10h	. Dart V line	
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II • 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					4, Part
^, 1111	r 2, Part XI, line 6, Part XII, lines 20 and 4b, and Part XIII, lines 20 and 4b. Also comp	nete this part to pro	ovide any a	additional in	Tormation	
						
						
-			-			

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. GENERAL TEAMSTERS LOCAL #431 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partl Part

OMB No 1545-0047

Schedule I (Form 990) (2011) **2 Employer identification number** 94-0577293 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 (b) EiN (c) IRC section or government if applicable cash grant or government assistance or government assistance or government or government assistance or government or government assistance or government 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 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table က

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Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 21 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

94-0577293

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

GENERAL TEAMSTERS LOCAL #431

Schedule I (Form 990) (2011)

Part III

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

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number GENERAL TEAMSTERS LOCAL #431 94-0577293 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: SUBORDINATE IN GROUP RULING FORM 990, PART VI, SECTION A, LINE 7A: ALL EXECUTIVE BOARD MEMBERS ARE ELECTED BY THE LOCAL'S MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: THE EXECUTIVE BOARD MAY NOT TERMINATE OR MERGE THE ORGANIZATION WITHOUT MEMBERSHIP APPROVAL. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT AND PROVIDED TO THE EXECUTIVE BOARD FOR APPROVAL PRIOR TO SUBMISSION TO THE IRS. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE LOCAL'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST SENT TO THE LOCAL'S ADMINISTRATIVE OFFICES. FORM 990, PART XII, LINE 1 - METHOD OF ACCOUNTING THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING, RECOGNIZING REVENUE WHEN RECEIVED AND EXPENSES WHEN PAID, OTHER THAN

THE YEAR, WHICH IS RECOGNIZED AS A LIABILITY.

DUES RECEIVED ON BEHALF OF AFFILIATES THAT REMAINS UNPAID AT THE END OF

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

Part

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Direct controlling 94-0577293 entity End-of-year assets **e** Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) TEAMSTERS LOCAL #431 Primary activity GENERAL Name, address, and EIN of disregarded entity Name of the organization

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) PartII

📻	1	l			l		ı		i	
g) 512(b)(13 rolled hty?	å		į	×						
Section 512(b)(13) controlled entity?	Yes									
(f) Direct controlling entity										
(e) Public charity status (if section	501(c)(3))									
(d) Exempt Code section										
(c) Legal domicile (state or foreign country)										
(b) Primary activity										
(a) Name, address, and EIN of related organization		INTERNATIONAL BROTHERHOOD OF TEAMSTERS -	53-0215427, 25 LOUISIANA AVE, NW,	WASHINGTON, DC 20001						

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

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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 GENERAL TEAMSTERS LOCAL #431

Part III 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.)

organizations treated as a partifership during the tax year.	Turnersring une tax	year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership pariner? Yes No
Part IV 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 corporation or trust during the tax year.)	ganizations Taxable as	s a Corpo the tax)	ration or Trust (Correar.)	mplete if the organiz	ation answered "Yes	to Form 990, Pa	t IV, line 34	because it had or	le or mo	re related
(a) Name, address, and EIN of related organization	N: c		(b) Primary activity	(C) Ity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) total Share of end-of-year assets		(h) Percentage ownership
									-	
132162 01-23-12				24				Schedule	R (Forn	Schedule R (Form 990) 2011

Page 3

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Yes

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GENERAL TEAMSTERS LOCAL #431 Schedule R (Form 990) 2011

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

	s listed in Parts II-IV?
omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ring the tax year, did the organization engage in any of the following transactions with one or more related organizations
Note	-

Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity

Gift, grant, or capital contribution to related organization(s)

Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

1 Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ε

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses

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Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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.	ho must complete the	ns line, including covered	relationships and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERNATIONAL BROTHERHOOD OF TEAMSTERS	Q	299,058.	299,058.CASH BASIS
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 GENERAL TEAMSTERS LOCAL #431

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.

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(a)	(g)	<u></u>	(a) (e)		(6)	Ξ	3	3	£)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UB) General or Percentage tonate amount in box 20 managing ownership	Seneral or nanaging partner?	Percentage ownership
		country)	under section 512-514) Yes	No income	assets	Yes No	(Form 1065)	Yes No	
					_		•		
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Schedule R	(Form 990) 2011 Supplemental Infor	GENERAL	TEAMSTERS	LOCAL	#431	94-0577293 Page 5
Part VII	Supplemental Infor	mation				
	Complete this part to prov	ude additional int	formation for respon	ises to quest	tions on Schedule R (see instru	ctions)
	Complete this part to pro-	ndo additional ini	omation for respon	303 10 9003	tions on conocate in (see matra	20013/.
						
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Form 886	88 (Rev. 1-2012)		•			Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check thi	s box		
	ly complete Part II if you have already been granted an a					
If you a	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no	copies nec	eded).
			Enter filer's	identify	ng number,	see instructions
Type or	Name of exempt organization or other filer, see instru-	ctions		Employ	r identificatio	on number (EIN) or
print	CENTED AT MERANGEROOF TOOM #420			X	04 05	77202
File by the due date for	GENERAL TEAMSTERS LOCAL #431		A ¹			77293
filing your	Number, street, and room or suite no. If a P.O. box, so C/O DAWN M. ROGERS, CPA - 41		_	Socials	ocurity numb	er (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a fo			الــا		
	OAKLAND, CA 94619	ovengin acid	ress, see insudctions.			
	DARIAMD, CA 34013					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	is For			Code
Form 990		01				
Form 990	-BL	02	Form 1041-A			08
Form 990	HEZ.	01	Form 4720			09
Form 990	PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
	T (trust other than above)	06	Form 8870			12
Teleph If the c If this i box ▶ I rec	poks are in the care of DARRELL PRATT none No. (559)486-5414 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 additional 3-month extension of time until calendar year 2011, or other tax year beginning	Group Exe		f this is fo	or the whole o	group, check this
	ne tax year entered in line 5 is for less than 12 months, cl	heck reas			return	······································
	Change in accounting period					
7 Sta	te in detail why you need the extension SER STA	ATEME	NT 1			
						
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions.	or 6069, er	nter the tentative tax, less any	8a	s	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069, or	enter anv	refundable credits and estimated			<u>~</u>
	payments made. Include any prior year overpayment alk	•		-	}	
	viously with Form 8868.	·	•	8b	\$	0.
-	ance due. Subtract line 8b from line 8a. Include your pay	yment with	h this form, if required, by using			·
	PS (Electronic Federal Tax Payment System). See instru	•		8c	\$	0.
			t be completed for Part II o	nly.		
Under pena t is true, co	ulties of perjury, I declare that I have examined this form, including arrect, and complete, and that I am authorized to prepare this for	na accomp	•	•	f my knowledg	ge and belief,
Signature]	► Daws Oluza Title ► C	PA		Date	≥ 8 2	?-h
	7					269 (Ray 1,2012)

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