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OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2	013 calen	lar year, or tax year beginning	, 2013,	and ending		,				
В	Check if app	plicable	С			D Employ	er Identif	fication Number			
	Addres	s change	INTERNATIONAL BROTHERHOOD OF		13-5	50074	460				
	Name	change	LOCAL 202			<b>E</b> Telepho	ne numb	per			
	Initial r	return	NYC TERMINAL MARKET 12A			(718	3) 32	28-7000			
	Termin		BRONX, NY 10474								
	$\vdash$	led return				<b>G</b> Gross re	ecerpts \$	2,867,397.			
	$\vdash$	ation pending	F Name and address of principal officer DANTET.	J. KANE, J	R H	(a) Is this a group return					
		ation ponumy	Same As C Above	o. rama, o		(b) Are all subordinates If 'No,' attach a list.	included	Yes No			
$\overline{}$	Tax-eyen	npt status	501(c)(3) X 501(c) ( 5 ) (insert no.)	4947(a)(1) or	527	If 'No,' attach a list.	(see inst	tructions) —			
÷	Websit		<u> </u>	10.1.(4)(1) 5.1		(c) Group exemption nu	ımber ►	0320			
K		organization	Corporation Trust Association X Other	UNION L	Year of formation			egal domicile NY			
		Summar	<u></u>	ONION 12	rear or rommanor	1310   0		111			
F.O	1 Bri	efly descri	e the organization's mission or most significa	nt activities: DI	TES THE	TATION FFF	ر ی 2	TRANSFER			
	C7	מע פטכוי	E COLLECTED FROM APPROXIMATEL	V 4 849 IIN	TON WEWE	EBS IN ORDE	E TC	PROTECT AND			
ည			THE INTERESTS OF LABOR IN CON				1.7 T Z				
па	+ -	TOTAL		.0.03 TOY. U.S.							
Ş	2 Ch	eck this bo	if the organization discontinued its or	perations or disp	osed of more	than 25% of its	net ass	sets.			
ၓ			ting members of the governing body (Part VI,				3	7			
⊸ర ഗ			lependent voting members of the governing be				4	0			
ij			of individuals employed in calendar year 2013	(Part V, line 2a	)	ļ	5	19			
Activities & Governance			of volunteers (estimate if necessary)			·	7 a	<u>0</u> 0.			
₹			d business revenue from Part VIII, column (C) business taxable income from Form 990-T, lir		•		7 b	0.			
	D INE	t unrelated	business (axable income from 1 off) 990-1, in			Prior Year	<del>- ' - '</del>	Current Year			
	8 Co	ntributions	and grants (Part VIII, line 1h) .			THOI TELL	$\dashv$	- Carrent real			
e			ce revenue (Part VIII, line 2g)	2,300,8	27	2,805,569.					
Revenue			come (Part VIII, column (A), lines 3, 4, and 70	1)		6,2		8,841.			
æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10		537,5		52,987.				
			- add lines 8 through 11 (must equal Part VI		ne 12) .	2,844,6		2,867,397.			
	13 Gra	ants and s	milar amounts paid (Part IX, column (A), lines	1-3)		32,9	26.	56,304.			
	14 Be	nefits paid	to or for members (Part IX, column (A), line 4	-)							
	<b>15</b> Sal	laries, oth	r compensation, employee benefits (Part IX, o	column (A), lines	5-10).	1,172,3	1,479,835.				
ses	16a Pro	ofessional	undraising fees (Part IX, column (A), line 11e								
Expenses	h Tot		ing expenses (Part IX, column (D), line 25)			· · · · · · · · · · · · · · · · · · ·					
ă	17 Oth		es (Part IX, column (A), lines 11a-11d, 11f-24	a)		1,006,690. 1,212,20					
	1		s. Add lines 13-17 (must equal Part IX, colum			2,211,9		2,748,342.			
	i .		expenses. Subtract line 18 from line 12	( , , ,	•	632,6		119,055.			
8 8		veriue less	experises. Odditact line 10 from into 12			Beginning of Curren		End of Year			
캶	1	lal assets	Part X, line 16).	ED		1,540,9		1,660,052.			
Net Assets Fund Baland	1		s (Part X, line 26)			=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	0.			
Š	22 Net	t assets or	fund balances. Subtract line 2ปู สุจุท มูกe 20,,	380		1,540,9	97.	1,660,052.			
Pa		Signatur		) <del>                                    </del>			<u> </u>				
Unde	er penalties (	of periury. 1 de	clare that I have examined this return, including accompanying	schedules and stater	ments, and to the	best of my knowledge	and belie	ef, it is true, correct, and			
com	plete Declar	ation of prepa	clare that I have examined this return, including accompanying or (other than officer) is based on all information of which pre	parer has any knowled	dge						
	-	" 1	och Maria			11-	14	- 2014			
Sig	n	1 Signatu	e of Officer			<sup>-</sup> Date					
He	re	1 4	OBER MARINO SE	RETORY	TREAS	MEN					
		Type or	print name and title				,				
		Print/Type p	eparer's name	0	Date	Check	J₁f  f	PTIN			
Pa	id	MICHAE	L STECKLER MACHAEL STEC	KLER	11/14/1	4 self-employe	d ]	P00777647			
	eparer	Firm's name	► STEINBERG STECKLER & PICC	IURRO							
Us	e Only	Firm's addre				Firm's EIN	<u> 13-</u>	-2665700			
			NEW YORK, NY 10018-7606			Phone no	(212				
May	the IRS	discuss th	s return with the preparer shown above? (see	instructions)			-	X Yes No			

Form 990 (2013)

Form	orm 990 (2013) INTERNATIONAL BROTHERHOOD OF TEAMSTERS							13-	60	Page 2				
Par	<u>amr,</u>	9		-	ervice Accom	•								
					response or no	te to any lir	ne in this Pa	art III						
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					TRANSFER (									<u>_</u>
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	EMP	<u>LOYME</u>	<u> </u>											
	<u> </u>		<del></del>		<del></del>			<del> </del>		<del> </del>				
2					icant program ser	vices during	the year wh	ich were not l	isted on t	he prior			( <del></del>	
			990-EZ? .		. 0.1					•		Yes	X	No
_					on Schedule O.						_	.,	<u></u>	
3				-	i, or make signifi	cant change	es in now it	conducts, ar	ny progra	am services?		Yes	X	No
			ribe these cha	_										
4	Section	nbe the on 501(c	organization's (3) and 501(c)	s program s N4) organiza	ervice accomplis tions and section	inments for 4947(a)(1) t	each of its rusts are red	three largest uired to repor	progran t the amo	n services, as ount of grants	s measure and alloca	ed by e ations t	expens o	ies.
	other	s, the to	tal expenses,	and revenu	ie, if any, for ea	ch program	service rep	orted.		amin or granne			-	
			<del></del>	<u> </u>										
4 a	(Code	è	) (Expe	enses \$	2,748,342	including	grants of	\$ 5	6,304	.) (Revenue	\$			)
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										<del></del>				
4 d	Other	progran	n services (D	escribe in S	Schedule O)		<del></del>	********						
	(Ехре	nses	\$		including gran	ts of \$		)	(Revenu	e \$			)	
4 e	Total	progran	n service exp	enses >	2,748	,342.								<del></del>
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D 11	1   0	-1:-4 - 4 D		Schedules
Part I	v icheck	CHET AT H	י הסעוווים מי	Nchodilloc.
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•	le the experience described in each in E01(a)(2) or 4047(a)(1) (ather their a new state foundation)? If I/(a) I complete		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1		Х
2		2	<u> </u>	Х
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		х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	* <u>*</u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c 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	11 c		Х
	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.	. 11 d	Х	
4	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
,	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	<b>b</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 and XII is optional	12 b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
1	b 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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		Х
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		Х
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

• • •	15 500/40			uge -
Pa	rtîlv : Checklist of Required Schedules (continued)	<del></del>	177	Γ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	23	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part	21	_^	
	IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a 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 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor 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		Х
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):	<b>b</b>		
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
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		х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ь		·
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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	х	<u> </u>

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Form 990 (2013)

## Form 990 (2013) INTERNATIONAL BROTHERHOOD OF TEAMSTERS [Part V] Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	10		
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
1	c Did the organization comply with backup withholding rules for reportable payments to vendors and i (gambling) winnings to prize winners?	reportable gaming	1 c	X	
2	a 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	2 a	19		
	b If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	<b>43.</b>		, S. p. w
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar? .	3 a		X
1	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i> .		. 3b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other forms.)	er authority over, a financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country:				
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a	<b>  </b>	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
ļ	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	tions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		3. P		
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		1 112
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	was required to file	7 c		
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		le v	
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		
1	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	nefit contract?	71		
•	g If the organization received a contribution of qualified intellectual property, did the organization file if as required?	Form 8899	7 g		
l	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	<b>ng organizations.</b> Did the nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
á	a Did the organization make any taxable distributions under section 4966?		9 a		
ı	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter:				
á	a Initiation fees and capital contributions included on Part VIII, line 12	10 a		, L.	
i	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь		? . * ¥	
11	Section 501(c)(12) organizations. Enter:			3	
-	a Gross income from members or shareholders .	11 a			
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	116			1
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				. 6.3
ā	a Is the organization licensed to issue qualified health plans in more than one state?	. 0	13a		1
	Note. See the instructions for additional information the organization must report on Schedul	e O		الل	
t	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	13Ь			
,	Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		
BAA		<del></del>	Form	990 (	(2013)

13-5007460 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? 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? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders?. See Schedule.Q 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? See Schedule O 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O 7 b Х stockholders, or other persons other than the governing body? ŝ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х a The governing body? X 8ь b Each committee with authority to act on behalf of the governing body? 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 q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ¥ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c  $\overline{\mathsf{X}}$ 13 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official X 15<sub>b</sub> **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 9 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? . 16 a b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b 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 Other (explain in Schedule O) Another's website Upon request 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 during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

> TREASURER NYC TERMINAL MARKET, 12A BRONX NY 10474 (718) 328-7000 Form 990 (2013) TEEA0106L 07/02/13

	•	•				
orm '	<b>990</b> (2013	3)	INTERNATIONAL	BROTHERHOOD	OF	TEAMSTERS

13-5007460

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

- 1 a 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.

Check this box if neither the organization n	or any rela	ted or	ganız	zatio	n cc	mpens	sated	l any current officer, dir	ector, or trustee.		
(C)											
(A) Name and Title	(B) Average hours per	one bo	er an	iless p id a d	checl perso recto	k more t on is bott or/truste	n an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) ANTHONY M. ROSA	40										
Trustee	0	Х						99,850.	0.	16,472.	
(2) LEONARDO SERVEDIO	40										
Trustee	0	Х						98,725.	0.	16,472.	
(3) JOHN REIDER	40_						J				
Trustee	0	Х						98,975.	0.	16,472.	
(4) DANIEL J. KANE, JR. President	_ <u>40</u>			х				111,800.	0.	16,472.	
(5) ROGER MARINO	40						$\neg$				
SEC. TREASURER	10			Х				85,300.	0.	16,472.	
(6) CHARLES MACHADIO	40				_		$\neg$				
Vice President	0			X	-			104,525.	0.	16,472.	
7 MARK ADAMO REC. SECRETARY	2 - 0			х				19,702.	0.	0.	
(8)								13,102.	<u> </u>		
<u>(9)</u>											
(10)					٠					·····	
<u>(11)</u>											
(12)											
(13)							$\neg$				
(14)											

Form 990 (2013) INTERNATIONAL BROTHERHOO Part VII Section A. Officers, Directors, Trus						es,	an	d Highest Con	13-50074 npensated Em		
	(B)	Γ*			C)	· · · ·					
(A) Name and title	Average hours per week	box	, unie	check ess p	erson direct	e than is bot tor/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other	
		0.9	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)		-					_				
(16)											
(17)		-		İ							
(18)											
(19)		_									
(20)											
(21)											
(22)											
(23)											
(24)											
	<u> </u>										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	 n <b>A</b>						<b>A</b>	618,877. 0. 618,877.	0.	. 0	
2 Total number of individuals (including but not limited to from the organization ► 2	those li	sted	abov	ve) v	vho	receiv	/ed				
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru	stee, al	key	em	ploy	/ee, (	or h	ighest compensat	ted employee	Yes No.	
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual.	eportabl than \$1	e coi 50,00	mpe 00?	nsat If 'Y	tion <i>'es'</i>	and comp	othe olete	er compensation t e Schedule J for	from	4 X	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compen comple	satio te Sc	n fro hed	om a lule .	any <i>J foi</i>	unrel suc	ate h pe	d organization or erson	ındıvıdual	5 X	
Complete this table for your five highest compensa compensation from the organization. Report compensation.	ted inde	epend	dent alenc	cor dar y	trac ear	tors endır	that	t received more th	nan \$100,000 of ganization's tax yea	ar	
(A) Name and business address	(A) Name and business address						_	(B) Description o	of services	(C) Compensation	
		la el 1	4L -						then		
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶		ea to	• (ПО:	11/1		abov	'е) v	who received more	unan	Form <b>990</b> (201	

	<ul> <li>Check if Schedule O contains a response or note to</li> </ul>	any line in this Part \	/111		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	to a Federated campaigns  b Membership dues  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f: \$	-		-	
<u>ଥ</u>	h Total. Add lines 1a-1f	<b>•</b>			
ICE REVENUE	Business Code  2a DUES  b INITIATION FEES  c WITHDRAWAL AND TRANSFER	2,608,662. 196,778. 129.	2,608,662. 196,778. 129.		
SERV	d				
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	2,805,569.			
	3 Investment income (including dividends, interest and	0.041			0.041
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds.	8,841.		<u> </u>	8,841.
	5 Royalties .	•	<del> </del>		<del> </del>
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses	-			
	c Rental income or (loss)		<u></u>		
	d Net rental income or (loss).				<del></del>
	7 a Gross amount from sales of assets other than inventory.				1
	<b>b</b> Less: cost or other basis and sales expenses .		,		
	c Gain or (loss)		<u> </u>		
	d Net gain or (loss)	<b>•</b>	<u> </u>	<u> </u>	<del>-</del>
OTHER REVENUE	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c) See Part IV, line 18 a				
뿔	b Less. direct expenses b				
	c Net income or (loss) from fundraising events.	<b>•</b>			
Ì	9a Gross income from gaming activities See Part IV, line 19 a				
ļ	b Less. direct expenses b				
	c Net income or (loss) from gaming activities .	<b>•</b>			ļ
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b	<b>•</b>			
ŀ	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code				
Ì	11a OVERPAYMENTS ON CHECKOFFS	34,128.	34,128.		
	b LOCAL 111 REALTY HOLDING	15,242.	15,242.		
	c REIMB. ADMIN EXP H&W FUND	3,432.	3,432.		
ľ	d All other revenue. WKS	185.	185.		<del> </del>
	e Total revenue See potrustices	52,987.	2 050 556		0.041
	12 Total revenue. See instructions	2,867,397.	2,858,556.	0.	8,841.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a r	<del></del>			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	56,304.		B T T - Pa	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			) ter	The state of the s
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 .				
5	Compensation of current officers, directors, trustees, and key employees	618,877.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	537,288.			
	Pension plan accruals and contributions	337,200.	<del> </del>		
8	(include section 401(k) and 403(b) employer contributions)	104,283.			
9	Other employee benefits	114,821.			
	Payroll taxes	104,566.			· · · · · · · · · · · · · · · · · · ·
	Fees for services (non-employees):	101/000.	<del></del>		
	Management				
	, , , -	02 000		<del></del>	
	<u>-</u>	93,099.			
	Accounting	32,887.	<del></del>		
	Lobbying	<del></del>		ι ,	
_	Professional fundraising services See Part IV, line 17			t ,	
-	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  Advertising and promotion	23,762.	<del> </del>		
13	Office expenses				
14	Information technology				
15	Royalties	·			
16	Occupancy	120,518.	<del></del>		
17	Travel	78,573.	<del></del>		
18	Payments of travel or entertainment	70,575.	L-, U.		
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,103.			
20	Interest	419.			
21	Payments to affiliates	652,765.			
22	Depreciation, depletion, and amortization	31,234.			
23	Insurance .	18,324.			
	Other expenses, Itemize expenses not	,			**************************************
	covered 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 O).				
5	SUPPLIES FOR RESALE	26,001.			
	P EQUIPMENT RENTAL & MAINTENANCE	25,488.			
		19,769.			
		19,769.			
C			<del></del>		<del></del> -
_	All other expenses	53,695.			
25	Total functional expenses Add lines 1 through 24e	2,748,342.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  ☐ if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (**B**) End of year (A) Beginning of year Cash - non-interest-bearing 188,419 403,603 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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). Complete Part II of Schedule L 6 Notes and loans receivable, net. 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 574,333 10b 10 c **b** Less accumulated depreciation 538,232 17,353 36,101. Investments - publicly traded securities 11 394,749. 11 773,898 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 561,327 825,599 16 Total assets. Add lines 1 through 15 (must equal line 34) 540,997 660,052 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0. 0. X and complete Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,540,997. 27 1,660,052. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 33 Total net assets or fund balances 1,540,997 1,660,052 Total liabilities and net assets/fund balances 34 34 1,540,997 1,660,052.

BAA

Part X

Balance Sheet

Forn	1990 (2013) INTERNATIONAL BROTHERHOOD OF TEAMSTERS	13-5007460		Pa	ige 12
Pai	t XI Reconciliation of Net Assets				****
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,80	67,3	397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	48,3	342.
3	Revenue less expenses. Subtract line 2 from line 1	3			)55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	40,9	97.
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,6	60,0	)52.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	······	·) : 7	12.00	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		(e)		
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both.	viewed on a	**	**	* ( * (
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant? .		2 b	_X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate	3-1	315	1 m
	basis, consolidated basis, or both:			X. A.	· "
	Separate basis X Consolidated basis Both consolidated and separate basis		77, 7,		لستما
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			34 Cy 26 7	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3 a		Х
_ t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		j	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	200	
BAA			Form	990 (	(2013)

TEEA0112L 07/08/13

#### 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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	3ection 301(c)(4), (3), 61 (6) 0	ganizations. Complete Fart III			
Name	of organization			Employer Identific	ation number
	TERNATIONAL BROTHER			13-500746	
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV	
2	Political expenditures			. \$	<b>•</b>
	Volunteer hours				·
Pa	rt I-B Complete if the o	rganization is exempt under section	on <b>501(c)(3)</b> .		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	. ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	. ►\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year? .	•	Yes No
4 a	Was a correction made?			•	Yes No
i	o If 'Yes,' describe in Part IV				
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filing of	organization's funds contributed to other organ	uzations for section 52	7 exempt	
_	function activities	· · ·		<b>►</b> \$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
-	line 17b			▶ \$	
4	Did the filing organization file	e Form 1120-POL for this year?	•	•	Yes X No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	itical organizations to w	hich the filing
	organization made payments	s. For each organization listed, enter the ai	mount paid from the t ivered to a separate or	filing organization's fund obtical organization, such	ds Also enter the as a separate
	segregated fund or a political	is received that were promptly and directly del al action committee (PAC). If additional spa	ice is needed, provide	e information in Part IV	
	/->N-	(h) Address	(-) [IN	(4) 0	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly
				none, enter-u-	delivered to a separate political organization. If
					none, enter -0-
(1)					
(1) ——					
(2)					
<del>-/</del>					
(3)					
					<del> </del>
(4)		<b></b>			
					<del></del>
(5)		<del>-</del>			
			<u> </u>		- · · · · · · · · · · · · · · · · · · ·
/ <b>6</b> \		L			

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 201	3 INTERNATION	AL BROTHERHOOD O	F TEAMSTERS	13-500	7460 Page <b>2</b>
	the organization	ı is exempt under se		filed Form 5768 (e	lection under
A Check ► If the filin	g organization belong	s to an affiliated group (and	l list in Part IV each affilia	ted group member's nam	e,
address,	EIN, expenses, and	d share of excess lobbying	expenditures)		
B Check ► I If the filir	ng organization ched	cked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendition	ures to influence pu	blic opinion (grass roots lo	obbying) .		
<b>b</b> Total lobbying expenditi	ures to influence a l	egislative body (direct lob	bying)		
<b>c</b> Total lobbying expenditi	ures (add lines 1a a	nd 1b)	., , ,		
<b>d</b> Other exempt purpose e	•		.		· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable and both columns	nount. Enter the am	ount from the following tal	ble in		
If the amount on line 1e, col		The lobbying nontaxable	amount is:	4 4	
Not over \$500,000	<del></del>	20% of the amount on line 1e.		`	2 j
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess		,	
Over \$1,000,000 but not over \$	<u> </u>	\$175,000 plus 10% of the excess			A .
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
<ul><li>g Grassroots nontaxable a</li><li>h Subtract line 1g from lin</li></ul>	•	•	}	<del></del>	
i Subtract line 1f from line			-		<del></del>
			[ 4700		
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the org	ganization file Form 4/20	reporting 	Yes No
(Som	e organizations tha	4-Year Averaging Period I t made a section 501(h) el s below. See the instructi	ection do not have to c	omplete all of the five n 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))	-	t.			
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	· · · · · · · · · · · · · · · · · · ·				
e Grassroots ceiling amount (150% of line 2d, column (e))	· ,		,		
f Grassroots lobbying expenditures					
BAA			· · · · · · · · · · · · · · · · · · ·	Schedule C (Forn	n 990 or 990-EZ) 2013

(election under section 501(h)).	(a	5	·	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	A	mount	
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	. 1	17			1 34 E
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-				
c Media advertisements?	$\vdash$				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	-	<del></del>			
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?	<b> </b>			-	
i Total Add lines 1c through 1i					
<i>.</i>	-				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912	<u> </u>				
•					
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?	<u> </u>		8		
	(-\/F)		, <u>, , , , , , , , , , , , , , , , , , </u>		1
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	———		<del></del>	Vos	) No
1 Mars outstandardly off (200) or mans) dues reserved manded while by morehors?				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	•		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		. 2		<del>  ,,</del>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	4 3453				<u>  X</u>
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.'	Part II	i-A, li	ne 3, is	50 I(C)	,
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		2			
a Current year		2a			
<b>b</b> Carryover from last year		2 b			
c Total .		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	j				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions).		5			0.
Part IV   Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated groupert II-B, line 1. Also, complete this part for any additional information.	ip list);	Part I	I-A, lıne	2; and	
		<b>.</b>			
		·			

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

	TERNATIONAL BROTHERHOOD OF TEACL 202	MSTERS	13-5007460	
	रे 🎏 Organizations Maintaining Dono	or Advised Funds or Other Similar Fund wered 'Yes' to Form 990, Part IV, line 6	ds or Accounts.	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year .	ļ		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in dor organization's exclusive legal control?		lo
6	Did the organization inform all grantees, donc for charitable purposes and not for the benefi impermissible private benefit?	rs, and donor advisors in writing that grant funds t of the donor or donor advisor, or for any other p	purpose conferring	lo
Par	Conservation Easements.			
14. 3-2		wered 'Yes' to Form 990, Part IV, line 7	7.	
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)		<del></del>
	Preservation of land for public use (e.g.,	ecreation or education) Preservation of	an historically important land area	
	Protection of natural habitat	Preservation of	a certified historic structure	
	Preservation of open space			
2		neld a qualified conservation contribution in the form	of a conservation easement on the	
	last day of the tax year.			
	Total combined to according		Held at the End of the Tax	<u>rear</u>
•	Total number of conservation easements		2 a	
	Total acreage restricted by conservation ease		2 b	
(	: Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
C	structure listed in the National Register	n (c) acquired after 8/17/06, and not on a historic	2 d	
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguished, or terminated by the	e organization during the	
4	Number of states where property subject to conse	rvation easement is located >		
5	and enforcement of the conservation easement		∐Yes ∐ N	lo
6	Staff and volunteer hours devoted to monitoring,	nspecting, and enforcing conservation easements du	uring the year	
7	Amount of expenses incurred in monitoring, insperience \$	cting, and enforcing conservation easements during	the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i) Yes N	lo
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its revenue and expense to the organization's financial statements that de	e statement, and balance sheet, and escribes the organization's accounting	for
Par	<b>副間 Organizations Maintaining Colle</b>	ctions of Art, Historical Treasures, or C wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to report in its revenu- ld for public exhibition, education, or research in fur- icial statements that describes these items	ue statement and balance sheet works therance of public service, provide,	of
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue st or public exhibition, education, or research in furthers	tatement and balance sheet works of a ance of public service, provide the	art,
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X	,	<b>►</b> \$	
2	•	istorical treasures, or other similar assets for financi 116 (ASC 958) relating to these items.	ial gain, provide the following	
а	Revenues included in Form 990, Part VIII, line		<b>►</b> \$	
b	Assets included in Form 990, Part X		. ▶\$	

Schedule D (Form 990) 2013 INTE							-5007460	ontin	Page 2
3 'Using the organization's acquisition							<u>-</u>		- Cuj
items (check all that apply)	i, accession, ai	id other re	ecords, crieck	any or the foil	owing macai	e a significant use	or its conectio	rt I	
a Public exhibition			<b>d</b> Loan	or exchange	programs				
<b>b</b> Scholarly research			e Othe	r					
<b>c</b> Preservation for future gene	rations								
4 Provide a description of the organize Part XIII			•		_				
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be mail	receive d	onations of a	rt, historical	treasures, c	or other similar ass	sets	Γ	No
Part IV Escrow and Custodia									
line 9, or reported an								,	,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodiar	n, or othe	r intermediar	y for contribu	itions or oth	ner assets not incli	uded Yes		No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII ai	nd compl	ete the follow	ing table:		<del></del>			
D							Amoun	<u>t</u>	
c Beginning balance .						1 c			
d Additions during the year						1 d			
e Distributions during the year		•				1 e			
f Ending balance	mount on For	∞ 000 B	ort V. Juna 21	2		1f	Vac		No
2 a Did the organization include an a b If 'Yes,' explain the arrangement					on provided	in Part VIII	Yes	-	No
bit les, explain the arrangement	. III r art XIII. C	MECK HEI	e ii tiie expia	TRIOTI Has De	en provided	III Fait Aiii	,	L	_
Part V   Endowment Funds. C	omplete if t	he orga	nization at	nswered 'Y	'es' to Fo	rm 990. Part I\	/. line 10.		
	(a) Current		(b) Prior yea		Two years back			Four years	s back
1 a Beginning of year balance								<del></del>	
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships .									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
<b>g</b> End of year balance									
<ol><li>Provide the estimated percentage</li></ol>		nt year er	-	ne 1g, colum	n (a)) held	as:			
a Board designated or quasi-endowm			<del></del> %						
<b>b</b> Permanent endowment ▶	···········		_						
c Temporarily restricted endowmer			ક						
The percentages in lines 2a, 2b,	and 2c should	l equal 10	00%						
3 a Are there endowment funds not in t	he possession	of the orga	anization that	are held and a	admınıstered	for the	Г	V	N-
organization by:  (i) unrelated organizations .							22(1)	Yes	No
(ii) related organizations				•			3a(i) 3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations I	istad as r	equired on S	chedule R2			3b		<u> </u>
4 Describe in Part XIII the intended	-								l
Part VI Land, Buildings, and			orra cridomir	CHI TUTIOS					
Complete if the organi			es' to Forr	n 990, Par	t IV, line	11a. See Form	n 990, Part	X, lın	ie 10.
Description of property		(a) Cost o	r other basis stment)	(b) Cost basis (	or other	(c) Accumulate depreciation	<del></del>	Book va	
1 a Land									
<b>b</b> Buildings	F								
c Leasehold improvements	ŀ			32	0,105.	304,35	53.	15,	,752.
<b>d</b> Equipment	ľ				3,859.	43,85			0.
e Other	F				0,369.	190,02		20,	,349.
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Form	990, Part X,				•		,101.
BAA						S	chedule <b>D</b> (Fo		

TEEA3302L 10/02/13

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (c) Method of valuations cut or end-byear market value (d) Method of v	Investments – Other Securities.	l'Vaa' ta Earm 000	N/A	) Davit V line 10
(i) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (6) (7) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			<del></del>	
(2) Closely-held equity interests (3) Other (4) (8) (9) (9) (9) (10) (10) (11) (2) (11) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		(b) book value	(C) Mediod of Variation Cost of end-of-y	ear market value
(3) Other (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	~-~		<del></del>	
(C)	(B)	<del></del>		
(G)			<del>                                     </del>	<del></del>
(E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)	<del></del>	<del>                                     </del>	
(G)	(E)		<del></del>	
(G)				<del></del>
(b) Total. (Column (b) must equal Form 990, Part X, column (B) line 12)  Total. (Column (b) must equal Form 990, Part X, column (B) line 12)  (a) Description of unvestment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(G)			
Total. (Column (b) must equal Form 990, Part X, column (B) hos 12)    Total (Column (b) must equal Form 990, Part X, column (B) hos 12)				
Total (Column (b) must equal Form 990, Part X, column (B) line 12)    Fart Will   Investments - Program Related.   Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	~	· <del>-</del>		<del></del>
Part V.		<del></del>		
(i) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII Investments - Program Related.	'Yes' to Form 990	N/A	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) (1) INVESTMENT IN LOCAL 111 REALTY HOLDING (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  **REALTY HOLDING**  **Security Deposits* (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  **Security Deposits* (a) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (d) Description of liabilit	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-or	i-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Tetal. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value (c) Description (c) Description (d) Book value (d) Column (b) must equal Form 990, Part X, column (B), line 15. (a) Description (b) Book value (c) SECURITY DEPOSITS (a) Column (b) must equal Form 990, Part X, column (B), line 15. (b) Column (b) must equal Form 990, Part X, column (B), line 15.  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Description of liability (c) Book value (d) Column (b) must equal Form 990, Part X, column (B), line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (b) must equal Form 990, Part X, column (B), line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (b) must equal Form 990, Part X, column (B), line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (b) must equal Form 990, Part X, column (B), line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (b) must equal Form 990, Part X, column (B) line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (B) line 15.  Example if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Column (B) line 15.  Example if the organization answ	(1)			
(4) (5) (6) (7) (8) (9) (10) Total. (Column (0) must equal Form 990, Part X, column (B) line 13)  Total. (Column (0) must equal Form 990, Part X, line 15.  (a) Description (b) Book value (c) SECURITY DEPOSITS (d) (e) (f) (f) (g) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  (a) Description (B) Real Form 990, Part X, column (B), line 15).  (b) Book value (c) SECURITY DEPOSITS (d) (e) (f) (f) (g) (l0) (l1) Federal income taxes (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) (g) (l0) (l1) (l1) (l2) (l3) (l4) (l5) (l6) (l7) (l8) (l9) (l9) (l10) (l11)	(2)			
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value (1) INVESTMENT IN LOCAL 111 REALTY HOLDING (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  (a) Description (b) Book value (c) Example the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (c) Federal income taxes (c) (3) (4) (6) (7) (8) (9) (10) (17) (8) (9) (10) (10) (11)	_ (5)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)    Flant   XX   Other Assets.   (a) Description   (b) Book value   (1) INVESTMENT IN LOCAL 111 REALTY HOLDING   823, 356.   (2) SECURITY DEPOSITS   2, 243.   (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).   825, 599.     Flant   XX   Other Liabilities.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(9) (10) (10) (10) (10) (10) (10) (10) (10				
Total, (Column (b) must equal Form 990, Part X, column (B) line 13)   Total, (Column (b) must equal Form 990, Part X, column (B) line 13)   Ca) Description   Ca) Descriptio	- <del></del>			<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13   Total. (Column (b) must equal Form 990, Part X, line 15.   (a) Description   (b) Book value	<del></del>			
Other Assets.   Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				To the same
Complete if the organization answered Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 12d. See Form 990, Part X, 10d. See Form 990, Part X, Ine 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			· · · · · · · · · · · · · · · · · · ·	Section 1981
(a) Description (b) Book value (1) INVESTMENT IN LOCAL 111 REALTY HOLDING 823,356. (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  Family Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
(2) SECURITY DEPOSITS  (3)  (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  Part Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(a) Des	scription		(b) Book value
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		<b>•</b>		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII See Part XIII

Schodule B (Farm 000) 2012 TAMEDNAMIONAL PROMURRIYOOD OR MEANO		12 5007460	
Schedule D (Form 990) 2013 INTERNATIONAL BROTHERHOOD OF TEAMS		13-5007460	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered 'Yes' to Form 990, F		er Return. N/A	
1 Total revenue, gains, and other support per audited financial statements	artiv, mie iza.	11	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		5.7	
a Net unrealized gains on investments	2a	2 ~ 5	
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		E & F.	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' to Form 990, P		•	
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		(£',2)	
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments .	2 b		
c Other losses	2 c	A	
d Other (Describe in Part XIII)	2 d	234	-
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		Ret T	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	<u> </u>	
<b>b</b> Other (Describe in Part XIII ).	4 b		
<ul> <li>c Add lines 4a and 4b.</li> <li>5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</li> </ul>	1	4 c 5	<del></del>
Part XIII Supplemental Information.	<del></del>		=
	Port IV Junes 1b and 2b	Port V	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com	nplete this part to provide	any additional inform	ation
Part X - FIN 48 Footnote			
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UN	ITED STATES OF A	MERICA REQUIRE	Ξ
UNION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY	Y THE UNION AND	RECOGNIZE A TA	<del>7</del> X_
LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN I	D∩ፍፐጥፐ∩N ጥሀአጥ M∕	יסר נוגבוג החש	N NOT
LIADILIII JOR ASSEIL IF II HAS IAREN AN UNCERIAIN I	GOSTITON THAT MC	VE TIVERI TUVI	7 NOT
WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTE	<u>ERNAL_REVENUE_SE</u>	RVICE. THE UN	[ON
IS_SUBJECT_TO_ROUTINE_AUDITS_BY_TAXING_JURISDICTION	NS; HOWEVER, THE	RE ARE CURRENT	[LY
NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE UNIC	ON BELIEVES IT I	S NO LONGER	
SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR	TO 2010.	Schedule <b>D</b> (Form	990) 2012
BAA		Schedule D (Form	33U) ZUI3

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

2013	open to Fublic	Employer identification number
		Employer Ide

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Partilla General Information on Grants and Assistance INTERNATIONAL BROTHERHOOD OF TEAMSTERS

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes

13-5007460

**%** [조]

Partilla 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. Part II can be duplicated if additional space is needed.

Months and address of account (A)	. W. E.W.	Total Col	toern deep to tonomy (b)	Associate to see the	notester to bottom ()	) December of	(h) Purpose of grant
(a) value and address of organization or government		if applicable	אומיות הראשות (ב)	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) HERBERT H LEHMAN COLLEGE							
BRONX, NY 10468			10,000.	0.			
(2)							
(3)							
(4)							
		<del></del>					
(5)							
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<u>ω</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organization	3) and government	organizations listed	is listed in the line 1 table			•	0

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Page 2 Schedule 1 (Form 990) (2013) Part III.\* 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. (f) Description of non-cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance INTERNATIONAL BROTHERHOOD OF TEAMSTERS (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) က 4 ស 9 8

BAA

#### **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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Employer identification number

Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS  LOCAL 202	Employer identification number 13-5007460
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 202 HAS APPROXIM	ATELY 4,849 UNION
MEMBERS.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	ody
THE LOCAL UNION MEMBERS ELECT OFFICERS AND TRUSTEES EVERY THR	EE_YEARS
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members of	or Shareholders
SOME DECISIONS ARE SUBJECT TO MEMBERS' APPROVAL BASED ON EACH	LOCAL UNION BY-LAWS.
Form 990, Part VI, Line 11b - Form 990 Review Process	
THE RETURN PREPARER MAILS A COPY OF THE FINAL VERSION OF FORM	990 TO THE SECRETARY
TREASURER WHO GIVES THE FILING TO EACH OFFICER AND TRUSTEE BE	FORE IT IS FILED. EACH
OFFICER AND TRUSTEE HAS AN OPPORTUNITY TO MAKE INQUIRES BEFORE	E AND AFTER FILING.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.	

#### Form **8868**

(Rev 'January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

-	the firm of an Automatic 5-Month Extension, co				X	
	re filing for an Additional (Not Automatic) 3-Mor		-			
	<b>plete Part II unless</b> you have already been grant					
request an e	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Par With Certain Personal Benefit Contracts, which r ling of this form, visit www irs gov/efile and click	tlorPartllv	with the exception of Form 8870. Informatio	on Return for Transfers	3	
	Automatic 3-Month Extension of Time					
	on required to file Form 990-T and requesting an		<del></del>		y <b>&gt;</b> $\sqcap$	
All other con	rporations (including 1120-C filers), partnerships returns	, REMICs, a	nd trusts must use Form 7004 to reques	st an extension of tin	ne to file	
			Enter filer's ident	ifying number, see i		
_	Name of exempt organization or other filer, see instructions			Employer identification i	number (EIN) or	
Type or print	INTERNATIONAL BROTHERHOOD OF LOCAL 202		RS	13-5007460		
File by the Number, street, and room or suite number. If a P O box, see instructions  Social security number (S						
due date for filing your return See NYC TERMINAL MARKET 12A  City, town or post office, state, and ZiP code For a foreign address, see instructions						
instructions	BRONX, NY 10474					
Enter the Re	eturn code for the return that this application is f	or (file a seg	parate application for each return)		01	
Application Is For		Return Code	Application Is For	······································	Return Code	
Form 990 or f	Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-BL		02	Form 1041-A		08	
Form 4720 (ir	ndıvıdual)	03	Form 4720 (other than individual)		09	
Form 990-PF		04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	-	11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telephone If the org If this is check this the exter I reques until The ext X I the talk the	e No (718) 328-7000  ganization does not have an office or place of but for a Group Return, enter the organization's four s box  If it is for part of the group, on the stan automatic 3-month (6 months for a corporation 8/15, 20 14, to file the exempt organization is for the organization's return for calendar year 20 13 or tax year beginning, 20  ax year entered in line 1 is for less than 12 montaining in accounting period	Fax No siness in the digit Group check this bo required to fanization ret	e United States, check this box  Exemption Number (GEN)  and attach a list with the native Form 990-T) extension of time turn for the organization named above	f this is for the whole imes and EINs of all	J , ,	
3 a If this a nonrefu	application is for Forms 990-BL, 990-PF, 990-T, 4 indable credits. See instructions.	1720, or 606	9, enter the tentative tax, less any	3a\$	0.	
<b>b</b> If this a tax pay	pplication is for Forms 990-PF, 990-T, 4720, or iments made. Include any prior year overpaymen	6069, enter at allowed as	any refundable credits and estimated s a credit	3ь\$	0.	
c Balance EFTPS	e due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System). See	r payment w instructions	rith this form, if required, by using	3c \$	0.	
Caution. If yo	ou are going to make an electronic funds withdra ructions	awal (direct o	debit) with this Form 8868, see Form 84	-53-EO and Form 88	79-EO for	

Form 886	8 (Rev 1-2014)				Page 2			
• If you a	are filing for an Additional (Not Automatic) 3-Mon	th Extension	n, complete only Part II and check t	his box .	· X			
	y complete Part II if you have already been grante				<u></u>			
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2.3.52.3.3	and the state of t			dentifying number, see in				
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ype or rint	INTERNATIONAL BROTHERHOOD OF T	LAMSILK	5	13-5007460				
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	BRONX, NY 10474							
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orm 990-		04	Form 5227		10			
	T (section 401(a) or 408(a) trust)	05	Form 6069		11			
orm 990-	T (trust other than above)	06	Form 8870		12			
If the of this in the following the left the lef	one No (718) 328-7000 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box.	ısıness in th r dıgıt Group	Exemption Number (GEN)	If th	. ► ☐ is is for the of all			
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<b>5</b> For c	calendar year 2013 , or other tax year beginning	ng 	$\_\_\_\_$ , 20 $\_\_$ , and ending $\_$	, 20				
	e tax year entered in line 5 is for less than 12 mon Change in accounting period	ths, check re	eason  Initial return	Final return				
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AA V	V	FIFZ0502L		Form <b>8868</b>	(Rev 1-2014)			