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Form **990**

For the 2013 calendar year, or tax year beginning

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 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.

, 2013, and ending

OMB No 1545-0047

Open to Public Inspection

8	Check if ap	plicable	C	D Employer I	dentification Number
	Addres	ss change	HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,	13-55	59086
	Name	change	DOCKMEN & HELPERS TEAMSTERS LOCAL 707	E Telephone	number
	Initial	return	14 FRONT STREET	(516)	560-8509
	Termin	nated	HEMPSTEAD, NY 11550		
	Amen	ded return		G Gross recei	pts \$ 1,412,888.
	Applic	ation pending	F Name and address of principal officer KEVIN MCCAFFREY	(a) Is this a group return fo	
	ш			(b) Are all subordinates inc If 'No,' attach a list (se	
ī	Tax-exer	mpt status	501(c)(3) X 501(c) (5) (insert no.) 4947(a)(1) or 527	If 'No,' attach a list (se	e instructions)
<u></u>	Websi			(c) Group exemption numb	er ► 0320
ĸ	_	organization	Corporation Trust Association X Other UNION L Year of formation	```	e of legal domicile NY
		Summar		1 1 2 2 0 1 1 1 1 2 1 2 1	or regar dormente 141
۳	1 Bri	efly descri	be the organization's mission or most significant activities <u>DUES</u> , <u>INI</u>	TIATION FEES	ACCECCMENTS
	1 7.1	אמקידי רווא	SFER CARDS ARE COLLECTED FROM APPROXIMATELY 2,1	73 INTON MEM	- VOOROOMENIO
ည	A		OTE THE INTERESTS OF LABOR IN CONNECTION WITH E		DD 10 1 10 1 10 1 10 1
Governance	<u> </u>	ME I MOI	010 100 1010 00 00 00 00 10 00 00 10 00 0	11.11.11.11.11.11.11.11.11.11.11.11.11.	
Ş	2 Ch	eck this bo	ox If the organization discontinued its operations or disposed of more	e than 25% of its net	t assets
ၓ	3 Nu	ımber of vo	oting members of the governing body (Part VI, line 1a)	•	3 7
ೲ	4 Nu	ımber of ın	dependent voting members of the governing body (Part VI, line 1b)		4 0
ij			of individuals employed in calendar year 2013 (Part V, line 2a)		5 15
Activities &	L .		of volunteers (estimate if necessary)		6 0
ĕ			ed business revenue from Part VIII, column (C), line 12		7a 0.
_	b Ne	t unrelated	business taxable income from Form 990-T, line 34		7 b 0.
	0 00		and greate (Part VIII line 16)	Prior Year	Current Year
9			and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2q)	1 201 00	7. 1,323,437.
Ē		-	ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,301,88	
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	115,85	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,419,450	
—			imilar amounts paid (Part IX, column (A), lines 1-3)	10,619	
			I to or for members (Part IX, column (A), line 4)	10,01.	11,150.
			er compensation, employee benefits (Part IX, column (A), lines 5-10).	727,36	734,257.
es	15 50				134,237.
Expenses	l loa Pr		fundraising fees (Part IX, column (A), line 11e)		
옸	b 10		sing expenses (Part IX, column (D), line 25) ▶		
_) 17 Ot	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	704,57	
			es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,442,550	
	19 Re	venue less	s expenses Subtract line 18 from line 12	-23,09	
sects of				Beginning of Current Y	
Bala	20 To		(Part X, line 16)	393,232	
Net As	21 To	ital liabilitie	es (Part X, line 26)	7,19	1. 46,521.
	22 Ne	et assets or	fund balances. Subtract line 21 from line 20	386,04	1. 342,104.
Pa	art II	Signatui	re Block		
Unde	er penalties	of perjury, I de	eclare that I have examined this refurn, including accompanying schedules and statements, and to the average that of the second including a companying schedules and statements, and to the average that the second including the second includi	e best of my knowledge and	belief, it is true, correct, and
	piete Decia	Tallon of prepa	ther (durie trial/office)) is based whali information of which preparer has any knowledge	- 1/1/1/12	
		Name V	The Market of the Control of the Con		79
Sig	gn	Signati	MADELLA SECOLAS	Date / /	
He	re	₩			
_		<u> </u>	print name and title	- T- T	PTIN
_		1	preparer's name Date	Check 1	'
Pa			EL STECKLER MICHAEL TEKLER 11/12/1	4 self-employed	P00777647
	eparer	Firm's name			
US	e Only	Firm's addr			<u>13-2665700</u>
		<u> </u>	NEW YORK, NY 10018-7606	Phone no (212) 695-1300
Ma	v the IRS	discuss th	his return with the preparer shown above? (see instructions).		X Yes No

Form'990 (2013) HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,	13-5559086 Page 2
Pard মা Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission.	
DUES, INITIATION FEES, ASSESSMENTS AND TRANSFER CARDS ARE	COLLECTED FROM
APPROXIMATELY 2,173 UNION MEMBERS TO PROTECT AND PROMOTE	
CONNECTION WITH EMPLOYMENT.	
2 Did the organization undertake any significant program services during the year which were not liste	d on the prior
Form 990 or 990-EZ?	. Yes X No
If 'Yes,' describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any j	program services? Yes X No
If 'Yes,' describe these changes on Schedule O.	Stogram services.
· · · · · · · · · · · · · · · · · · ·	ogram convices as measured by evnenses
4 Describe the organization's program service accomplishments for each of its three largest pr Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	e amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported	,
4a (Code:) (Expenses \$ 1,456,825. including grants of \$ 11,	790.) (Revenue \$)
DUES, INITIATION FEES, ASSESSMENTS AND TRANSFER CARDS ARE	
APPROXIMATELY 2,173 UNION MEMBERS TO PROTECT AND PROMOTE	
CONNECTION WITH EMPLOYMENT.	:
CONNECTION WITH EMPLOTMENT.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	<u> </u>
4 b (Code ) (Expenses \$ including grants of \$	) (Revenue \$)
4 c (Code ) (Expenses \$ including grants of \$	) (Revenue \$)
4 d Other program services. (Describe in Schedule O.)	
	evenue \$ )
4e Total program service expenses ► 1,456,825.	
4e total program service expenses - 1,400,840.	

Checklist of Required Schedules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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		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		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.			
а	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	
t	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		_x
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
	I 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
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	
	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	
t	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$ .	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Checklist of Required Schedules (continued) Yes No 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 21 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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 Х 26 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 Х 27 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): Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* 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 X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II. 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **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 35b 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

38

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

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

Form 990 (2013) HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,

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 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 10 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 15 X 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) V 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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 Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? . . . . . Organizations that may receive deductible contributions under section 170(c). 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a 9 b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state?. Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b 13 c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Page 5

X

Form 990 (2013) HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS, 13-5559086 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 or note to any line in this Part VI

Se	ction 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  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			
	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders? See Schedule Q	6	X	
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O	7a	Х	
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	veni	ie Co	
	State St. Chains (This Section & requests information about policies flot regulied by the internal to	1	Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a		X
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a		X
	<b>b</b> Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16.	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		X
	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		
Sec	ction C. Disclosure			
_	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	vailabl	e for	public
	Own website  Another's website  X Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.  See Schedule O	able to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			

JOHN ZIRPOLI - SEC. TREASURER 14 FRONT STREET HEMPSTEAD NY 11550 (516) 560-8509

	•	•								•
Form 990 (		HIGHWAY	& LOCAL	MOTOR FREI	GHT DR	IVERS,		13-5559		Page 7
Part VII	Comp	ensation o	of Officers	, Directors, Tr	rustees,	Key Employees,	Highest Com	pensated	<b>Employees</b> ,	and
	⁻Indep	endent Co	ntractors							_
•	Chack	of Sabadula C	\ aantaina a		4 line	and this Dort 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

				(C	;)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					2)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DANIEL PACHECO	40									
Trustee	0	X						79,897.	0.	34,548.
(2) CHARLES PANE	2			ł						
Trustee	0	X						2,800.	0.	316.
(3) MICHAEL MC ELROY	2									
Trustee	0	Х						2,500.	0.	0.
(4) KEVIN MCCAFFREY	40	į l		ı	ı					
President	0			Х	_			108,159.	0.	34,548.
_(5)_ JOHN_ZIRPOLI	40	ļ								
SEC. TREASURER	0			Х	_			89,009.	0.	37,215.
(6) LAWRENCE CINQUE	40	[						[		-
Vice President	0		$\Box$	Х	_		_	89,009.	0.	34,548.
(7) THOMAS HOGAN	2									
REC. SECRETARY	0		$\Box$	Х				2,800.	0.	0.
(8)					l					
(9)										
(10)					_					
(11)			_							
(12)							$\dashv$			
(13)				$\dashv$	-		+			
(14)			-	+	-		$\dashv$			

Part VIII Section A. Officers, Directors, Trus	tees,	Key	En	ple	oye	es,	an	d Highest Con	pensated Emp	loyees (continued)
•	(B)			((	•					
(A)	Average	(do	not c	Po: heck	sition mor	e than	one		(E)	<b>(F)</b>
Name and title	hours per week	offic	cer a			is bot tor/trus	itee)	compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or D	lng.	Officer	<u>\$</u>	em gr	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	brect	통	쫎	<u>3</u>	Highest co employee	l mer			organization and related organizations
	organiza - tions	হ হ	를		Key employee	le om				organizations
	dotted line)	stee	nstitutional trustee		n .	) Aux		]		
	litte)		ä			řed				
(15)	<del>                                     </del>	-			-	-	+-		<del></del>	-
		1								
(16)									-	
			Ш		ļ		L			
(17)								J		
(18)	<u> </u>	<u> </u>								
(19)							Τ			
(20)										
(21)	<u> </u>				ļ	_	-			
(21)		1								
(22)			$\vdash$				_			
							L			
(23)										
-							Ļ.			<u></u>
(24)										
(25)		$\vdash$		_			-			
*										
1 b Sub-total							<b>•</b>	374,174.	0.	141,175.
c Total from continuation sheets to Part VII, Section	Α	•					•	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to	those l	ctod	ahov	(0)	who	rocon	vod	374,174.	0.	141,175.
from the organization 1	11036 11	Sieu	abov	(C) ¥	VI 10	i ecei	veu	more than \$100,00	o of reportable comp	Je i Sation
1		٠,					_		<u>.                                      </u>	Yes No
3 Did the organization list any former officer, directo	r. or tru	stee.	kev	em	olar	vee,	or h	nighest compensa	ted employee	
on line 1a? If 'Yes,' complete Schedule J for such	individu	al	•						, -	3 X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater	eportabl	e cor	mpe	nsa	tion	and	oth	er compensation	from	
such individual	шап ф	50,00	)U:	11 1	62	COITI	piei	e Scriedule 3 for		4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fre	om a	any	unre	late	ed organization or	ındıvıdual	
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te Sc	nea	ule	J to	r suc	n p	erson	<del></del>	5 X
Complete this table for your five highest compensa compensation from the organization. Report compensation from the organization.	ted inde	pend	dent	cor	ntra	ctors	tha	it received more to	han \$100,000 of	
		the ca	alend	dar y	<u>year</u>	endı	ng v			
(A) Name and business addres	ss							(B) Description (		(C) Compensation
			•							
				-						_ <del></del>
2 Total number of independent contractors (including but	not limi	ted to	tho	ا می	ster	labo	ve)	who received more	than	
\$100,000 of compensation from the organization				JU 11			,	o 10001100 IIIO16		
BAA	_ <u>~</u>	reea0	108L	11/1	1/13			<del></del>		Form <b>990</b> (2013)

1,821. Form **990** (2013)

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For	m 990 (2013) HIGHWAY & LOCAL MO	TOR FREIGHT	DRIVERS,		13-5559086	Page
Pa	rt VIII Statement of Revenue  Check if Schedule O contains a resp	oonse or note to an	v line in this Part V	III .		Г
	Ones Constant C contains a resp	30.100 01 110.10 10 01.1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Z 2	1 a Federated campaigns 1 a					
Z S	b Membership dues 1 b					
S S	c Fundraising events 1 c					
	d Related organizations 1 d					
Š	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
	g Noncash contributions included in lines 1a-1f. \$					
<u>ې</u>	h Total. Add lines 1a-1f .	Business Code				
品	2a DUES AND ASSESSMENTS	480000	1,243,830.	1,243,830.		
Æ	b INITIATION FEES	480000	79,585.	79,585.		<del>                                     </del>
길	c WITHDRAWAL AND TRANSFER		22.	22.		<del> </del>
Ē	q	10000				
₩	е					
g	f All other program service revenue			····		
<u> </u>		<u> </u>	1,323,437.	· · · · · · · · · · · · · · · · · · ·		
	<ol> <li>Investment income (including dividend other similar amounts).</li> </ol>	s, interest and	1,821.			1,821
	4 Income from investment of tax-exempt	bond proceeds. •				
	<b>5</b> Royalties					
	(ı) Real	(II) Personal			•	
	6a Gross rents					
	b Less rental expenses c Rental income or (loss)		}	`		
	d Net rental income or (loss).					<del> </del>
	7 a Gross amount from sales of (i) Securities	(II) Other				
	assets other than inventory					
	b Less: cost or other basis and sales expenses.	<u> </u>				
	c Gain or (loss) d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including . \$					
R	See Part IV, line 18	a				
嵳	<b>b</b> Less, direct expenses	b				
9	c Net income or (loss) from fundraising (	events.		Ì		
	9 a Gross income from gaming activities See Part IV, line 19	a			7.7	
	<b>b</b> Less direct expenses	ь				
	c Net income or (loss) from gaming active	/ities ►		_		
	10a Gross sales of inventory, less returns and allowances	а				
	<b>b</b> Less. cost of goods sold .	ь				
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
	11 a REIMB. SAL & BEN FUNDS		79,656.	79,656.		
	b SALE OF FIXED ASSETS	- ·· ···	4,000.	4,000.	<del></del>	<del>                                     </del>
	c SALE OF SUPPLIES d All other revenue	VAULC	3,021. 953.	3,021. 953.	<del></del>	<del> </del>
	a / iii otilor rotollata	WKS	<u> </u>	933.		L

e Total. Add lines 11a-11d

12 Total revenue. See instructions

1,411,067.

87,630

1,412,888.

WKS

Part X Statement of Functional Expenses

,000	Check if Schedule O contains a			complete column (ry.	
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,790.			
	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				
5	Compensation of current officers, directors, trustees, and key employees	374,174.			
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 .	144,909.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer				
_	contributions) .	101,602.			
9	Other employee benefits .	76,856.		ļ	
10	Payroll taxes	36,716.		ļ	
11					
	Management .				
	Legal .	60,747.			
	Accounting	9,750.			<u> </u>
	Lobbying			l E	
	Professional fundraising services See Part IV, line 17		<u></u>		<del></del>
	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column		<del></del>	<del>  </del>	<del></del>
	(A) amount, list line 11g expenses on Schedule 0)  Advertising and promotion	14,770.			 
13	Office expenses		****	† · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
14	Information technology .				
15	Royalties				
16	Occupancy	61,269.			
17	Travel .	53,717.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,864.			
20	Interest	434.			
21	Payments to affiliates .	323,573.			
22	Depreciation, depletion, and amortization	22,595.			
	Insurance .	25,571.			
24	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.).				
а	NLRB_DAMAGES	78,000.			
	TELEPHONE	22,223.			
	Printing and Publications	10,070.			
	Postage and Shipping	6,226.		<u> </u>	
	All other expenses	10,969.			
	Total functional expenses. Add lines 1 through 24e	1,456,825.	·		
	Joint costs. Complete this line only if				
<b>4</b> 0	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)				

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Form 990 (2013)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 91,158. Cash - non-interest-bearing 136,475 Savings and temporary cash investments 2 2 226,715 228,536. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 234,293 10b b Less: accumulated depreciation 23,129. 10 c 175,655 58,638. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 6,913 15 10,293 393,232 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 388,625 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 7,191 23 46,521 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 26 Total liabilities. Add lines 17 through 25 7,191 46,521 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 386,041 342,104. 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. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 386,0<u>41</u> 342,104 34 Total liabilities and net assets/fund balances 393,232 34 388,625

Forr	n 990 (2013) HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,	13-9	5559086	Pi	age 12
Pa	能器 Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI .			<u>.                                    </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,412,	888.
2	Total expenses (must equal Part IX, column (A), line 25)	. [	2	1,456,	_
3	Revenue less expenses Subtract line 2 from line 1	l	3		937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 1	4	386,	
5	Net unrealized gains (losses) on investments	l	5		
6	Donated services and use of facilities .	i	6		
7	Investment expenses	1	7		
8	Prior period adjustments .	- 1	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,	ĺ			
	column (B))		10	342,	<u> 104.</u>
Pa	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				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_		
	in Schedule O.				
2 8	a 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 reviseparate basis, consolidated basis, or both:	iewe	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		,	2b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	para	te		
	basis, consolidated basis, or both				
	X   Separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	iudit,		2 c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	•	3 a	Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	l audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3 b	<u> </u>
BAA				Form <b>990</b>	(2013)

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#### 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

2013

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(6)

► 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 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer Identification number HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS Part A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part'l-B Complete if the organization is exempt under section 501(c)(3). Ś Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 No 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? . No b if 'Yes,' describe in Part IV Rart Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds. If none, enter-0-(a) Name (c) EIN (e) Amount of political (b) Address contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3) (4)(5)

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	the organization	OCAL MOTOR FREIG	HT DRIVERS, ction 501(c)(3) an	13-555 d filed Form <b>5768 (</b> e	
section 501(	h)).				
<del></del>		s to an affiliated group (and		liated group member's nam	ne,
_	•	d share of excess lobbying	•		
B Check ► ☐ If the filir	ng organization che	cked box A and 'limited co	entrol' provisions apply	<i>'</i> .	
(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 expendition	ures to influence a l	egislative body (direct lob	bying)		
c Total lobbying expendition	ures (add lines 1a a	nd 1b) .			
<b>d</b> Other exempt purpose e	expenditures.				
e Total exempt purpose e	xpenditures (add lir	es 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the am	ount from the following ta	ble in		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000			
<b>g</b> Grassroots nontaxable a	•	•	•		
<b>h</b> Subtract line 1g from lin	ne 1a. If zero or less	, enter -0-			
i Subtract line 1f from lin	e 1c. If zero or less	, enter -0-		L	
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the org	ganization file Form 472	0 reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period I t made a section 501(h) el s below. See the instructi	lection do not have to	complete all of the five gh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount .					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures .

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Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,			9086 Page <b>3</b>	
Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT file	d For		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity	Yes	No	Amount	
<ul> <li>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:</li> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul>				
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?				
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	501(c)(5)	, or	<del> </del>	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?.</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> </ul>			Yes No	
Complete if the organization is exempt under section 501(c)(4), section (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (answered 'Yes.'	501(c)(5) b) Part l	, or s II-A, li	ection 501(c) ine 3, is	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polities expenses for which the section 527(f) tax was paid).	cal			
a Current year b Carryover from last year		2 a 2 b		
c Total		2 c		
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 W 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 Part II-B, line 1. Also, complete this part for any additional information	group list)	Part I	I-A, line 2; and	

#### 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. OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS DOCKMEN & HELPERS TEAMSTERS LOCAL 707 13-5559086 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) Aggregate grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No l Yes Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds?... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 . **►** \$

b Assets included in Form 990, Part X.

Schedule D (Form 990) 2013 HIGHWAY	& LOCAL MO	TOR FREIGH	T DRIVERS,	13-555		Page 2
Part III Organizations Maintaining	Collections	of Art, Histor	rical Treasures, o	or Other Similar As	sets (continue	<u>d)</u>
3 Using the organization's acquisition, accertees (check all that apply)	ssion, and other	records, check an	y of the following that a	are a significant use of its	collection	
a Public exhibition	,	<b>d</b> Loan or	r exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future generations	;					
4 Provide a description of the organization's Part XIII.	collections and	explain how they	further the organization	n's exempt purpose in		
5 During the year, did the organization so to be sold to raise funds rather than to						No
Part IV   Escrow and Custodial Arra	angements. ( unt on Form !	Complete if th 990, Part X, li	e organization ar ne 21.	nswered 'Yes' to Fo	rm 990, Part I	V,
1 a Is the organization an agent, trustee, c on Form 990, Part X?	ustodian, or oth	er intermediary f	for contributions or ot	ther assets not included	☐ Yes ☐	No
<b>b</b> If 'Yes,' explain the arrangement in Pa	rt XIII and comp	lete the following	g table:	F-1	Amount	···
c Beginning balance				. 1c	Amount	
d Additions during the year.	•			1 d		
e Distributions during the year		•		1 e	<del></del>	
f Ending balance			•	11	<del></del>	
2a Did the organization include an amount	t on Form 990. I	Part X. line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Pa		-	ion has been provide	d in Part XIII		
Part Vs Endowment Funds. Compl	oto if the ora	ionization and	wered 'Ves' to E	orm 990 Part IV Ju	20.10	
,	Current year	(b) Prior year	(c) Two years bac			hack
1 a Beginning of year balance	) Current year	(b) Filor year	(c) Two years bac	(d) Tillee years back	(e) rour years i	Juck
<b>b</b> Contributions .	· · · · · ·				<del></del>	
				<del></del>		
c Net investment earnings, gains, and losses						
d Grants or scholarships	<del></del>		<del></del>		+	
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of th	e current year e	end balance (line	1g, column (a)) held	as:		
a Board designated or quasi-endowment		8				
<b>b</b> Permanent endowment ▶	8					
c Temporarily restricted endowment ▶	<del></del>	8				
The percentages in lines 2a, 2b, and 2	c should equal	100%				
3 a Are there endowment funds not in the pos organization by	session of the or	ganization that are	e held and administere	d for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related organize	zations listed as	required on Sch	edule R?		3b	
4 Describe in Part XIII the intended uses	of the organiza	tion's endowmer	it funds.		<u> </u>	
Part VI Land, Buildings, and Equip						
Complete if the organizatio		Yes' to Form	990, Part IV, line	11a. See Form 99	0, Part X, line	10.
Description of property		or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book valu	1e
1 a Land .				, ,		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment		125,384.		66,746.	58.1	638.
e Other		108,909.	<del></del>	108,909.		0.
Total Add lines 1a through 1e (Column (d)	must equal Force		Jump (B) June 10(c)		50 (	638

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Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statements Wit	łeturn.	
1 Total revenue, gains, and other support per audited financial statements	<del></del>	1 412 000
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	500 mg	1,412,888.
a Net unrealized gains on investments  b Donated services and use of facilities  2 a  2 b	-	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	- 7	
e Add lines 2a through 2d.	20	
3 Subtract line 2e from line 1	2 e	1 412 000
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	3	1,412,888.
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIII.) c Add lines 4a and 4b.		
	4 c	1 412 000
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,412,888.
Partixii Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	r Keturn	·
1 Total expenses and losses per audited financial statements .	1	1,456,825.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses .		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,456,825.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b.	4 c	1 456 005
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	] 3	1,456,825.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Paline 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	irt V, iy additior	nal information.
Part X - FIN 48 Footnote		
ACCOUNTING_PRINCIPLES_GENERALLY_ACCEPTED_IN_THE_UNITED_STATES_OF_AME	<u>:RICA F</u>	REQUIRE
<u>UNION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNION AND RE</u>	COGNIZ	E A TAX
LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE	LIKEI	Y THAN NOT
WOULD_NOT_BE_SUSTAINED_UPON_EXAMINATION_BY_THE_INTERNAL_REVENUE_SERV	ICE. I	HE UNION
IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE	ARE C	CURRENTLY
NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE UNION BELIEVES IT IS	ייים דיר <u>ו</u>	
SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.	C-b-3-4	D (Farm 000) 0012
BAA	Schedule	<b>D</b> (Form 990) 2013

#### **SCHEDULE 0** (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 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

Name of the organization HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS,	Employer Identification number
DOCKMEN & HELPERS TEAMSTERS LOCAL 707	13-5559086
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholde	r
INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 813 HAS APPROXIM	MATELY 2,173 UNION
MEMBERS.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing E	Body
THE LOCAL UNION MEMBERS ELECT OFFICERS AND TRUSTEES EVERY 3 Y	YEARS,
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members	or Shareholders
SOME DECISIONS ARE SUBJECT TO MEMBERS' APPROVAL BASED ON EACH	LOCAL UNION'S BY-LAWS.
Form 990, Part VI, Line 11b - Form 990 Review Process	
THE RETURN PREPARER MAILS A COPY OF THE FINAL VERSION OF FORM	4 990 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 BEFOR	RE 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

	re filing for an Automatic 3-Month Extension, co			form)		
•	re filing for an Additional (Not Automatic) 3-Mon			•		
	nplete Part II unless you have already been grante		-			
request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no strension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which multing of this form, visit www.irs.gov/efile and click	ot automatic) t I or Part II v nust be sent	) 3-month extension of time You can el- vith the exception of Form 8870, Informatio to the IRS in paper format (see instruc	ectronically file Form n Return for Transfers	1 8868 to	
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no copies needed)			
A corporation	on required to file Form 990-T and requesting an				, <u>►</u> □	
All other co	rporations (including 1120-C filers), partnerships,	REMICs. at	nd trusts must use Form 7004 to reques	t an extension of tim	ne to file	
income tax	returns			ifying number, see ii		
	<u>.</u>				umber (EIN) or	
Type or print	HIGHWAY & LOCAL MOTOR FREIGHT DRIVERS, DOCKMEN & HELPERS TEAMSTERS LOCAL 707 13-5559086			13-5559086   Social security number (5	SCAD.	
File by the due date for	Number, street, and room or suite number. If a P O box, see if	nstructions		Social security number (	33N)	
filing your return See	14 FRONT STREET  City, town or post office, state, and ZIP code For a foreign add	dress, see instru	ctions	<u> </u>	<del></del>	
instructions	HEMPSTEAD, NY 11550					
			<del></del>			
Enter the R	eturn code for the return that this application is fo	or (file a sep	parate application for each return) .		01	
Application Is For		Return Code	Application Is For	R		
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 4720 (1	ndıvıdual)	03	Form 4720 (other than individual)			
Form 990-P	F	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		
Telephor  If the ord  If this is check the exterior  requesity the exterior  I requesity the exterior  X  If the the tree to the tree to the exterior than the exterior	the No (516) 560-8509  Ganization does not have an office or place of but for a Group Return, enter the organization's four its box (1) If it is for part of the group, consion is for stan automatic 3-month (6 months for a corporation 8/15	Fax No siness in the digit Group check this bo required to fanization ret	E United States, check this box  Exemption Number (GEN) If ox ► and attach a list with the natile Form 990-T) extension of time urn for the organization named above	this is for the whole mes and EINs of all	5 , .	
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions.	1720, or 606	9, enter the tentative tax, less any	3 a \$	0.	
<b>b</b> If this	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3 b \$	0.	
c Balance EFTPS	ce due. Subtract line 3b from line 3a Include your (Clectronic Federal Tax Payment System) See	r payment w instructions	rith this form, if required, by using	3 c \$	0.	
	you are going to make an electronic funds withdra			53-EO and Form 88	79-EO for	

Form <b>886</b>	8 (Rev_1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II and check t	this box .	<u>► X</u>
	y complete Part II if you have already been granted				لتت
	are filing for an Automatic 3-Month Extension, cor			-	
Part II	Additional (Not Automatic) 3-Month E			I (no copies needed	).
u	tractification of months			dentifying number, see in	
	Name of exempt organization or other filer, see instructions	<del></del>	Enter filer 31	Employer identification number	
_					
Type or print				13-5559086	
File by the	Number, street, and room or suite number. If a P O box, see ins	Social security number (SSN)			
File by the extended due date for					
filing your return See instructions.	14 FRONT STREET				<del></del>
instructions.	City, town or post office, state, and ZIP code For a foreign addre	ess, see instruction	ons		
	HEMPSTEAD, NY 11550			<u> </u>	
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return)		01
A 11		1	Language		Dot:::
Applications Is For	on	Return Code	Application Is For		Return Code
Form 990 o	or Form 990-EZ	01			
Form 990-	-BL	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than individual)		09
Form 990-		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
Teleph If the If this whole gro	ooks are in care of ► <u>JOHN ZIRPOLI - SEC</u> none No ► <u>(516) 560-8509</u> organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box ► If it is for part of the graph the extension is for.	Fax No. ► siness in the digit Group	e United States, check this box .		►☐ s is for the
members	the extension is for.		······································		
5 For 6 If the	puest an additional 3-month extension of time until calendar year 2013, or other tax year beginning tax year entered in line 5 is for less than 12 month Change in accounting period e in detail why you need the extension.  AWAT MPLETE AND ACCURATE RETURN.	ng ths, check re	$____$ , 20 $__$ , and ending $_$	Final return	
nonr	is application is for Forms 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions		· · · · · · · · · · · · · · · · · · ·	8 a   \$	
tax prev	is application is for Forms 990-PF, 990-T, 4720, or payments made Include any prior year overpaymer lously with Form 8868	nt allowed as	s a credit and any amount paid	ed 8 b \$	
c Bala EFTI	nce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System) See	ir payment w instructions	vith this form, if required, by using	8 c \$	<del></del>
	Signature and Verific	ation mus	t be completed for Part II or	nly.	
Under penati correct, and Signature	es if peryury, I dictare half have examined this form, including accomplete and that I am authorized to prepare this form  Title	ompanying sche		-	1-2014
BAA V	VV~	FIFZ0502L		Form 8868 (	

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