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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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning and e	nding					
В	Check of applicab	C Name of organization		D Employer identific	cation number			
	Addre	GENERAL TEAMSTERS LOCAL #431						
Ē	Name chan			94-0	577293			
Ē	Initial		loom/suite	E Telephone numbe				
	Termi	, ,		(559				
	Amer			G Gross receipts \$ 1,489,250				
	Appli	FRESNO, CA 93/20		H(a) Is this a group re				
	pend	F Name and address of principal officer PETE NUNEZ		for subordinates	?			
_		1140 W. OLIVE, FRESNO, CA 93728		H(b) Are all subordinates in	ncluded? Yes No			
		empt status 501(c)(3)X 501(c)(5) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
		te: ► N/A		H(c) Group exemptio				
_			R L Year	of formation: 1950 N	State of legal domicile: CA			
P	art I	Summary						
_ _ 0	1	Briefly describe the organization's mission or most significant activities. <u>LABOR</u>	ORGA	NIZATION				
		Charlethin have the comment of the c		th 050/ -f t t				
~= -~	2	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)	ea ot more	1 1	ssets			
ర్జమ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)		3				
က _{္စ}	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	13			
Ţ E	6	Total number of volunteers (estimate if necessary)		6	0			
뜷	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Щ	Ĭ.	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
Revenue NETO UFC	1			Prior Year	Current Year			
4	8	Contributions and grants (Part VIII, line 1h)	$D \square$	1,361,003.	1,375,530.			
CZ.	9	Program service revenue (Part VIII, line 2g)	—— U	119,408.	110,490.			
U. §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4 50-9	<91.	> 0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) V 1 8 201		1,544.	3,230.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,481,864.	1,489,250.			
	13	=	<u> </u>	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		18,777.	18,964.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	800,099.	842,312.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> —	0.	0.			
X	_b		<u>0. </u>	660 636	C75 C07			
	[Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		660,626.	675,697. 1,536,973.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	-	2,362.	<47,723.>			
10		Tieveride less expenses Subtract line 10 from line 12	Bei	ginning of Current Year				
Net Assets or	20	Total assets (Part X, line 16)	106	310,507.	End of Year 257,983.			
ASS	21	Total liabilities (Part X, line 26)		33,516.	28,715.			
Set	22	Net assets or fund balances Subtract line 21 from line 20		276,991.	229,268.			
P	art II	Signature Block						
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.				
C:-		Signature of officer			14			
Sig He		PETE NUNEZ, SECRETARY-TREASURER		24.0				
ne		Type or print name and title		******				
		Print/Type preparer's name Preparer's signature		1 11 -	X PTIN			
Pai	d	DAWN ROGERS, CPA Dawn (/Cxxx)	1	1/10/14 self-employe				
	parer	Firm's name DAWN M. ROGERS, CPA		Firm's EIN	48-1291875			
Use	Only	Firm's address 3060 EL CERRITO PLAZA #362						
		EL CERRITO, CA 94530	<u> </u>	Phone no.51	0-990-6443			
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
332	101 10-4	20.13 I HA For Paperwork Reduction Act Notice, see the separate instruction	is.	~	Form 990 (2013)			

Form	990 (2013) GENERAL TEAMSTERS LOCAL #431	94-0577293	Page 2
Pa	rt III Statement of Program Service Accomplishments		F1
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission LABOR ORGANIZATION		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	s X No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v _a .	s X No
3	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
4-	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION OF THE PROVIDING LOCAL UNION OF THE		,
	SERVICES	ON BUFFORT	
	DERVICED		
	**************************************	****	
			
4b		ie \$)
	PROVIDING LOCAL UNION MEMBERSHIP WITH SUPPORT SERVICES		
		·······	
			.
4c	(Code) (Expenses \$ including grants of \$) (Revenu		
40	(Code) (Expenses \$	· 	,
	INOVIDING BOCKE ONION MEMBERSHIT WITH CONTRACT BOTTONT C	/HRV I CHD	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		
		Form	990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i i
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	X	
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	l		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
O	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	445		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	14b		Λ
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	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,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		1
.5	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,"	10		
15	complete Schedule G, Part III	19		Х
2 ∩ -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		47
	in 199 to 1110 Body on the organization account a oppy of the addition inflational statements to this lettern.		990	2013
		. 0/11/1		,,

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		
	Part V, line 1	34	X	
35a		35a		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
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		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	38	X	
		Form	990	(2013)

Form **990** (2013

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 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6 Ol Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 13 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <u>5c</u> 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form **990** (2013)

332005 10-29-13

Page 6 GENERAL TEAMSTERS LOCAL #431 94-0577293 Form 990 (2013) 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			\mathbf{x}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 7			_:			
	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 0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Χ_			
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		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
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?	6		X			
7a	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?	7a	_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X	· 			
b	Each committee with authority to act on behalf of the governing body?	8b	X				
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		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
þ	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?						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
12a		12a		_X_			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	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			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v			
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X			
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
IUa	taxable entity during the year?	16a		X			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	,,,,,,					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available Check all that apply						
	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 made its governing documents, conflict of interest policy, and finar							
statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨					
	PETE NUNEZ - (559)486-5414						
	1140 WEST OLIVE, FRESNO, CA 93728						
		_	Ω				

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

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DARRELL PRATT	40.00										
PRESIDENT		ļ		X				93,330.	0.	39,549	
(2) LENNIE WELLS	40.00	1									
VICE-PRESIDENT			<u> </u>	X		ļ		84,966.	0.	39,549	
(3) PETER NUNEZ	40.00										
SECRETARY-TREASURER		<u> </u>	ļ	X	L		ļ	108,136.	0.	39,549	
(4) SCOTT KROEKER	5.00					1			_		
RECORDING-SECRETARY		<u> </u>		X				3,250.	0.	0.	
(5) DAVID CARLOCK	40.00								_		
FRUSTEE/BUSINESS AGENT				X				918.	0.	0.	
(6) CURTIS THIESEN	5.00	1						005		•	
TRUSTEE		_	ļ	X		ļ		885.	0.	0 .	
(7) FRED WILSHAW	5.00	-						2 664		_	
TRUSTEE	10.00	ļ. 		X	<u> </u>	 		3,664.	0.	0.	
(8) RODNEY HOLLETT	40.00	-						0.754		•	
VICE-PRESIDENT (FORMER)	1 00	<u> </u>	<u> </u>	_		<u> </u>		2,754.	0.	0	
(9) DANIEL MARTINEZ	1.00							2,652.	0.	0	
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Form **990** (2013)

	(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est ame	(F) mate ount o	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	,	orga	m the nızatı relate	e on ed
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	Sub-total Total from continuation sheets to Part V	II. Section A						>	300,555.).	118	, 04	<u>4 / .</u> 0 .
	Total (add lines 1b and 1c)							<u> </u>	300,555.			118	,64	47.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportable				1
	compensation from the organization	·,· · , —										T	Yes	No
3	Did the organization list any former officer,	•		e, ke	y en	nplo	yee	or l	highest compensated e	mployee on				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omp	ensa	ation	n and	d otl	her compensation from	the organization	-	3		<u> </u>
	and related organizations greater than \$15									Ū		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services		5		х
Sec	ction B. Independent Contractors	picto coricda.		0, 0,	30,,	<i>D</i> 010						····		
1	Complete this table for your five highest continuous the organization. Report compensation for										nsat	ion fr	om	
	(A)	trie caleridar y	ear	enai	ng v	VILIT	Or W	16111	(B)	yeai		(C)		
	Name and business	address	N	INC	3				Description of s	ervices	Co	mpen	sation	า
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									·					
	Total number of independent contractors (includina but n	ot I	mite	d to	the	se li	sted	above) who received m	nore than				
	\$100,000 of compensation from the organ	=			5		0				<u>.</u>		00 /6	

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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities See Part IV, line 19 a b Less core or (loss) from garning activities and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total, Add lines 11a-11d		С	Rental income or (loss)		L	_			
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b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. Less 2001 (10.03) Business Code 11 3, 230. 1, 489, 250. 113, 720. 0. 0.		7 a		(i) Securities	(II) Other	-			
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					1	-			
Including \$ of contributions reported on line 1c). See Part IV, line 18			-	a ovente (net					
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Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. 322009 Part IV, line 19 a Business Code 2, 404. 900099 2, 404. 2, 404. 900099 3, 230. 1, 489, 250. 113, 720. 0. 0. Expenses 1, 489, 250. 113, 720. 0. 15cm 990 (2012)			, ,	-				"	
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory All other revenue a Total revenue See instructions. b 1,489,250. 113,720. Company (2012)									
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and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. 332009		С	Net income or (loss) from gan	ning activities					
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. 332009 Business Code 2, 404. 2, 404. 826. 826. 826. 1, 489, 250. 113, 720. 0. 0.		10 a	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSED EXPENSES 900099 2,404. 2,404. b REIMB. FOR PROMOTIONAL 900099 826. 826. c d All other revenue 4000000000000000000000000000000000000			and allowances	а					
Miscellaneous Revenue Business Code		b	Less cost of goods sold	b					
11 a REIMBURSED EXPENSES b REIMB. FOR PROMOTIONAL c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions. ■ 3,230. ■ 1,489,250. 113,720. □ 0. □ 0. □ 0. □ 0. □ 0. □ 0. □ 0.□ 0.□ 0.□ 0.□ 0.□ 0.□ 0.□ 0.□ 0.□ 0.	ļ	С	Net income or (loss) from sale	es of inventory					
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c d All other revenue e Total. Add lines 11a-11d ▶ 3,230. 12 Total revenue See instructions. ▶ 1,489,250. 113,720. 0.	- 1	11 a							
d All other revenue e Total. Add lines 11a-11d ≥ 3,230. 12 Total revenue See instructions. ≥ 1,489,250. 113,720. □ 0. □ 1,489,250. 113,720. □ 0. □ 1,489,250. □ 1,489		b	REIMB. FOR PROM	MOTIONAL	900099	826.	826.		1
e Total. Add lines 11a-11d 12 Total revenue See instructions. 1		С							<u> </u>
12 Total revenue See instructions. ▶ 1,489,250. 113,720. 0. 0.		d				2 222			+
332009 Earm 990 (2012)							112 700		
	33200	9	iotal revenue See instructions.		<u>P</u> .	1,407,450.	113,/20.	<u> </u>	

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
Δ-		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			l i	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	<u>.</u>			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	18,964.			
5	Compensation of current officers, directors,				
	trustees, and key employees	418,932.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	213,125.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	71,867.			
9	Other employee benefits	88,158.			
10	Payroll taxes	50,230.			
11	Fees for services (non-employees)				
а	Management				······································
b	Legal	27,648.			· ····
С	Accounting	15,500.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	5 004			
	column (A) amount, list line 11g expenses on Sch 0.)	7,021.			
12	Advertising and promotion	06 540			
13	Office expenses	96,712.			
14	Information technology				
15	Royalties	10 000			
16	Occupancy	19,007.			
17	Travel	86,608.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 5.00			
19	Conferences, conventions, and meetings	5,762.			
20	Interest	334.	····		···
21	Payments to affiliates	353,627. 10,709.			
22	Depreciation, depletion, and amortization	10,709.			
23	Insurance				
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 0.)				
а	AUTOMOBILE EXPENSES	37,499.			
þ	CONTRIBUTIONS TO LABOR	6,900.			
С	COMMUNUTIY OUTREACH	4,850.			
d	MEMBERS' RETIREMENT DIN	3,120.			
е	All other expenses	400.			
25	Total functional expenses. Add lines 1 through 24e	1,536,973.			
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Part >	X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year	1	(B) End of year
1	1	Cash - non-interest-bearing		107,873.	1	60,244.
2	2	Savings and temporary cash investments		2,763.	2	2,763
3	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
5	5	Loans and other receivables from current and fo	ormer officers, directors,			- -
1		trustees, key employees, and highest compens.				
		Part II of Schedule L			5	
Ι 6	3	Loans and other receivables from other disqual	rfied persons (as defined under			•
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
2		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	<u>,,, , , , , , , , , , , , , , , , , , </u>
ع ۴	3	Inventories for sale or use			8	
g	9	Prepaid expenses and deferred charges		9		
10)a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 547,798.			
	b	Less. accumulated depreciation	10ы 355,833.	196,860.	10c	191,965
11		Investments - publicly traded securities		•	11	•
12	2	Investments other securities See Part IV, line		12		
13	3	Investments - program-related See Part IV, line		13		
14	1	Intangible assets		14		
15	5	Other assets See Part IV, line 11		3,011.	15	3,011
16	3	Total assets. Add lines 1 through 15 (must equ	al line 34)	310,507.	16	257,983
17	7	Accounts payable and accrued expenses		28,760.	17	28,715
18	3	Grants payable		18		
19	•	Deferred revenue			19	
20)	Tax-exempt bond liabilities			20	
21	1	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
22	2	Loans and other payables to current and forme	r officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons			
		Complete Part II of Schedule L			22	
ī ₂₃	3	Secured mortgages and notes payable to unrela	ated third parties	4,756.	23	0 .
24	1	Unsecured notes and loans payable to unrelate	d third parties		24	
25	5	Other liabilities (including federal income tax, pa	yables to related third	•		
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25	
26	3	Total liabilities. Add lines 17 through 25		33,516.	26	28,715.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ X and	'		
g		complete lines 27 through 29, and lines 33 ar	nd 34.			
27	7	Unrestricted net assets		274,228.	27	226,505
Net Assets or Fund Balances 32 33 33 33 33 33 33 33 33 33 33 33 33 3	3	Temporarily restricted net assets		2,763.	28	2,763
29	•	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
5		and complete lines 30 through 34.				
2 3C)	Capital stock or trust principal, or current funds			30	
ĝ 31	1	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
32	2	Retained earnings, endowment, accumulated in	come, or other funds		32	
ž 33	3	Total net assets or fund balances		276,991.	33	229,268.
34	4	Total liabilities and net assets/fund balances		310,507.	34	257,983.
						Form 990 (2013

332012 10-29-13 Form 990 (2013)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

ZU13

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations. Complete Part III	.,,	,	,, a.vo
	ne of organization	<u> </u>		Empl	oyer identification number
	GENERAI	TEAMSTERS LOCAL	4431		94-0577293
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c) or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politi	cal campaign activities		
	Political expenditures			▶\$	0.
3	Volunteer hours				
Pa	art I-B Complete if the or	ganization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	ncurred by organization manag	gers under section 495	. 5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
48	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV		1		1/01
	-	ganization is exempt und	·	······································	
	Enter the amount directly expende		· ·		
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s		
_	exempt function activities	4111			
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO		
_	line 17b	4400 DOI for this 1100		> \$	Yes No
	Did the filing organization file Form	-	(IN) of all acetion 527 n		
5	Enter the names, addresses and e made payments. For each organization				
	contributions received that were p	· ·	• •		•
	political action committee (PAC) If	• •	•	•	5 5
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4)		(0)	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0
		-	-		

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

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Schedule C (Form 990 or 990-EZ) 2013	GENER/	AL TEA	MSTERS LOCA	L #431	94-(0577293 Page 2
Part II-A Complete if the org			mpt under sectio	n 50 r(c)(3) and m	ea rorm 5/06	
(election under sec		` 	<u> </u>			
	_		liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share			•			
B Check 🕨 💹 If the filing organiza	tion check	ed box A a	nd "limited control" pro	visions apply.	-	
		ying Expe	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	•	•	,			-
b Total lobbying expenditures to influ	_		ay (airect lobbying)			-
c Total lobbying expenditures (add li		115)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	•		•			
f Lobbying nontaxable amount Ente	ſ		•			
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce			
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	iter 25% of	line 1f)				
h Subtract line 1g from line 1a If zer	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organiz			section 501(h) election		olete all of the five	
co	lumns bel	ow. See th	e instructions for line	s 2a through 2f on pa	ıge 4.)	
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a) 2	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
(10070 Of lifte 2a, columnie))	-				·	
- Total Johnson						
c Total lobbying expenditures			+			
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))			1			
(10070 01 1110 20, 00101111 (0))						
f Grassroots lobbying expenditures						
i drassroots lobbying expenditures			<u> </u>	l		

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 GENERAL TEAMSTERS LOCAL #431 94-0577293 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the	lobbying activity	Yes	No	Amo	unt
1	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			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
į	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
			اما		X
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section		2 3 (5), or se	ction	Х
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		2 3 (5), or se R (b) Par	ction	Х
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	"No," OF	2 3 (5), or se	ction	Х
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2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	"No," OF	2 3 (5), or se R (b) Par 1 2a 2b 2c	ction	Х
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Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ΨΕΣΜΟΨΕΡΟ ΤΩΡΙΚ #421

Employer identification number 04 0577202

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		1000 article complete ir allo
	organization answered Tes to Form 550, Fair 14, mile		(b) Funds and other accounts
	Total number at and of year	(4)	(3)
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		└ Yes
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
Do	impermissible private benefit?		Yes No
Pa			, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements is	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	-	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(II) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2013

		TEAMSTERS						<u>77293</u>	
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historica	I Treasures, o	or Othe	er Simila	ar Asse	ts(continu	ed)
3	Uşing the organization's acquisition, accession	on, and other records	s, check any o	f the following tha	t are a s	ignificant ι	use of its o	collection i	items
	(check all that apply)								
а	Public exhibition	d	Loan o	r exchange progra	ams				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they furt	her the organizati	on's exe	mpt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	r receive donations o	f art, historica	l treasures, or othe	er sımılaı	r assets		_	
	to be sold to raise funds rather than to be ma	untained as part of the	ne organizatioi	n's collection?				Yes	No_
Par	rt IV Escrow and Custodial Arrang	= '	te if the organ	zation answered '	"Yes" to	Form 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	is the organization an agent, trustee, custodi	an or other intermed	ary for contrib	utions or other as	sets not	ıncluded	_	_	
	on Form 990, Part X?						<u> </u>	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table [.]						
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	No
	If "Yes," explain the arrangement in Part XIII								
Par	rt V Endowment Funds. Complete if	the organization and	swered "Yes"	to Form 990, Part	IV, line 1	0			
		(a) Current year	(b) Prior ye	ar (c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities						ļ		
	and programs				1				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	mn (a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are h	eld and administe	red for t	he organiz	ation		
	by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required or	n Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 1	1a. See Form 990	, Part X,	line 10.	· · · · · · · · · · · · · · · · · · ·		
	Description of property	(a) Cost or of	1	Cost or other		ccumulate		(d) Book	value
		basis (investm	nent) t	asis (other)	de	preciation			
1a	Land			50,642.	···				<u>,642.</u>
b	Buildings			308,454.	<u>.</u>	<u> 172,5</u>	41.	<u> 135</u>	<u>,913.</u>
С	Leasehold improvements								
d	Equipment			110,376.		110,3			0.
e	Other			78,326.		72,9	16.		<u>,410.</u>
Tota	I Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X column (R)	line 10(c))				191	.965.

Schedule D (Form 990) 2013

332053 09-25-13

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

Schedule D (Form 990) 2013

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Name of the organization CENERAL 中RAMS中RB I.OCAL.	RAMSTERS	T.OCAT, #431					Employer identification number 94-0577293
Part I General Information on Grants and Assistance	nd Assistance	1					
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
힗	cedures for moni	toring the use of grant	funds in the United	d States			
Part II 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	Governments an	d Organizations in th	e United States. C	complete if the orga	anization answered "\	res" 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	55,000 Part II car	be duplicated if addit	ional space is need	Jed			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		-					
2 Enter total number of section 501(c)(3) and government organizations	nd government or		isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 21 (b) Number of recipients (a) Type of grant or assistance

332102 10-29-13

Page 2

94-0577293

GENERAL TEAMSTERS LOCAL #431

Schedule I (Form 990) (2013)

Part III

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.

Open to Public

Employer identification number

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.

Inspection

GENERAL TEAMSTERS LOCAL #431	94-0577293
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
SUBORDINATE IN GROUP RULING	
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: ALL EXECUTIVE BOARD MEMBERS ARE ELECTED BY T	HE LOCAL'S
MEMBERSHIP.	
FORM 990, PART VI, SECTION A, LINE 7B:	
EXPLANATION: THE EXECUTIVE BOARD MAY NOT TERMINATE OR MER	GE THE
ORGANIZATION WITHOUT MEMBERSHIP APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOU	
TO THE EXECUTIVE BOARD FOR APPROVAL PRIOR TO SUBMISSION T	O THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: COPIES OF THE LOCAL'S GOVERNING DOCUMENTS AN	D FINANCIAL
STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST SENT TO THE	
ADMINISTRATIVE OFFICES.	
FORM 990, PART XII, LINE 1 - METHOD OF ACCOUNTING	
EXPLANATION: THE ORGANIZATION USES THE MODIFIED CASH BASI	S OF
ACCOUNTING, RECOGNIZING REVENUE WHEN RECEIVED AND EXPENSE	S WHEN PAID,
OTHER THAN DUES RECEIVED ON BEHALF OF AFFILIATES THAT REM	AINS UNPAID AT
THE END OF THE YEAR, WHICH IS RECOGNIZED AS A LIABILITY.	

SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

➤ See separate instructions. Related Organizations and Unrelated Partnerships

GENERAL TEAMSTERS LOCAL #431

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

2013

Open to Public Inspection

Employer identification number 94-0577293

Schedule R (Form 990) 2013 (g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) e Total income Exempt Code € section ਉ Legal domicile (state or Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. INTERNATIONAL BROTHERHOOD OF TEAMSTERS Name, address, and EIN (if applicable) 53-0215427, 25 LOUISIANA AVE, NW Name, address, and EIN of related organization of disregarded entity 20001 WASHINGTON DC Part II Part

332161 09-12-13 LHA

Page 2 94-0577293

Schedule R (Form 990) 2013 GENERAL TEAMSTERS LOCAL #431

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(j) (k). General or Percentage managing ownership partner?		
General or F managing partner?		
Code V-UBI campanda amount in box magnetic 20 of Schedule EV-1 (Form 1065) N.		:
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(f) (g) (h) Section Share of Income and-of-year ownership and of yes			
(d) (e) Direct controlling Type of entity (C corp, S corp, or trust)			
(b) (c) Primary activity Legal domicile (state or foreign country)			
(a) Name, address, and EIN of related organization			

94-0577293

Page 2

Schedule R (Form 990) 2013 GENERAL TEAMSTERS LOCAL #431

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership ₹ . YesNo 9 Code V-UBI camount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **(e)** Direct controlling entity € (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(2)	<u>(</u>)	(Q	(e)	3		Ξ	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreion	Direct controlling Type of entity Si entity (C corp. S corp.)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ഉപ	Section 512(b)(13) controlled entity?
		country)		nenii io				Yes No
								-
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Schedule R (Form 990) 2013

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332162 09-12-13

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Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	n Parts II-IV?	\vdash
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
(A) make a managed based on any of the character (A)				> -
T Dividends iform related organization(s)				1
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				#
i Exchange of assets with related organization(s)				1; X
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			th X
 Sharing of paid employees with related organization(s) 				to X
p Reimbursement paid to related organization(s) for expenses				
 Reimbursement paid by related organization(s) for expenses 				1q X
r Other transfer of cash or property to related organization(s)				×
				1
If the answer to any of the above is "Yes," see the instructions for inform	who must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Devlovor to permone communications of destructions	paylo
	type (a-s)		5 m	
(1) INTERNATIONAL BROTHERHOOD OF TEAMSTERS	ĸ	298,218.	298,218.CASH BASIS	
6				
(3)				
(4)				
(5)				
(9)				
332163 09-12-13	25		Schedule R	Schedule R (Form 990) 2013

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) I or Percentage Ing Ownership				
General or managing partner?				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations? Yes No				
Ye allo				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec 501(c)(3) orgs ?				
Predominant income (related, unrelated, excluded from tax under section 512-514) py				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R	(Form 990) 2013	GENERAL	TEAMSTERS	LOCAL #	431	94-0577293 Pa	ige 5
Part VII	(Form 990) 2013 Supplemental Infor	mation					
L	Orange additional of annual			Cabadula D (aaa			
	Provide additional information	ation for respons	es to questions on	Scriedule H (see	instructions)		
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Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension. c	complete only Part II and check the	s box		► X	
Note. Only complete Part II if you have already been granted an a				3868	, <u></u>	
If you are filing for an Automatic 3-Month Extension, complet						
Part II Additional (Not Automatic) 3-Month Ex			nal (no co	pies nee	ded).	
					see instructions	
Type or Name of exempt organization or other filer, see instruc		Employer identification number (EIN) or				
print						
File by the GENERAL TEAMSTERS LOCAL #431		94-0577293				
Number, street, and room or suite no. If a P.O. box, se	Social se	Social security number (SSN)				
eturn See C/O DAWN M. ROGERS, CPA - 41						
nstructions City, town or post office, state, and ZIP code For a fo	reign add	lress, see instructions.				
OAKLAND, CA 94619						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application	Return	Application			Return	
ls For	Code	is For	Code_			
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A	n 1041-A			
Form 4720 (individual)	03	Form 4720 (other than individual)	'20 (other than individual)			
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870			11	
Form 990-T (trust other than above)			12			
The books are in the care of ▶ PETE NUNEZ Telephone No. ▶ (559) 486-5414 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit of the property of the group, check this box ▶ ☐ I request an additional 3-month extension of time until ☐ For calendar year 2013, or other tax year beginning ☐ If the tax year entered in line 5 is for less than 12 months, or ☐ Change in accounting period TAXPAYER REQUIRES ADDITIONAL TAXPAYER REQUIRES ADDITIONAL TO PREPARE A COMPLET	Group Exe and atta NOVEM heck reas	emption Number (GEN) ach a list with the names and EINs of BER 15, 2014, and endired on: Initial return [If this is for fall memb	ers the exte	nsion is for.	
 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment all previously with Form 8868 	8a 8b	\$	0.			
Balance due. Subtract line 8b from line 8a Include your pa						
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.	
•		st be completed for Part II	-			
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and t	to the best o	f my knowled	lge and belief,	
Signature ► / Cum / Occ Title ► C	CPA		Date	<u>▶ 8-</u>	14-14	
· /-				Form a	8868 (Rev. 1-2014)	

12-31-13