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DLN: 93493307011655

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Internal Revenue Service A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 **C** Name of organization D Employer identification number B Check if applicable INTERNATIONAL BROTHERHOOD OF TEAMSTERS Address change 53-0215427 Name change Doing business as Initial return E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated (202)624-6800 Amended return City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200012198 **G** Gross receipts \$ 183,870,410 Application pending Name and address of principal officer **H(a)** Is this a group return for KEN HALL subordinates? ┌ Yes ┌ No 25 LOUISIANA AVE NW WASHINGTON, DC 200012198 **H(b)** Are all subordinates ıncluded? If "No," attach a list (see instructions) Website: ► WWW TEAMSTER ORG **H(c)** Group exemption number ► 0320 L Year of formation 1903 M State of legal domicile DC Part I Summary 1 Briefly describe the organization's mission or most significant activities THE OBJECTS OF THIS INTERNATIONAL UNION ARE TO ORGANIZE UNDER ONE BANNER ALL WORKERS ENGAGED IN INDUSTRY, TO EDUCATE THEM TO COOPERATE IN EVERY MOVEMENT WHICH TENDS TO BENEFIT THE ORGANIZATION, AND TO IMPRESS UPON OUR MEMBERSHIP, EMPLOYERS, AND THE PUBLIC THAT IT IS TO THE ADVANTAGE OF ALL CONCERNED THAT WORKERS BE ORGANIZED THE ORGANIZATION OF OUR INDUSTRY REQUIRES HONEST AND INTELLIGENT MEMBERSHIP, ADAPTED TO THE BUSINESS WE TEACH OUR MEMBERSHIP THE ADVANTAGE, BENEFITS, AND IMPORTANCE OF THEIR INDUSTRIAL POSITION, AND WE ENDEAVOR TO BUILD-UP AND PERFECT A LABOR ORGANIZATION IN CONFORMITY WITH THE HIGHEST STANDARDS OF OUR AMERICAN AND CANADIAN CITIZENSHIP Activities & Governance WE SEEK TO ENSURE THAT THE CONTRIBUTIONS MADE BY OUR MEMBERS TO IMPROVE THEIR INDUSTRIES ARE RECOGNIZED AND THAT WORKERS RECEIVE THE BENEFITS DERIVED FROM THEIR LABORS IN THE FORM OF REASONABLE HOURS, FAIR WAGES, IMPROVED WORKING CONDITIONS, AND RESPECTFUL TREATMENT BY THEIR **EMPLOYERS** 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 28 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . 5 567 6 **6** Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,104,402 3,432,864 Program service revenue (Part VIII, line 2g) 165,151,540 167,597,967 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -654,340 5,674,374 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 213,524 145,803 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 167,815,126 176,851,008 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 2,687,633 13 1,333,976 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,177,161 11,126,012 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 69,855,711 71,268,776 5-10) Expense Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 65,521,187 66,539,166 146,888,035 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 151,621,587 18 Revenue less expenses Subtract line 18 from line 12 20,927,091 25,229,421 Assets or d Balances **Beginning of Current End of Year** Year Total assets (Part X, line 16) 256,531,166 20 235,357,596 64,406,455 54,179,633 21 lotal liabilities (Part X, line 26) . 25. 25. 22 Net assets or fund balances Subtract line 21 from line 20 . . 170,951,141 202,351,533 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ***** 2015-11-03 Signature of officer Sign Here KEN HALL GENERAL SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature 2015-11-02 LOUIS VERZELLA CPA LOUIS VERZELLA CPA P00360279 self-employed Paid

Firm's name NOVAK FRANCELLA LLC

Firm's address > ONE PRESIDENTIAL BLVD SUITE 330

BALA CYNWYD, PA 19004

Preparer

Use Only

Firm's EIN F 61-1436956

Phone no (610) 668-9400

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Par	t III	Statement of Program S Check if Schedule O contains				্ন
1	Briefl	y describe the organization's m	ssion			
INDU IMPE WOR ADAI INDU HIGH BY O FROM	OBJEC JSTRY RESS U KERS I PTED T JSTRIA JEST S UR ME M THEI	TIVES OF THIS INTERNATION. TO EDUCATE THEM TO COCOPON OUR MEMBERSHIP, EMPBE ORGANIZED THE ORGANICOTHE BUSINESS WE TEACH ALPOSITION, AND WE ENDEAT TANDARDS OF OUR AMERICOMBERS TO IMPROVE THEIR IN REABORS IN THE FORM OF FEMALES OF THEIR IN THE TORM OF FEMALES OF THE TORM OF THE	NAL UNION ARE TO PERATE IN EVERY M LOYERS, AND THE PU ZATION OF OUR IND OUR MEMBERSHIP T VOR TO BUILD-UP A AN AND CANADIAN O NDUSTRIES ARE REC	OVEMENT WHICH TE JBLIC THAT IT IS TO USTRY REQUIRES HO THE ADVANTAGE, BEI ND PERFECT A LABO CITIZENSHIP WE SEE	NDS TO BENEFIT THE O THE ADVANTAGE OF AL NEST AND INTELLIGEN NEFITS, AND IMPORTAN R ORGANIZATION IN CO K TO ENSURE THAT THE WORKERS RECEIVE THE	RGANIZATION, AND TO LL CONCERNED THAT T MEMBERSHIP, CE OF THEIR DNFORMITY WITH THE CONTRIBUTIONS MADE BENEFITS DERIVED
2	the pr	e organization undertake any si ior Form 990 or 990-EZ? .			ich were not listed on	
_		s," describe these new services				
3	servi	e organization cease conductines?		changes in how it condu	icts, any program	
4	expen	ribe the organization's program s ses Section 501(c)(3) and 50 tal expenses, and revenue, if ar	l(c)(4) organizations a	re required to report the		
4a		e) (Expenses \$ NATIONAL BROTHERHOOD OF TEAMST NTAGES THROUGH ORGANIZING & COL	ERS-TO ORGANIZE ALL WOF	cluding grants of \$ RKERS AND SECURE IMPROV) (Revenue \$ /ED WAGES, HOURS, WORKING) CONDITIONS & OTHER
4b	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$	ın	cluding grants of \$) (Revenue \$)
	Othe	r program services (Describe ii	Schedule O)			
		enses \$	including grants of \$) (Revenue \$)
4e	Tota	l program service expenses ►				

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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
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^{\bullet}	3	Yes	
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? <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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
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^{\bullet}	9		No
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		No
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	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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		No
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		No
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
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 $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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			
1_	Enter the number reported in Box 2 of Forms 1006 Enter O of not applicable 1301		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1,291 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	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, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	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	Yes	
b	If "Yes," enter the name of the foreign country LCA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
02	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
r	in which the organization is neclised to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	<u> </u>		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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	je Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vipon 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 financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	8,161,399	3,954,284	3,407,380

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►150

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BANCROFT ASSOCIATES PLLC 1919 M STREET NW STE 470 WASHINGTON, DC 20036	LEGAL SERVICES	767,063
JONES DAY 222 EAST 41ST STREET NEW YORK, NY 10017	IRB	726,580
BAPTISTE & WILDER PC 1150 CONNECTICUT AVENUE NW SUITE WASHINGTON, DC 20036	LEGAL SERVICES	409,574
BUSH GOTTLIEB 500 N CENTRAL AVENUE 800 GLENDALE, CA 91203	LEGAL SERVICES	350,992
REVOLUTION MESSAGING LLC 1730 RHODE ISLAND AVE NEW STE 610 WASHINGTON, DC 20036	CONSULTANT-MEDIA	344,253
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►31

Other Revenue	

								Page 9
Part V	/++·	Statement of Check of Schedu	o f Revenue ule O contains a respor	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s t	1a	Federated cam	paigns 1a					
rani	b	Membership du	ies 1b					
ē.	С	Fundraising ev	ents 1c					
iffs ar	d	Related organiz	zations 1d					
s, G imil	е	Government grant	s (contributions) 1e	3,430,014				
tion er S	f	All other contribute	ons, gifts, grants, and 1f	2,850				
ë ¥	g	Noncash contributi	ons included in lines					
ontr nd (h	1a-1f \$ Total. Add line:	c 1 c 1 f		3,432,864			
<u>ت ة</u>	n n	iotal. A dd ilnes	S 1 a - 1 i	<u> </u>	3,432,004			
E E	2a	PER CAPITA TAXES	S AND T	Business Code 900099	167,597,967	167,597,967		
ie, ke	b	- TER CALITA TAXES		900099	107,397,907	107,397,907		
	С							
er vic	d		-					
ű E	е		_					
29	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		167,597,967			
	3		ome (including dividen		5,658,009			5,658,009
	4		ar amounts)	F	3,030,003			3,030,003
	5	Royalties .			56,863			56,863
			(ı) Real	(II) Personal				
	6a	Gross rents	30,000					
	b	Less rental expenses	0					
	С	Rental income or (loss)	30,000					
	d	Net rental inco	me or (loss)		30,000			30,000
	7a	Gross amount from sales of assets other	(1) Securities 7,022,008	(II) O ther 13,759				
	ь	than inventory Less cost or other basis and sales expenses	7,010,162	9,240				
	С	Gain or (loss)	11,846	4,519				
	d	Net gain or (los	ss)		16,365			16,365
Revenue	8a	Gross income f events (not inc \$	luding s reported on line 1c)					
hei e	ь	Less direct ex	penses b					
Other Revenue	С		(loss) from fundraising	events				
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		(loss) from gamıng actı) ا	vities				
	10a	Gross sales of returns and allo		11,257				
	ь	Less cost of g	oods sold b	0				
	С		(loss) from sales of inve		11,257			11,257
	11-	Miscellaneous		Business Code 900099	45,636			45,636
	11a b	JUDGEMENTS OTHER INCOM		900099	2,047			2,047
	c	OTHER INCOM	<u>था ⊏</u>	500033	2,077			2,017
	d	All other reven	ue					
	e	Total. Add lines		►	47.692			
	12	Total revenue.	See Instructions	🕌	47,683	44		
				· ·	176,851,008	167,597,967	(5,820,177

Part IX Statement of Functional Expenses

	ection 501(c)(3) and 501(c)(4	organizations must complete all c	columns All other organizations must	complete column (A)
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	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	2,687,633			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	11,126,012			
5	Compensation of current officers, directors, trustees, and				
	key employees	9,780,269			
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	34,021,763			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,020,128			
9	Other employee benefits	17,098,477			
10	Payroll taxes	3,348,139			
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,044,561			
С	Accounting	313,886			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	101,156			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,063,543			
12	Advertising and promotion	959,311			
13	Office expenses	8,095,387			
14	Information technology	372,072			
15	Royalties				
16	Occupancy	2,047,456			
17	Travel	9,857,839			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	798,358			
20	Interest	53,902			
21	Payments to affiliates	12,595,140			
22	Depreciation, depletion, and amortization	2,232,523			
23	Insurance	663,482			
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	REIMBURSED SALARIES	7,400,973			
b	REIMBURSED BENEFITS	2,609,001			
c	REIMBURSED EXPENSES	1,705,515			
d	TAXES-SALES, PERSONAL P	1,136,085			
е	All other expenses	488,976			
25	Total functional expenses. Add lines 1 through 24e	151,621,587			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	n this F	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,542,023	1	8,987,457
	2	Savings and temporary cash investments			35,175,081	2	36,235,444
	3	Pledges and grants receivable, net			456,845	3	531,270
	4	Accounts receivable, net			22,246,739	4	20,953,049
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete F Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section $501(c)(9)$ beneficiary organizations (see instructions) Complete Part II)(B), aı volun	nd contributing tary employees'		6	
% %	7	Notes and loans receivable, net			683,337	7	593,439
4	8	Inventories for sale or use			417,519	8	322,686
	9	Prepaid expenses and deferred charges			551,861	9	826,070
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	69,526,459	331,331		323,010
	ь	Less accumulated depreciation	10b	31,730,665	39,792,236	10c	37,795,794
	11	Investments—publicly traded securities		· · ·	129,232,477	11	150,038,232
	12	Investments—other securities See Part IV, line 11			,,	12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			259,478		247,725
	16	Total assets. Add lines 1 through 15 (must equal line 34).			235,357,596	16	256,531,166
	17	Accounts payable and accrued expenses			23,112,161	17	28,153,460
	18	Grants payable			23,112,101	18	20, 135, 400
	19	Deferred revenue				19	
						20	
	20	Tax-exempt bond liabilities					
S	21	Escrow or custodial account liability Complete Part IV of Sch		ŀ		21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	lıfıed	·			
펻		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti			9,243,714	23	4,623,714
	24	Unsecured notes and loans payable to unrelated third parties	•			24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	art X c	f Schedule	32,050,580	25	21,402,459
	26	D			64,406,455	26	54,179,633
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			04,400,400	20	54,175,555
ğ	27	lines 27 through 29, and lines 33 and 34.			170,067,646	27	201,509,556
<u>ರ</u>	27	Unrestricted net assets			883,495		841,977
Fund Balance	28	Temporarily restricted net assets			865,495	28	041,977
Ĭ	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	nere P	and			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ 2	32	Retained earnings, endowment, accumulated income, or other				32	
7 ₩	33	Total net assets or fund balances			170,951,141	33	202,351,533
Net						-	<u> </u>
	34	Total liabilities and net assets/fund balances			235,357,596	34	256,531,166

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	৮
1	Check if Schedule O contains a response or note to any line in this Part XI I revenue (must equal Part VIII, column (A), line 12) I expenses (must equal Part IX, column (A), line 25) I expenses (must equal Part IX, column (A), line 25) I expenses (must equal Part IX, column (A), line 25) I expenses (must equal Part IX, column (A), line 25) I expenses Subtract line 2 from line 1 I expenses Subtract line 2 from line 1 I expenses or fund balances at beginning of year (must equal Part X, line 33, column (A)) I expenses or fund balances at end of facilities I expenses I period adjustments I expenses or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, mn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I expensive the organization changed its method of accounting from a prior year or checked "Other," explain in edule O I expense the organization's financial statements compiled or reviewed by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant? I expense basis Consolidated basis Both consolidated and separate basis are the organization's financial statements audited by an independent accountant?			176,8	351,008
2	Total expenses (must equal Part IX, column (A), line 25)	2		151 6	521,587
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				229,421
5	Net unrealized gains (losses) on investments	4		170,9	951,141
6	Donated services and use of facilities	5		3,2	240,124
		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,9	930,847
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			351,533
Par					,51,555
	• •				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		JU	165	İ

Software ID: Software Version:

EIN: 53-0215427

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde				IIu	Ste	es, r	(e y		iest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (nan o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) FERLINE BUIE TRADE DIVISION REP	35 00	х						96,038	91,657	52,796
(1) RONALD HERRERA INTERNATIONAL TRUSTEE	35 00	х						85,382	171,091	91,927
(2) JIM KABELL INTERNATIONAL TRUSTEE	35 00	х						85,932	89,910	37,465
(3) KEVIN MOORE INTERNATIONAL TRUSTEE	35 00	х						131,462	87,789	84,718
(4) JAMES P HOFFA GENERAL PRESIDENT	35 00			х				378,464	0	85,174
(5) ROBERT BOUVIER	35 00			х				211,336	54,757	65,636
VICE PRESIDENT - CANADA, & (6) RANDY CAMMACK VICE PRESIDENT - WESTERN R	35 00			х				114,821	320,130	120,089
(7) FORREST TYSON JOHNSON VICE PRESIDENT - SOUTHERN	35 00			х				215,240	0	61,230
(8) JOHN F MURPHY VICE PRESIDENT - EASTERN R	35 00			х				176,474	37,965	72,790
(9) KEN WOOD	35 00			×				119,763	194,216	43,405
VICE PRESIDENT (10) JOHN COLI	35 00			Х				146,775	210,721	75,267
VICE PRESIDENT - CENTRAL R (11) DANIEL J KANE SR VICE PRESIDENT - EASTERN R	35 00			х				95,691	42,000	44,777
(12) FREDERICK P POTTER VICE PRESIDENT	35 00			х				120,531	148,920	49,362
(13) FREDDIE N SIMPSON	35 00			х				94,898	170,615	66,339
VICE PRESIDENT (14) GORDON SWEETON	35 00			х				181,377	0	54,278
VICE PRESIDENT (15) GEORGE TEDESCHI VICE PRESIDENT	35 00			х				95,653	201,958	70,895
(16) WILLIAM HAMILTON VICE PRESIDENT	35 00			х				92,097	183,187	107,266
(17) ROME ALOISE VICE PRESIDENT	35 00			х				163,212	163,775	98,897
(18) BRIAN BUHLE	35 00			х				88,263	124,643	54,845
VICE PRESIDENT (19) STANLEY J HENNESSY	35 00			х				76,272	166,977	45,682
VICE PRESIDENT - CANADA (20) RICK MIDDLETON	35 00			х				85,993	206,748	80,665
VICE PRESIDENT & INT'L REP (21) GEORGE MIRANDA	35 00			х				88,548	229,988	130,157
VICE PRESIDENT (22) ALBERT MIXON	35 00			х				85,670	142,956	67,593
VICE PRESIDENT (23) CRAIG MCINNES	35 00			Х				73,910	157,219	41,619
VICE PRESIDENT - CANADA (24) SEAN O'BRIEN	35 00			Х				91,871	150,542	81,604
VICE PRESIDENT - EASTERN R				<u> </u>				_,	,	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Cor					, -	,	pyy .	· · · · · · · · · · · · · · · ·	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of	nless ficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) BECKY STRZECHOWSKI	35 00			х				88,095	217,610	93,690
VICE PRESIDENT - CENTRAL R (1) STEVEN VAIRMA	35 00			.,				·	•	
VICE PRESIDENT - WESTERN R (2) KEN HALL	35 00			X				137,455	120,879	66,224
GENERAL SEC -TREAS				Х				274,597	0	64,505
(3) GARY S WITLEN DEPARTMENT DIRECTOR/LEGAL	35 00				х			238,277	0	68,310
(4) CHARLES L DEANER	35 00				х			226,150	0	65,252
(5) RICHARD BELL	35 00				х			230,760	0	66,464
EXECUTIVE ASST TO GEN SEC (6) CHRISTINE BAILEY	35 00				х			171,693	0	54,486
DEPARTMENT DIRECTOR, FIELD (7) JEFFREY FARMER	35 00				х			181,055	0	56,710
DEPARTMENT DIRECTOR/ORGANI (8) BRET CALDWELL	35 00									
DEPARTMENT DIRECTOR/COMMUN (9) MICHAEL MANLEY	35 00				Х			176,591	0	63,488
STAFF ATTORNEY					х			176,653	0	56,996
(10) LAMONT BYRD DEPARTMENT DIRECTOR/SAFETY	35 00				х			169,516	0	53,610
(11) RICHARD GIBSON STAFF ATTORNEY	35 00				х			170,691	0	57,599
(12) NEIL DITCHEK GENERAL PRES ASSISTANT GEN	35 00				х			181,895	0	57,390
(13) IAIN GOLD	35 00				х			162,868	0	54,032
DEPARTMENT DIRECTOR/STRATE (14) TODD J THOMPSON	35 00				Х			169,808	0	54,073
COORDINATOR OF SPECIAL PRO (15) FREDERICK MCLUCKIE	35 00				х			168,817	0	54,058
DEPUTY DIRECTOR OF LEGISLA (16) CYNTHIA IMPALA	35 00				х			170,945	0	32,889
DEPARTMENT DIRECTOR/TRAINI (17) JOHN SLATERY	35 00				,,			166 272	F0 000	F4.064
DEPARTMENT DIRECTOR/BENEFI (18) LEAH FORD	35 00				Х			166,372	50,000	54,061
ASSISTANT DIRECTOR/SPECIAL (19) DAVID BOURNE	35 00				X			192,876	0	59,174
TRADE DIVISION DIRECTOR, A	35 00				х			196,624	83,531	57,532
DEPUTY DIRECTOR, AIRLINES					х			169,123	0	60,375
(21) WILLIAM C SMITH III EXECUTIVE ASSISTANT TO THE	35 00				Х			216,010	59,500	58,080
(22) CARIN ZELENKO DEPARTMENT DIRECTOR, CAPIT	35 00				х			158,604	0	53,372
(23) MATTHEW HARRIS	35 00					х		144,995	0	50,581
STAFF ATTORNEY (24) NICHOLAS MANICONE	35 00					x		154,181	0	53,331
STAFF ATTORNEY								134,101		33,331

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

INTERNATIONAL REPRESENTATI

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more th persor and a	nan (d nan ol n is b n dired	ne booth a	ox, u an of ⁄trus	nless compensa ficer from the tee) organization		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustae or director	Institutional Trustee	Officei) emplojee	Highest compensated	iner			organizations
(51) MICHAEL FILLER TRADE DIVISION DIRECTOR	35 00					x		153,841	0	52,501
(1) FREDERICK DUBINSKY INTERNATIONAL REPRESENTATI	35 00					х		158,355	0	52,440
(2) SCOTT HEGLAND	35 00					х		158,879	75,000	51,681

DLN: 93493307011655

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then Section E01(a)(4) (5) or (6) organizations. Complete Port III

Na	section 30 1(0)(4), (3), or (6) orga ime of the organization FERNATIONAL BROTHERHOOD OF TEAMS	·	Employer iden	tification number	
TIN I	ILKNATIONAL DKOTHEKHOOD OF TEAMS	DILKO		53-0215427	
Par	t I-A Complete if the or	ganization is exempt und	ler section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	n under section 4955	; -	\$
2	Enter the amount of any excise	e tax incurred by organization ma	anagers under section	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	•	ganization is exempt und		•	1(c)(3).
1		ended by the filing organization fo			\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed t	o other organizations	s for section 527	¢
,	·	tures Add lines 1 and 2 Enter h	are and an Earm 112	0 DOL line 17h	Ψ
3	·	.0-POL, line 17b	\$		
4	Did the filing organization file I				☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fro nd directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
I	Danamus ul Dadustian Ast Natice	ee the instructions for Form 990 or	000 57		

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2			
Ρ		is exempt under	section 501(c	:)(3) and file	d Form 5768				
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,			
	Limits on Lobbying E	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)						
c	Total lobbying expenditures (add lines 1a and 1b	Complete if the organization is exempt under section 501(c)(3 under section 501(h)). If the filing organization belongs to an affiliated group (and list in Part IV each af expenses, and share of excess lobbying expenditures) If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Iobbying expenditures to influence public opinion (grass roots lobbying) Iobbying expenditures (add lines 1a and 1b) rexempt purpose expenditures exempt purpose expenditures (add lines 1c and 1d) ying nontaxable amount Enter the amount from the following table in both fins exempt purpose expenditures (add lines 1c and 1d) ying nontaxable amount Enter the amount from the following table in both fins exempt purpose expenditures (add lines 1c and 1d) ying nontaxable amount Enter the amount from the following table in both fins exempt purpose expenditures (add lines 1c and 1d) ying nontaxable amount is: exer \$500,000 20% of the amount on line 1e \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$17,000,000 but not over \$1,000,000 \$17,000							
d	Other exempt purpose expenditures	Complete if the organization is exempt under section 501(c)(3) under section 501(h)). □ If the filing organization belongs to an affiliated group (and list in Part IV each a expenses, and share of excess lobbying expenditures) □ If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) It is consider the provisions apply							
е	Total exempt purpose expenditures (add lines 10	c and 1d)							
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both						
	If the amount on line 1e, column (a) or (b) is:								
	Not over \$500,000	20% of the amount on lir	ne 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00					
	Over \$17,000,000	\$1,000,000							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)							
h	Subtract line 1g from line 1a If zero or less, ente	er-0-							
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -							
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No			
	(Some organizations that made a	section 501(h) el	ection do not	have to com		ne five			
	Lobbying Expe	enditures During	4-Year Avera	ging Period					
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total			
2a	Lobbying nontaxable amount								
ь	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								

Grassroots lobbying expenditures

	dule C (Form 990 or 990-EZ) 2014 t II-B Complete if the organization is exempt under section 501(c)(3) and has N	ОТ			Page 3
	filed Form 5768 (election under section 501(h)).	<u> </u>			
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(E))
activ		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				
а	Volunteers?	\longrightarrow			
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\longrightarrow			
С	Media advertisements?				
d	Mailings to members, legislators, or the public?	\longrightarrow			
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	\longrightarrow			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\longrightarrow			
į	O ther activities?				
j	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	01(-)	(5)		•
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)	(5), 0	r sect	ion
				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1 Ye	s
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
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			
	Taxable amount of lobbying and political expenditures (see instructions)	5			
5	ort IV Supplemental Information				
5 Pa					
Pro	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	o list),	Part II	-A, lines	1 and
P a		o list),	Part II	-A , lines	1 and

Return Reference	Explanation
PART I-A, LINE 1	DURING THE YEAR IBT MEMBERS AND EMPLOYEES WERE PRESENT AT VARIOUS POLITICAL RALLIES TO SUPPORT VARIOUS CANDIDATES RUNNING FOR POLITICAL OFFICE THE IBT HAS TWO SEPARATE DEPARTMENTS ASSOCIATED WITH POLITICAL ACTIVITY THE DEPARTMENT OF FEDERAL LEGISLATION AND REGULATION AND THE DEPARTMENT OF FEDERAL FIELD AND POLITICAL ACTION EMPLOYEES IN BOTH DEPARTMENTS SPEND 92 70% OF THEIR WORK TIME ON POLITICAL ACTIVITIES APPROXIMATELY 4 80% OF THE IBT OFFICERS WORK TIME IS SPENT ON POLITICAL ACTIVITIES AND APPROXIMATELY 4 10% OF THE IBT EMPLOYEES WORK TIME IS SPENT ON POLITICAL ACTIVITIES

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493307011655

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

	ne of the organization			Employer identification number
.N FE	RNATIONAL BROTHERHOOD OF TEAMSTERS			53-0215427
Pa	rt I Organizations Maintaining Donor Adv		her Similar Fu	
	organization answered "Yes" to Form 990,	, Part IV, line 6. (a) Donor adv	used funds	(b) Funds and other accounts
	Total number at end of year	(a) Dollor auv	riseu iulius	(b) Fullus and other accounts
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
				1
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization of	ganızatıon's exclusive	e legal control?	☐ Yes ☐ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefic conferring impermissible private benefit?			
a r	t II Conservation Easements. Complete if	the organization ar	nswered "Yes" to	Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) F	Preservation of an Preservation of a c	ertified historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservatio	n contribution in ti	ne form of a conservation
				Held at the End of the Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified histo	rıc structure ıncluded	ın (a)	2c
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, a	nd not on a	2d
	Number of conservation easements modified, transferre	ed, released, extinguis	shed, or terminate	d by the organization during
	the tax year 🛌			
	Number of states where property subject to conservati	on easement is locate	ed ►	
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		-	— Iling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing co	onservation easem	nents during the year
	A mount of expenses incurred in monitoring, inspecting ▶ \$, and enforcing consei	rvation easements	during the year
	Does each conservation easement reported on line 2 (d and section $170(h)(4)(B)(II)$?	l) above satisfy the re	quirements of sec	tion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the orgar nts	nization's financial	statements that describes
7	Organizations Maintaining Collections Complete if the organization answered "Ye			or Other Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhil	bition, education, o	or research in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to rep ts held for public exhil	ort in its revenue s	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			r financial gain, provide the
	Revenue included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			▶ \$

7611	TIPE Organizations Maintaining Co	Hections of Art,	, HIS	tori	<u>cai ir</u>	easi	ires, or O	ine	r Similar	ASSE	ts (co	<u>ntinuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	·		-		significant	use of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y furthe	er the	organızatıon'	's ex	empt purpo	ose in		
5	During the year, did the organization solicit of	or receive donations	ofar	t, hıs	torıcal	treası	ures or other	sım	ıılar			
	assets to be sold to raise funds rather than t		·								Yes	┌ No
Par	Part IV, line 9, or reported an an						n answered	1 "Y	es" to For	m 990), 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	itions	or other ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21,	for e	scrowc	rcust	odial accour	nt lia	bility?	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been i	provided in P	art :	XIII			Γ
Pa	rt V Endowment Funds. Complete										-	
	<u> </u>	(a)Current year)Prior			wo years back) Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (lın	e 1g	, colum	n (a))	held as			•		
а	Board designated or quasi-endowment											
b	Permanent endowment ►											
c	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	tnat	are nei	a and a	aaministerea	101	tne		Yes	No
	(i) unrelated organizations									3a(i)	1.55	
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	ched	dule R?					3b		
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızatıoı	n ans	wered 'Yes'	to	Form 990	, Part	IV, lıı	ne
	11a. See Form 990, Part X, line : Description of property	<u>LO.</u>		(a)	Cost or	other	(b)Cost or ot	her	(c) Accumu	lated	(d) Bo	ok value
	Description of property				s (invest		basis (other		depreciat		(u) bo	ok value
1a	Land						794,	117				794,117
b	Buildings		-				51,922,	909	18,19	9,953	3	3,722,956
С	Leasehold improvements											
d	Equipment						114,	630	10	7,254		7,376
e	Other						16,694,	803	13,42	23,458		3,271,345
Tota	I. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part >	K, colu	mn (B), line	10(c).)		>	- T	3	7,795,794

See Form 990, Part X, line 12.		answered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		·
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		a answered 'Ves' to Form 000 Part IV line 11s
Part VIII Investments—Program Related. Co. See Form 990, Part X, line 13.	mpiete ir the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total (column (2) mass equal verm 350) vare 10 me 15)	•	
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Descrip	7.1011	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ACCRUED PENSION COSTS RFPP	20,608,063	
ACCRUED POSTRETIREMENT HEALTH CARE COSTS	794,396	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	21,402,459	
2. Liability for uncertain tax positions. In Part XIII, provide		ne organization's financial statements that reports the

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 4B - OTHER

Part		evenue per Audited Financial Sta		nts With Revenue	per F	Return Complete If
1		vered 'Yes' to Form 990, Part IV, line is support per audited financial statements			1	179,766,263
2	• • • •	it not on Form 990, Part VIII, line 12			<u> </u>	177,700,203
a	Net unrealized gains (losses)	·	2a	3,240,124		
b		acilities	2b	3,210,121	1	
c		s	2c		1	
d			2d	-178,077	1	
e	Add lines 2a through 2d .				2e	3,062,047
3	_				3	176,704,216
4		O, Part VIII, line 12, but not on line 1	•		۰	170,701,210
a		uded on Form 990, Part VIII, line 7b.	4a	101,156		
b	·		4b	45,636	1	
c	•			,	4c	146,792
5		d 4c. (This must equal Form 990, Part I, line			5	176,851,008
Part		xpenses per Audited Financial St				
rure		swered 'Yes' to Form 990, Part IV, line			3 pc.	returni complete
1	_	r audited financial statements			1	151,474,795
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		2b			
C	Other losses	7				
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d		-		2e	0
3	Subtract line 2e from line 1 .				3	151,474,795
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	101,156	5	
b	Other (Describe in Part XIII)		4b	45,636	5	
c	Add lines 4a and 4b		-		4c	146,792
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lii	ne 18))	5	151,621,587
Part	XIII Supplemental Inf					<u> </u>
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				ıde any addıtıonal
	Return Reference	Explanation				
PART	K, LINE 2	ACCOUNTING PRINCIPLES GENERALL REQUIRE MANAGEMENT TO EVALUAT UNION AND RECOGNIZE A TAX LIABIL UNCERTAIN POSITION THAT MORE LI EXAMINATION BY THE US FEDERAL, INTERNATIONAL UNION IS SUBJECT THOWEVER, THERE ARE CURRENTLY NO TYPICALLY, TAX YEARS WILL REMAIN DEPENDING UPON THE CIRCUMSTANCE	E TAX .ITY IF KELY T STATE TO RO AUDI OPEN	POSITIONS TAKEN BY THE INTERNATIONA THAN NOT WOULD NO , OR LOCAL TAXING A UTINE AUDITS BY TAX TTS FOR ANY TAX PER FOR THREE YEARS, HO	THE LUNI TBES UTHO KING J IODS OWEV	INTERNATIONAL ON HAS TAKEN AN SUSTAINED UPON PRITIES THE SURISDICTIONS, IN PROGRESS ER THIS MAY DIFFER
PART	(I, LINE 2D - OTHER	LOSS ON FOREIGN CURRENCY EXCHA			_ 0 141	
ADJUS	TMENTS					_
PART	(I, LINE 4B - OTHER	JUDGEMENTS, SUITS AND SETTLEMEN	TS 45	,636		

JUDGEMENTS, SUITS AND SETTLEMENTS 45,636

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493307011655 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS 53-0215427 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Ir	formation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	DOCUMENTATION IS MAINTAINED TO SUBSTANTIATE THE AMOUNT OF THE GRANT OR ASSISTANCE AND ANY GRANT IN EXCESS OF \$25,000 REQUIRES EXECUTIVE BOARD APPROVAL

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 53-0215427

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMERICAN IRELAND FUND5910 GLOSTER ROAD BETHESDA,MD 20816	25-1306992	501(C)(3)	10,000				FINANCIAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL UNION LEAGUE FOR BRAND RESPONSIBILITYPO BOX 8160 RARITAN,NJ 08869		N/A	5,000			1	FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN FRIENDS OF THE YITZHAK RABIN CENTER866 SECOND AVE 10 TH FLOOR NEWYORK,NY 10017	13-3962392	501(C)(3)	20,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GEORGE MILLER YOUTH FUNDPO BOX 5392 CONCORD,CA 94524	94-3010422	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR POPULAR DEMOCRACY802 KENT AVENUE BROOKLYN,NY 11205	45-3813436	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE AMERICAN CONSTITUTION SOCIETY FOR LAW & POLICY1333 H STREET NW 11TH FLOOR WASHINGTON, DC 20005	52-2313694	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KEVIN SPACEY FOUNDATION200 PARK AVE SOUTH 8TH FLR NEW YORK, NY 10003	45-2085547	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JOBS WITH JUSTICE1325 MASSACUSETTS AVE NW STE 200 WASHINGTON, DC 20005	52-1865575	501(C)(3)	60,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND25 LOUISIANA AVE NW WASHINGTON,DC 20001	52-2206826	501(C)(3)	110,153				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance				
LABOR COMMUNITY SERVICESPO BOX 920041 LOS ANGELES,CA 90006		N/A	10,000			l l	FINANCIAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MI FAMILIA VOTA1710 E INDIAN SCHOOL ROAD RM 100 PHEONIX,AZ 85014	81-0668995	501(C)(4)	10,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CALIFORNIA TEASMTERS HISPANIC CAUCUS4666 MISSION GEORGE PL SAN DIEGO,CA 92120	95-4661570	501(C)(3)	10,000				FINANCIAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL ALLIANCE ON MENTAL ILLNESS3803 NORTH FAIRFAX DRIVE NO 100 ARLINGTON,VA 22203	43-1201653	501(C)(3)	5,500				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL EMPLOYMENT LAW PROJECT INC75 MAIDEN LANE NO 601 NEW YORK, NY 10038	13-2758558	501(C)(3)	10,000				FINANCIAL SUPPORT		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE PEGGY BROWING FUND1818 MARKET STREET SUITE 2300 PHILADELPHIA,PA 19103	23-2887086	501(C)(3)	11,000				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NETWORK EDUCATION PROGRAM25 E STREET NW WASHINGTON,DC 20001	52-1307764	501(C)(3)	5,000				FINANCIAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OLD NEWSBOYS' GOODFELLOW FUND OF DETROITPO BOX 44444 DETROIT,MI 48244	38-6061491	501(C)(3)	6,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH LABOR COMMITTEE140 WEST 31ST STREET 3RD FLR NEW YORK,NY 10001	13-1675650	501(C)(3)	5,400				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PRESEVE MIDDLE CLASS AMERICA INC1850 E DIVISION STREET SPRINGFIELD,MO 65803	80-0734319	501(C)(4)	125,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE WAYNE COUNTY SHERIFF YOUTH & SENIOR EDUCATION FUND4747 WOODWARD AVENUE DETROIT, MI 48201	38-2983116	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROGRESSIVE STATES NETWORK82 WALL STREET STE 200 NEW YORK, NY 10005	20-2912052	501(C)(3)	50,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STATE BUILDING & CONSTRUCTION TRADES COUNCIL OF CALIFORNIA 1231 I STREET STE 302 SACREMENTO, CA 95814		N/A	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOUSEWRIGHT-WYNN CHARITY GOLF CLASSIC 1775 K STREET NW WASHINGTON,DC 20006	52-1979561	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL LABOR RIGHTS FORUM1634 I STREET NW STE 1001 WASHINGTON, DC 20006	52-1497461	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE LADIES OF PIPEFITTERS LOCAL UNION 798 MEMORIAL FUNDPO BOX 125 BIXBY,OK 74008	77-0683346	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LABOR COUNCIL FOR LATIN AMERICAN ADVANCEMENT815 16TH STREET NW 4TH FLOOR WASHINGTON, DC 20006	52-1002207	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOS ANGELES ALLIANCE FOR A NEW ECONOMY464 LUCAS AVENUE SUITE 202 LOS ANGELES,CA 90017	95-4459527	501(C)(3)	277,249				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED STUDENTS AGAINST SWEATSHOPS 1150 17TH STREET NW SUITE 300 WASHINGTON,DC 20036		N/A	15,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL MAINTENANCE AGREEMENT LABOR- MANAGEMENT POLICY COMMITTEE1501 LEE HIGHWAY STE 202 ARLINGTON,VA 22209	52-1289622	501(C)(6)	5,500				FINANCIAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERFAITH WORKER JUSTICE1020 W BRYN MAWR STE 300 CHICAGO,IL 60660	36-4063982	501(C)(3)	25,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALIGN THE ALLIANCE FOR A GREATER NEW YORK INC 50 BROADWAY NEW YORK, NY 10004	20-0559291	501(C)(3)	50,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
YATOOMA'S FOUNDATION FOR THE KIDS1900 S TELEGRAPH BLOOMFIELD HILLS, MI 48302	38-3514998	501(C)(3)	10,000				FINANCIAL SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1 ' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
	_						FINANCIAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE FRANKLIN & ELEANOR ROOSEVELT INSTITUTE 570 LEXINGTON AVE STE 500 NEWYORK,NY 10022	23-7213592	501(C)(3)	25,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEAMSTERS NATIONAL BLACK CAUCUS150 GARFIELD AVE STRATFORD,CT 06615	35-1827988	501(C)(10)	14,000				FINANCIAL SUPPORT			

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DLN: 93493307011655

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS **Employer identification number**

53-0215427

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_	,,	
	directors, trustees, officers, filefulling the CLO/Executive Director, regarding the Items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	(F) Compensation in	
(17)	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE GENERAL PRESIDENT AND THE GENERAL SECRETARY-TREASURER ARE PROVIDED HOUSING, THE FAIR VALUE IS INCLUDED ON THEIR
	W-2 EMPLOYEES RECEIVE A FICA MATCH WHICH IS A GROSS-UP PAYMENT INCLUDED ON THEIR W-2

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 53-0215427

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art II - Officers, Dir	ectors, Trustees, Ke	ey Employees, and	l Highest Compens	ated Employees		
(A) Name and Title	(i) Base	n of W-2 and/or 1099-MI (ii) Bonus &	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in
	Compensation	incentive compensation	reportable compensation	compensation			pnor Form 990
1 FERLINE BUIE, TRADE DIVISION REP	(I) 83,9 (II) 84,8		12,114 6,850		20,784 9,812		0
1 RONALD HERRERA, INTERNATIONAL TRUSTEE	(I) 77,9 (II) 152,0		. ,	16,317 32,590	21,044 21,976		0
2 JIM KABELL, INTERNATIONAL TRUSTEE	(I) 77,9 (II) 83,4		8,008 6,500		21,148 0	123,397 89,910	0
3 KEVIN MOORE, INTERNATIONAL TRUSTEE	(I) 118,2 (II) 82,9		, _ · - ·	24,754 17,888	21,200 20,876		0
4 JAMES P HOFFA, GENERAL PRESIDENT	(I) 305,7 (II)	59 0 0	, = ,, = 5	64,026 0	21,148 0	463,638 0	0
5 ROBERT BOUVIER, VICE PRESIDENT - CANADA, &	(I) 208,3 (II) 40,3		- /	43,624 0	20,784 1,228		0
6 RANDY CAMMACK, VICE PRESIDENT - WESTERN R	(I) 104,0 (II) 315,5		/ ·	21,790 38,023	21,044 39,232		0
7 FORREST TYSON JOHNSON, VICE PRESIDENT - SOUTHERN	(I) (II)	09 0	23,331 0	40,186 0	21,044 0	276,470 0	0
8 JOHN F MURPHY, VICE PRESIDENT - EASTERN R	(I) 153,9 (II) 35,2				21,044 19,518		0
9 KEN WOOD, VICE PRESIDENT	(I) 106,5 (II) 150,8		/	22,309 0	21,096 0	163,168 194,216	0
10 JOHN COLI, VICE PRESIDENT - CENTRAL R	(I) 133,7 (II) 172,0		13,064 38,675	27,999 14,328	21,096 11,844		0
11 DANIEL J KANE SR, VICE PRESIDENT - EASTERN R	(I) 83,7 (II) 42,0		/	17,529 0	21,096 6,152		0 0
12 FREDERICK P POTTER, VICE PRESIDENT	(I) 107,7 (II) 136,9			22,554 0	21,096 5,712		0 0
13 FREDDIE N SIMPSON, VICE PRESIDENT	(I) 83,7 (II) 156,2		11,187 14,410	17,529 23,033	364 25,413	,	0
14 GORDON SWEETON, VICE PRESIDENT	(I) 158,7 (II)	11 0 0	22,666 0	33,234 0	21,044 0	235,655 0	0 0
15 GEORGE TEDESCHI, VICE PRESIDENT	(I) 83,7 (II) 197,3	11 03 0	,	17,529 2,793	21,044 29,529		0 0
16 WILLIAM HAMILTON, VICE PRESIDENT	(I) 81,4 (II) 183,1		,	· ·	20,992 27,115		0 0
17 ROME ALOISE, VICE PRESIDENT	(I) 149,8 (II) 151,4		,		21,044 27,774		0
18 BRIAN BUHLE, VICE PRESIDENT	(I) 77,9 (II) 124,6		,	16,317 0	21,148 17,380		0 0
19 STANLEY J HENNESSY, VICE PRESIDENT - CANADA	(I) 70,8 (II) 146,2				20,784 10,063		0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	C	· ·	W-2 and/or 1099-MIS (ii) Bonus & Incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
			compensation	compensation				p 31111 330
21 RICK MIDDLETON, VICE PRESIDENT & INT'L REP	(I) (II)	77,924 202,858	0 3,890	8,069 0	16,317 24,232	21,200 18,916	123,510 249,896	0 0
1 GEORGE MIRANDA, VICE PRESIDENT	(I) (II)	77,924 211,908	0 0	10,624 18,080	16,317 85,364	21,096 7,380	125,961 322,732	0 0
2 ALBERT MIXON, VICE PRESIDENT	(I) (II)	77,924 139,500	0 0	7,746 3,456	16,317 16,449	21,148 13,679	123,135 173,084	0 0
3 CRAIG MCINNES, VICE PRESIDENT - CANADA	(I) (II)	70,846 151,219	0 0	3,064 6,000	14,835 0	20,784 6,000	109,529 163,219	0 0
4 SEAN O'BRIEN, VICE PRESIDENT - EASTERN R	(I) (II)	84,802 150,542	0 0	7,069 0	17,758 22,338	20,784 20,724	130,413 193,604	0 0
5 BECKY STRZECHOWSKI, VICE PRESIDENT - CENTRAL R	(I) (II)	77,924 198,410	0	10,171 19,200	16,317 54,251	21,096 2,026	125,508 273,887	0 0
6 STEVEN VAIRMA, VICE PRESIDENT - WESTERN R	(I) (II)	127,924 106,479	0 7,200	9,531 7,200	26,787 0	20,784 18,653	185,026 139,532	0
7 KEN HALL, GENERAL SEC -TREAS	(I) (II)	207,798 0	 0 0	66,799 0	43,513 0	20,992 0	339,102 0	0 0
8 GARY S WITLEN, DEPARTMENT DIRECTOR/LEGAL	(1) (11)	225,720 0	0	12,557 0	47,266 0	21,044 0	306,587 0	0
9 CHARLES L DEANER, EXECUTIVE ASST TO GEN PRES	(I) (II)	211,364 0	0	14,786 0	44,260 0	20,992	291,402 0	0
10 RICHARD BELL, EXECUTIVE ASST TO GEN SEC	(1) (11)	215,207 0	0	15,553 0	45,064 0	21,400 0	297,224 0	0
11 CHRISTINE BAILEY, DEPARTMENT DIRECTOR, FIELD	(I) (II)	157,716 0	0	13,977 0	33,026 0	21,460 0	226,179 0	0
12 JEFFREY FARMER, DEPARTMENT DIRECTOR/ORGANI	(1) (11)	167,785 0	0	13,270 0	35,134 0	21,576 0	237,765 0	0
13 BRET CALDWELL, DEPARTMENT DIRECTOR/COMMUN	(I) (II)	169,817 0	0	6,77 4 0	35,560 0	27,928 0	240,079 0	0
14 MICHAEL MANLEY, STAFF ATTORNEY	(I) (II)	166,228 0	0	10,425 0	34,808 0	22,188 0	233,649 0	0
15 LAMONT BYRD, DEPARTMENT DIRECTOR/SAFETY	(I) (II)	156,932 0	0 0	12,584 0	32,862 0	20,748 0	223,126 0	0
16 RICHARD GIBSON, STAFF ATTORNEY	(I) (II)	163,129 0	0	7,562 0	34,159 0	23,440 0	228,290 0	0
17 NEIL DITCHEK, GENERAL PRES ASSISTANT GEN	(I) (II)	173,820 0	0	8,075 0	36,398 0	20,992	239,285	0
18 IAIN GOLD, DEPARTMENT DIRECTOR/STRATE	(1) (11)	157,289 0	0	5,579 0	32,936 0	21,096 0	216,900 0	0
19 TODD J THOMPSON, COORDINATOR OF SPECIAL PRO	(I) (II)	155,991 0	0	13,817	32,665 0	21,408	223,881	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(i) Base Compensation	n of W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other Incentive reportable compensation compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
41 FREDERICK MCLUCKIE, DEPUTY DIRECTOR OF LEGISLA	(I) (II)) 157,162) 0	0 0	11,655	32,910 0	21,148	222,875	0 0
1 CYNTHIA IMPALA, DEPARTMENT DIRECTOR/TRAINI	(I) (II)		0	13,881	32,889 0	0	203,834	0
2 JOHN SLATERY, DEPARTMENT DIRECTOR/BENEFI	(1) (11)			12,280 0	32,267 0	21,794 0	220,433 50,000	
3 LEAH FORD, ASSISTANT DIRECTOR/SPECIAL	(ı) (ıı)		0	10,784 0	38,130 0	21,044 0	252,050 0	0
4 DAVID BOURNE, TRADE DIVISION DIRECTOR, A	(ı) (ıı)		·	22,624	36,436 0	21,096 0	254,156 83,531	
5 STEPHEN NAGROTSKY, DEPUTY DIRECTOR, AIRLINES	(I) (II)		0	8,659 0	33,601 0	26,774 0	229,498 0	0
6 WILLIAM C SMITH III, EXECUTIVE ASSISTANT TO THE	(I) (II)			40,135 0	36,828 0	21,252 0	274,090 59,500	
7 CARIN ZELENKO, DEPARTMENT DIRECTOR, CAPIT	(I) (II)		0	6,816 0	31,784 0	21,588 0	211,976 0	0
8 MATTHEW HARRIS, STAFF ATTORNEY	(ı) (ıı)		0	8,600 0	28,561 0	22,020	195,576 0	0
9 NICHOLAS MANICONE, STAFF ATTORNEY	(I) (II)	'	0	7,924 0	30,626 0	22,705 0	207,512	0
10 MICHAEL FILLER, TRADE DIVISION DIRECTOR	(ı) (ıı)		0	11,454 0	29,816 0	22,685 0	206,342	0
11 FREDERICK DUBINSKY, INTERNATIONAL REPRESENTATI	(I) (II)		0	19,862 0	29,000 0	23,440 0	210,795 0	0
12 SCOTT HEGLAND, INTERNATIONAL REPRESENTATI	(I) (II)			18,713 0	29,351 1,442		209,118 76,442	

DLN: 93493307011655

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

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

Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS **Employer identification number** 53-0215427

90 Schedule O, Supplementa	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF OFFICERS AND DELEGATES OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS (IBT) IS DISCUSSED IN ARTICLE IV OF ITS BY-LAWS WHICH ARE LOCATED ON IBT'S WEB-SITE WWW TEAMSTER OR G
FORM 990, PART VI, SECTION B, LINE 11	THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS FORM 990 IS PREPARED BY ITS INDEPENDENT PUBLIC ACCOUNTANT WHO THEN FORWARDS THE COMPLETED RETURN TO IBT'S GENERAL-SECRETARY TREASURER FOR REVIEW AND SIGNATURE
FORM 990, PART VI, SECTION B, LINE 12C	THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS MONITORS ITS CONFLICT OF INTEREST POLICY ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19	THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTE REST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII	ROBERT BOUVIER - 2540 DANIEL JOHNSON, SUITE 804, LAVAL, QUEBEC, CANADA H7T2S3 RANDY CAMMA CK - 845 OAK PARK ROAD, COVINA, CA 91724-3624 FORREST TYSON JOHNSON - 1007 JONELLE STREET, DALLAS, TX 75217 JOHN F MURPHY - 348 D STREET, BOSTON, MA 02127-1225 KEN WOOD - 5818 EAST MLK, JR BLVD, TAMPA, FL 33619 FERLINE BUIE - 2120 BLADENSBURGE ROAD, N.E., WASHING TON, DC 20018 JOHN COLI - 1300 WEST HIGGINS, SUITE 220, PARK RIDGE, IL 60068 DANIEL J K ANE, SR - 1308 PIERCE STREET, RAHWAY, NJ 07065 FREDERICK P POTTER - 3400 HIGHWAY 35, EX ECUTIVE PLAZA, SUITE 7, HAZLET, NJ 07730 FREDDIE N SIMPSON - 20300 CIVIC CENTER DRIVE, S UITE 320, SOUTHFIELD, MI 48076-4169 GORDON SWEETON - PO BOX 99, SAGINAW, MO 64864 WILL IAM HAMILTON - 3460 NORTH DELAWARE AVE, SUITE 310, PHILADELPHIA, PA 19134 ROME ALOISE: 2 100 MERCED STREET, SUITE B, SAN LEANDRO, CA 94577 BRIAN BUHLE - 1233 SHELBY STREET, INDIA NAPOLIS, IN 46203 STANLEY J HENNESSY - 1 GROSVENOR SQUARE, DELTA, BRITISH COLUMBIA, CANAD A V3M5S1 RICK MIDDLETON - 450 EAST CARSON PLAZA DRIVE, CARSON, CA 90746 GEORGE MIRANDA - 110 WALL STREET, 3RD FLOOR, NEW YORK, NY 10005 ALBERT MIXON - 5425 WARNER ROAD, UNIT 7, CLEVELAND, OH 44125 RONALD HERRERA - 880 OAK PARK ROAD, SUITE 200, COVINA, CA 91724 JIM KABELL - 1850 E. DIVISION, SPRINGFIELD, MO 65803 CRAIG MCINNES - 275 MATHESON BLVD EAST, MISSISSAUGA, ONTARIO, CANADA L4Z1X8 KEVIN MOORE - 2741 TRUMBULL AVENUE, DETROIT, MI 4821 6 SEAN O'BRIEN - 544 MAIN STREET, BOSTON, MA 02129 BECKY STRZECHOWSKI - 1300 W HIGGINS, SUITE 301, PARK RIDGE, IL 60068 STEVEN VAIRMA - 10 LAKESIDE LANE, STE 2-E, DENVER, CO 80 212 KEN HALL - 267 STAUNTON AVENUE, S W, SOUTH CHARLESTON, WV 25303
FORM 990, PART XI, LINE 9 FORM 990, PART XII, LINE 2C	LOSS ON FOREIGN CURRENCY EXCHANGE -178,077 FASB ASC 715 ADJUSTMENT 3,108,924 THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS (IBT) FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED STATEMENT IBT'S OFFICERS ARE RESPONSIBLE FOR OVERSEEING THE FINANCIAL S TATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT NO CHA NGE TO THE PROCESS WAS MADE FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization INTERNATIONAL BROTHERHOOD OF TEAMSTERS	53-02154	dentification number 27				
Part I Identification of Disregarded Entities Complete	f the organization a	answered "Yes" on	ı Form 990, Pa	rt IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
						-

Part II Identification of Related Tax-Exempt Organizations Complete if 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controlled entity?
						Yes No
See Additional Data Table						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)) [(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropi	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocati	ions?	amount in box	mana	ging	ownership
		(state or	entity	unrelated,	1	assets			20 of	partn	er?	
		foreign	,	excluded from	1	1			Schedule K-1			
		country)	`	tax under	1	1			(Form 1065)			
		''	'	sections 512-	1	l .						
		! I	'	514)	1	l .	L					
				,			Yes	No		Yes	No	
									1			

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro enti	n 512 13) olled
								Yes	No
(1) TEAMSTERS NATIONAL HEADQUARTERS BUILDING CORPORATION 25 LOUISIAN AVENUE NW WASHINGTON, DC 20001 53-0226398	BUILDING CORPORATION		INTERNATIONAL BROTHERHOOD OF TEAMSTERS	C			100 000 %		No

See Additional Data Table

спе	edule K (Form 990) 2014		Рa	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		41.		Na
		1k		No
	Tenormance of Services of membership of fanaraising solutions for related organization(s)	11		No
m	- Tenerinance of Services of Membership of Annatalising Services of Ann	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
_		1r	Yes	<u> </u>
		-		
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining amou	ınt ır	ıvolved	I

Schedule R (Form 990) 2014

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	section	(f) Share of total income	(g) Share of end-of-year assets	Share of Disproprtionate end-of-year allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								,	\Box	1			

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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Software ID: Software Version:

EIN: 53-0215427

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Form 990, Schedule R, Part II - Identification of Relate	ed Tax-Exempt Organization	าร
(-)	/h\ /a	- \

Form 990, Schedule R, Part II - Identification of Rei	• •		(4)	(0)	(6)		\
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(b)(1 contro entit	on 512 (13) rolled
(1)THE COMMITTEE FOR DEMOREPINDEPENDENT VOTER EDUCATION (DRIVE)	POLITICAL ACTION COMMITTEE	DC	SECTION 527			Yes	No No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 53-0261255						_	
(1) THE TEAMSTER AFFILIATES PENSION PLAN	PENSION FUND	DC	401(A)/501(A)	1			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 52-6128127							
(2) RETIREMENT AND FAMILY PROTECTION PLAN	PENSION FUND	DC	401(A)/501(A)	1			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 53-0215427							
(3) JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND INC	SCHOALRSHIP FUND	DC	501(C)(3)	509(A)(2)			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 52-2206826							
(4) TEAMSTERS NATIONAL 401(K) SAVINGS PLAN	PENSION FUND	DC	401(A)/501(A)	†			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 52-1967784							
(5) INTERNATIONAL BROTHERHOOD OF TEAMSTERS VOLUNTARY EMPLOYEE BENEFITS TRUST	VEBA TRUST	DC	501(C)(9)	,			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 01-6196051				'		_	
(6) TEAMSTER DISASTER RELIEF FUND	CHARITABLE RELIEF	DC	501(C)(3)	170(B)(1)(A)(VI)			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 52-1790540							
(7) INTERNATIONAL BROTHERHOOD OF TEAMSTERS SUPPLEMENTAL BENEFITS TRUST	SUPPLEMENTAL BENEFITS TRUST	DC	501(C)(5)	1			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 20-0412571							
(8) TEAMSTERS EDUCATION AND MOBILIZATION FUND	POLITICAL ACTION COMMITTEE	DC	SECTION 527				No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 26-2912925							
(9) TEAMSTERS LEGAL DEFENSE TRUST	LEGAL DEFENSE FUND	DC	501(C)(9)	1			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 26-3361356				!			
(10) JLMC TEAMSTERS VOLUNTARY EMPLOYEE BENEFITS TRUST	VEBA TRUST	DC	501(C)(4)	,			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 27-4722755							
(11) TEAMSTER FLORIDA CCE	POLITICAL ACTION COMMITTEE	FL	SECTION 527	7			No
25 LOUISIANA AVENUE NW WASHINGTON, DC 20001 27-0765573	Committee						

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
INTERNATIONAL BROTHERHOOD OF TEAMSTERS VOLUNTARY EMPLOYEE BENEFITS TRUST	Q	499,187	FMV
INTERNATIONAL BROTHERHOOD OF TEAMSTERS SUPPLEMENTAL BENEFITS TRUST	Q	367,101	FMV
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND	N	86,155	FMV
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND	Q	33,195	FMV
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND	R	85,353	FMV
THE TEAMSTER AFFILIATES PENSION PLAN	Q	1,230,512	FMV
RETIREMENT AND FAMILY PROTECTION PLAN	Q	162,946	FMV
INTERNATIONAL BROTHERHOOD OF TEAMSTERS VOLUNTARY EMPLOYEE BENEFITS TRUST	S	4,000	FMV
INTERNATIONAL BROTHERHOOD OF TEAMSTERS SUPPLEMENTAL BENEFITS TRUST	S	8,000	FMV
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND	В	24,800	FMV
INTERNATIONAL BROTHERHOOD OF TEAMSTERS SUPPLEMENTAL BENEFITS TRUST	Р	1,142	FMV