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EXTENDED TO NOVEMBER 16, 2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

For the 2014 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change GENERAL TEAMSTERS LOCAL #431 Name change 94-0577293 Doing business as]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1140 WEST OLIVE (559) 486-5414 1,509,356. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende FRESNO, CA 93728 H(a) Is this a group return Applica-tion Yes X No F Name and address of principal officer: PETE NUNEZ for subordinates? pending 1140 W. OLIVE FRESNO. CA 93728 Yes H(b) Are all subordinates included? 501(c)(3) X 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status J Website: ► N/A H(c) Group exemption number K Form of organization: Corporation Trust Association X Other ► SUBOR L Year of formation: 1950 M State of legal domicile: CA Part ! Summary Briefly describe the organization's mission or most significant activities. LABOR ORGANIZATION Check this box I 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) SCANNED NOV Revenue Activities & Go 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2014 (Part V, line 2a 5 OCT 2 8 2015 6 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 375,530 <u>1,397,489</u>. Contributions and grants (Part VIII, line 1h) 110,490 108,683. Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 230 184. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 489,250 ,509,356. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 21,120. 18,964 14 Benefits paid to or for members (Part IX, column (A), line 4) 842,312 871,698. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 675,697 585,285. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 536,973 478,103. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <47,723.b 31,253. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 257,983 298,249. 20 Total assets (Part X, line 16) 28,715 37,728. 21 Total liabilities (Part X, line 26) 229,268. 260,521 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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. Jen Wul ignature of officer ennie wells 10-22-15 Sign SECRETARY-TREASURER Here Type or print name and title Check X Print/Type preparer's name Preparer's signature 10/15/15 self-employed Paid DAWN ROGERS, CPA P00383379 Preparer Firm's name DAWN M. ROGERS, CPA Firm's EIN 48-1291875 Firm's address

3060 EL CERRITO PLAZA #362 Use Only Phone no. 510 - 990 - 6443 EL CERRITO, CA 94530 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014) GENERAL TEAMSTERS LOCAL #431	94-0577293 Page
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	LABOR ORGANIZATION	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenu	
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION	ON SUPPORT
	SERVICES	
		·····
		···
4b		e \$
	PROVIDING LOCAL UNION MEMBERSHIP WITH SUPPORT SERVICES	
4c	/ (Internal of the control of the co	
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT SUPPORT S	ERVICES
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	
		Form 990 (201

Form 990 (2014) GENERAL TEAMSTERS LOCAL #431
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	_3_	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	х	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3	Λ	
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	_		:
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X.	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
a	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	444		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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			٠,,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	1	, .
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- "	<u> </u>	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	<u> </u>
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

			Yes	No
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		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a				
	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		<u>X</u>
	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		
	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,"			v
~~	complete Schedule L, Part II	26_	-	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	_36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X	
		Form	990	(2014)

432004 11-07-14

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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	art	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
ta Enter the number reported in Box 3 of Form 1096. Enter 0-4 not applicable Enter the number of Forms W.2G included in the 1a Enter-0-4 not applicable Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 If 2 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3 Did the organization have unlested business gross income of \$1,000 or more during the year? 3 If Yes, 'has it filed a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 4 All Alary 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 accountry of the securities account; or other financial accounts (FBAF) 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited as shelter transaction? 6 If 'Yes,' to line 5a or 5b, did the organization rice any aparty to a prohibited tax shelter transaction? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization selection and the donor of the value of the goods or services provided? 9 Did the organization receive a payment in excess of 45 made party as a contributio				Yes	No
b Enter the number of Forms W-G included in line 1 a Enter - O- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary 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? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, "has it filed a Form 990-T for this year? if 'No,' to line 3b, provide an explanation in Schedule O 4 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 accounts? b if Yes, "the rifer the name of the foreign country ≥ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) B Was the organization receive annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in that was or is a party to a prohibited tax shelter transaction? 5b If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive a payment in exises of Si3 made pathy as a contri	la F	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable		163	140
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization fall arequired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have urrelated business gross income of \$1,000 or more during the year? 8 If "Yes," has it filed a Form 990-T for they year? If "No," to line 2b, provide an explanation in Schedule O. 4 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)? 5 If "Yes," enter the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelfor transaction at any time during the tax year? 5 But any time during the time any time during the tax year? 5 But any time during the time any time during the time organization solicit any contributions that them or that cell during the time during the time during the time during the time organization receive any time during the year any time during the year? 5 But			1 1		l
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b If "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 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? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of advised funds, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization included on Part VIII, line 12 10a	7 (Organizations that may receive deductible contributions under section 170(c).		·	
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	•	Note. See the instructions for additional information the organization must report on Schedule O.			
organization is licensed to issue qualified health plans	b E	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	c	organization is licensed to issue qualified health plans	1		
c Enter the amount of reserves on hand	c E	Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	la [Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b 1	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
<u> </u>	tion A. Governing body and management		Yes	Na
10	Enter the number of voting members of the governing body at the end of the tax year 7		res	No
10	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 14		
_	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (vailab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınan	cial	
	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			
	PETE NUNEZ - (559)486-5414			
	1140 WEST OLIVE, FRESNO, CA 93728			

GENERAL TEAMSTERS LOCAL #431 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

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

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

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

Check this box if neither the organization		orga	anıza			npe	nsat				
(A)	(B)			(C Pos	C)			(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other	
	(list any	į	1					the	organizations	compensation	
	hours for	ar de la	_			pa		organization	(W-2/1099-MISC)	from the	
	related	stee (ruste			Seusa		(W-2/1099-MISC)		organization	
	organizations	altro	onalt		- Se	S S				and related	
	below line)	Individual trustee or director	institutional trustee	Officer	y em	Highest compensated employee	Former			organizations	
(1) DARRELL PRATT	40.00	≘		Ē	3	ᆍᇴ	8				
PRESIDENT	#0.00	1		x				87,018.	0.	40,099.	
(2) LENNIE WELLS	40.00							07,010.	0.	40,000	
VICE-PRESIDENT	1000	1		x				86,473.	0.	40,099	
(3) PETER NUNEZ	40.00			1		 		00,473.		40,000	
SECRETARY-TREASURER		1		x				109,256.	0.	40,099	
(4) SCOTT KROEKER	5.00										
RECORDING-SECRETARY		1		x				3,296.	0.	0.	
(5) EDGAR AMENDE	5.00							<u> </u>			
TRUSTEE				X			İ	2,750.	0.	0.	
(6) DANIEL MARTINEZ	5.00										
TRUSTEE				X				250.	0.	0.	
(7) FRED WILSHAW	5.00						İ				
TRUSTEE		<u> </u>	L	X				3,498.	0.	0 .	
(8) RODNEY HOLLETT	5.00						İ				
TRUSTEE		_	<u> </u>	ļ		ļ		3,512.	0.	0 .	
		<u> </u>	_	<u> </u>	ļ	ļ	ļ) 	,	
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						·	Ь			Farm 990 (001.4	

432007 11-07-14

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							_							
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	ا		Pos				Reportable	Reportable				ed
		hours per	box	, unle	ss pe	rson	than	h an	compensation	compensatio	n	am	ount	of
		week	officer and a director/trustee)			or/trus	tee)	from	from related		(other		
		(list any	Individual trustee or director						the	organizations			oensa	
		hours for	声	_ پر			ated		organization	(W-2/1099-MIS	(C)		om the	-
		related organizations	ustee	truste			Suad		(W-2/1099-MISC)			-	anızatı	
		below	la tri	lona		ploye	E S						l relate	
		line)	PAP	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatı	ons
			드	드	8	3	= 5	2						
	 													
				_	_	ļ								
		ļ		_		<u> </u>	ļ							
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		-	1	1				l						
		L	L	L	<u> </u>		<u> </u>	Ļ	006 053		_	10		<u> </u>
	Sub-total								296,053.		0.	12	U , Z	97.
	Total from continuation sheets to Part V	II, Section A							0.		0.	4.5		<u>0.</u>
<u>d</u>	Total (add lines 1b and 1c)								296,053.		0.	12	0,2	<u>97.</u>
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	or,	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									-		4		X
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors			<i></i>		,,,,,,,								
1	Complete this table for your five highest co	mpensated in	den	ende	ent o	onti	ractr	ors t	that received more than	\$100,000 of com	nene	ation f	rom	
•	the organization Report compensation for										٠٠			
	(A)	trio calcinaai j	<u> </u>	91101	<u>g</u> .	• • • • • • • • • • • • • • • • • • • •	0		(B)			(C	2)	
	Name and business	address	N	INC	2				Description of s	ervices	С	omper		n
			111	J141						•		•		
								\dashv		-				
								_						
										1				
								_						
	V-1,-1-1,-1-1	<u> </u>						_						
2	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0							
	- ·											Form 9	aan a	2014)

	990 (TERS LOC	AL #431	······	94-057	7293 Page 9
<u>. u</u>		Check if Schedule O cont		or note to any ter	o in this Bort VIII			[
		Office II Scriedule O Com	iains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributed) All other contributions, gifts, grants similar amounts not included about	tions) 1e nts, and ove 1f		1,397,489.			
Program Service Revenue	2 a b c d			Business Code 900099	108,683.	108,683.		
90 E	е							
•	f	All other program service reve	enue		100 100			
-		Total, Add lines 2a-2f		<u> </u>	108,683.			
	3	Investment income (including other similar amounts) Income from investment of ta		•				
	5	Royalties	r	.				
	6 a b c d	Less. rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue		Gross income from fundraising including \$	of of of oto. See a					
	C	` '	_				<u> </u>	-
	у а	Gross income from gaming a Part IV, line 19	ctivities See a					
	b		b	f				
	c			•				
		Gross sales of inventory, less and allowances Less cost of goods sold						
		Net income or (loss) from sale	es of inventory	—				
		Miscellaneous Revenu		Business Code				
		REIMBURSED EXPI		900099	2,349.	2,349.		
	b		MOTIONAL	900099	835.	835.		
	C							-

0.

3,184. 509,356.

e Total. Add lines 11a-11d

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
Do 1	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic			<u> </u>	
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		<u></u>		
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	21,120.	· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,		•		
•	trustees, and key employees	416,350.			
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	247,288.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	69,389.			
9	Other employee benefits	91,033.			
10	Payroll taxes	47,638.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,726.			
C	Accounting	16,100.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7,092.			
12	Advertising and promotion	F0 400			
13	Office expenses	78,483.	 		
14	Information technology				
15	Royalties	14 700			
16	Occupancy	14,780. 43,296.			
17	Travel	43,430.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,052.			
20	Interest	4,052.			
20 21	Payments to affiliates	357,657.			
22	Depreciation, depletion, and amortization	7,235.			
23	Insurance	.,200			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	AUTOMOBILE EXPENSES	33,247.			
b	CONTRIBUTIONS TO LABOR	6,900.			
C	COMMUNUTIY OUTREACH	2,303.			
d	HOLIDAY PARTY	1,959.	- · · · · · · · · · · · · · · · · · · ·		
	All other expenses	455.	·		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,478,103.			
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				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	

Port Y Balanco S

Part		Balance Sheet						
		Check if Schedule O contains a response or no	te to any	line in this Part X			, 	
					(A) Beginning of	year		(B) End of year
	1	Cash - non-interest-bearing			60	244.	1	107,187
	2	Savings and temporary cash investments		1		763.	2	2,763
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and f	ormer of	ficers, directors.				
		trustees, key employees, and highest compens						
		Part II of Schedule L		, , , , , , , , , , , , , , , , , , , ,			5	
	6	Loans and other receivables from other disqual				·		
		section 4958(f)(1)), persons described in section						
1		employers and sponsoring organizations of sec						
,		employees' beneficiary organizations (see instr)					6	
22255	7	Notes and loans receivable, net	Compi	Sto Fait II OF SCITE			7	
2	8	Inventories for sale or use					8	
		Prepaid expenses and deferred charges						·
	9	Land, buildings, and equipment cost or other	1 1	-			9	
	10a	basis Complete Part VI of Schedule D	40-	550,583.				
			10a	363,069.	101	065	40-	107 514
		Less accumulated depreciation	10b	303,003.	191	965.		187,514
-1	11	Investments - publicly traded securities		-	11			
- 1	12	Investments - other securities See Part IV, line			··	12		
	13	Investments - program-related See Part IV, line				13		
- [14	Intangible assets			011	14	705	
- 1	15	Other assets See Part IV, line 11		<u>,</u>		011.	15	785
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equ	ial line 3	4)		983.	16	298,249
	17	Accounts payable and accrued expenses	}	28,	715.	17	37,728	
- 1	18	Grants payable			18			
- 1	19	Deferred revenue				19		
- 1	20	Tax-exempt bond liabilities	<u> </u>			20		
	21	Escrow or custodial account liability Complete		T T			21	
2	22	Loans and other payables to current and forme						
		key employees, highest compensated employe	es, and	disqualified persons				
Liabilities		Complete Part II of Schedule L		_			22	
- 1:	23	Secured mortgages and notes payable to unrel		· ·			23	
	24	Unsecured notes and loans payable to unrelate	-				24	
3	25	Other liabilities (including federal income tax, pa	•					
		parties, and other liabilities not included on line	s 17-24)	Complete Part X of				
		Schedule D		_		-4-	25	
	<u> 26</u>	Total liabilities. Add lines 17 through 25		. (28	715.	26	37,728
		Organizations that follow SFAS 117 (ASC 95)	••	k here 🕨 🐰 and				
2		complete lines 27 through 29, and lines 33 ar	nd 34.					
É 2	27	Unrestricted net assets				505.		257,758
<u> </u>	28	Temporarily restricted net assets	_	2,	763.	28	2,763	
2	29	Permanently restricted net assets			29			
-		Organizations that do not follow SFAS 117 (A), check here ▶Ш					
5		and complete lines 30 through 34.						
g ;	30	Capital stock or trust principal, or current funds	Ĺ			30		
	31	Paid-in or capital surplus, or land, building, or ea	quipmen	t fund			31	
Net Assets of Fullu Balances	32	Retained earnings, endowment, accumulated in	ncome, c	or other funds			32	
Z ;	33	Total net assets or fund balances			229	268.	33	260,521
;	34	Total liabilities and net assets/fund balances			257	983.	34	298,249

E~-~	990 (2014) GENERAL TEAMSTERS LOCAL #431	01-05	77293	Dar	10			
	rt XI Reconciliation of Net Assets	34-03	11493	Pag	16 12			
	Check if Schedule O contains a response or note to any line in this Part XI				\Box			
	Check in Schedule O Contains a response of hote to any line in this r art Ar	·			<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,509	9,3	56.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,478	_				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>53.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	260),5	21.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990	D \$.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both.		_,					
-	Separate basis Consolidated basis Both consolidated and separate basis							
þ	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,						
	consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		I			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

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

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

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

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

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

•	Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of orga		tono completo i dit ini		Empi	oyer identification number
		GENERAL	TEAMSTERS LOCAL	ւ #431		94-0577293
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	
				· .*		<u> </u>
1	Provide a	a description of the organiz	ation's direct and indirect politi	cal campaign activities	ın Part IV	
		expenditures			▶ \$	0.
	Voluntee	•			•	0.
Pa	rt I-B	Complete if the org	anization is exempt un	der section 501(c))(3).	
1	Enter the	amount of any excise tax	incurred by the organization ur	der section 4955	▶\$	
2	Enter the	amount of any excise tax	incurred by organization manage	gers under section 495		
3			n 4955 tax, did it file Form 4720			Yes No
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV				
Pa	irt I-C	Complete if the org	anization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the	amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the	amount of the filing organ	ization's funds contributed to d	ther organizations for s	section 527	
	exempt f	unction activities			▶ \$	
3	Total exe	empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	- ,	
	line 17b				▶ \$	
4	Did the f	ling organization file Form	1120-POL for this year?			Yes No
5			nployer identification number (E	EIN) of all section 527 p	olitical organizations to which	h the filing organization
			tion listed, enter the amount pa			
	contribut	tions received that were pre	omptly and directly delivered to	a separate political orç	ganization, such as a separa	te segregated fund or a
	political a	action committee (PAC) If	additional space is needed, pro	vide information in Parl	t IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds If none, enter -0-	promptly and directly delivered to a separate
						political organization
						If none, enter -0-
						" - "
						<u> </u>
				ļ		1

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014	<u>GENER</u>	AL TEA	MSTERS LOCA	L #431	94-	0577293 Page 2
Part II-A Complete if the org	anizatio	on is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768(election under
section 501(h)).						<u></u>
A Check 🕨 📖 if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, ElN,
expenses, and share	re of exces	s lobbying i	expenditures)			
B Check 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply	<u> </u>	
		bying Exper leans amou	nditures ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	Jence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli						
c Total lobbying expenditures (add li		_	, , , , , ,			·
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		s 1c and 1c	ı)			
f Lobbying nontaxable amount Enter	•		•	h columns	•	
If the amount on line 1e, column (a) of	<u> </u>		bying nontaxable am			
Not over \$500,000	1 (0) 10.		the amount on line 1e.			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,500,000 but n			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,0	•	33 0461 \$1,300,000		
Over \$17,000,000		Ψ1,000,	000			
g Grassroots nontaxable amount (er	tor 25% c	f line 1f)		· · · · · · · · · · · · · · · · · · ·		
h Subtract line 1g from line 1a If zer		•				
i Subtract line 1f from line 1c If zero						
j If there is an amount other than ze			line 1: did the organiz	ation file Form 4720		
reporting section 4911 tax for this		71 III IC 111 OI	mie ii, did trie organiz	ation me roini 4720		Yes No
reporting section 4911 tax for this	you!	4 Voor Aug	reging Period Under	postion FO1(h)		1e5 14U
(Some organizations to		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
		•	nditures During 4-Yea	_ 		
	LODI	Jynig Exper	latares barring 4- rea	Averaging Ferrod		
Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b 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))						
			i	l '		1

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 GENERAL TEAMSTERS LOCAL #431 94-0577293 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
of the	e lobbying activity	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
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)?				
	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				<u> </u>
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	i "No," O	K (b) Par	t III-A, Iin	ie 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 expenditures)	ical			
	expenses for which the section 527(f) tax was paid).		_		
а	Current year		2a		
b	Carryover from last year		2b		
С	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 ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		·
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	p list), Part I	I-A, lines 1 a	and 2 (see	
ınstrı	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
					
					

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

Internal Revenue Service Name of the organization

Open to Public

Nam	e of the organization GENERAL TEAMSTERS	LOCAL #431	Employer identification number 94-0577293
Par			
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
-	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
_	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati	·	
	Preservation of land for public use (e.g., recreation or e	·	rically important land area
	Protection of natural habitat	Preservation of a certif	• •
	Preservation of open space		
.2	Complete lines 2a-through-2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2014

		TEAMSTERS 1					-0577293 Page 2
Pai	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, o	r Other	Similar A	Assets(continued)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	are a signi	ficant use	of its collection items
	(check all that apply)						
а	Public exhibition	d	Loan or exc	hange progra	ms		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	illections and explain h	now they further t	he organizatio	n's exemp	t purpose ı	n Part XIII.
5	During the year, did the organization solicit or				r sımılar as	sets	
	to be sold to raise funds rather than to be ma				<u> </u>		Yes No
Pai	t IV Escrow and Custodial Arrang		out the organization	n answered "	Yes" to For	m 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contribution	ns or other ass	sets not inc	luded	
	on Form 990, Part X?						└── Yes └── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table			1	
							Amount
	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance	000 D (V)				1f	
	Did the organization include an amount on Fo					,	└─ Yes └─ No
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete if						
- 4	- Complete ii		-		_	Three weers	hade (-) Four years hade
4-	Pegunning of year belongs	(a) Current year	(b) Prior year	(c) Two years	S Dack (a)	Three years	back (e) Four years back
Ta	Beginning of year balance						
D	Contributions			<u> </u>			
ر د	Net investment earnings, gains, and losses			1			
	Grants or scholarships Other expenditures for facilities						
e							
	and programs Administrative expenses			 			
'	End of year balance			 			
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g. column (s	/ held as	l		
	Board designated or quasi-endowment	ent year ond balance	(interig, coluitii) (a	ajj Heid as			
h	Permanent endowment		70				
	Temporarily restricted endowment	^ %					
·	The percentages in lines 2a, 2b, and 2c shou						
3a	Are there endowment funds not in the posses	•	on that are held a	ınd admınıster	ed for the	organizatio	n
-	by	oolow or the organization	on that are note a	ara administra	00 101 1110 1	organizatio	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?				3b
4	Describe in Part XIII the intended uses of the	·					02
Pai						····	
	Complete if the organization answered	l "Yes" to Form 990, F	Part IV, line 11a. S	ee Form 990,	Part X, line	10	
	Description of property	(a) Cost or other		or other	(c) Accu		(d) Book value
		basis (investme	' '	(other)	depred		(=, =====
1a	Land		5	0,642.	•		50,642.
	Buildings			1,239.	17	8,546	
	Leasehold improvements						
	Equipment		11	0,376.	11	0,376	. 0.
	Other			8,326.		4,147	4,179.
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990 Part X					187.514.

Schedule D (Form 990) 2014

432053 10-01-14 Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

JMB No 1545-0047 2014

Open to Public Inspection

2 **Employer identification number** 94-0577293 (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table #431 (c) IRC section if applicable LOCAL Enter total number of other organizations listed in the line 1 table GENERAL TEAMSTERS Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part

Schedule I (Form 990) (2014)

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

Schedule I (Form 990) (2014) GENERAL TEAMSTERS LOCAL #431 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	SRS LOCAL s. Complete if the	#431 organization answ	ered "Yes" to Form 9	90, Part IV, line 22	94-0577293 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	l luired in Part I, line	e 2, Part III, column	(b), and any other ac	Iditional information	
			_		
			-		
				:	
432102 10-15-14		21			Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization **Employer identification number** GENERAL TEAMSTERS LOCAL #431 94-0577293 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: SUBORDINATE IN GROUP RULING FORM 990, PART VI, SECTION A, LINE 7A: ALL EXECUTIVE BOARD MEMBERS ARE ELECTED BY THE LOCAL'S MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: THE EXECUTIVE BOARD MAY NOT TERMINATE OR MERGE THE ORGANIZATION WITHOUT MEMBERSHIP APPROVAL .-- - --FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT AND PROVIDED TO THE EXECUTIVE BOARD FOR APPROVAL PRIOR TO SUBMISSION TO THE IRS. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE LOCAL'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST SENT TO THE LOCAL'S ADMINISTRATIVE OFFICES. FORM 990, PART XII, LINE 1 - METHOD OF ACCOUNTING THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING, RECOGNIZING REVENUE WHEN RECEIVED AND EXPENSES WHEN PAID, OTHER THAN DUES RECEIVED ON BEHALF OF AFFILIATES THAT REMAINS UNPAID AT THE END OF THE YEAR, WHICH IS RECOGNIZED AS A LIABILITY. FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or							Page 2
Name of the organization	GENERAL	TEAMSTERS	LOCAL	#431		Employer identification a 94-0577293	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number 94-0577293 ►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. GENERAL TEAMSTERS LOCAL #431 Name of the organization Department of the Treasury Internal Revenue Service Part

Direct controlling entity 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 End-of-year assets Total Income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 Š × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. INTERNATIONAL BROTHERHOOD OF TEAMSTERS 53-0215427, 25 LOUISIANA AVE., NW Name, address, and EIN of related organization WASHINGTON, DC 20001

94-0577293

Page 2

Schedule R (Form 990) 2014 GENERAL TEAMSTERS LOCAL #431

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

General or Percentage managing ownership Schedule R (Form 990) 2014 Yes No Section 512(b)(13) controlled entity? 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. 3 Percentage ownership Yes Ξ Code V-UBI amount in box 17 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income $\boldsymbol{\varepsilon}$ (d)
Integration | Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) 25 <u>©</u> (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 432162 08-14-14 Part IV

Page 3

Part V 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 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	I in Parts II-1V?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a		×
b Gift, grant, or capital contribution to related organization(s)		_		£		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan quarantees by related organization(s)		_		1e		×
		-		!		
f Dividends from related organization(s)		-		1		×
g Sale of assets to related organization(s)				19		×
		-		t,		×
i Exchange of assets with related organization(s)		- -		1=		×
j Lease of facilities, equipment, or other assets to related organization(s)		-		11		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	_	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n		×
 Sharing of paid employees with related organization(s) 		_		10		×
		= - -				!
p Reimbursement paid to related organization(s) for expenses				5		×
 Reimbursement paid by related organization(s) for expenses 				10	+	×
r Other transfer of cash or property to related organization(s)		_ ·-		+	×	
		. –		15		×
If the answer to any of the above is "Yes," see the instructions for info	who must complete the	nis line, including coverec	ormation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) INTERNATIONAL BROTHERHOOD OF TEAMSTERS	я	303,194	194.CASH BASIS			
(2)						
(9)						
(4)						
(5)						
(9)						
132 183 08-14-14	26	<u> </u>	Schedule R (Form 990) 2014	(Form	990) 2	2014

94-0577293

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Schedule R (Form 990) 2014 GENERAL TEAMSTERS LOCAL #431

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

(a)	(q)	(c)	(p)	<u>.</u>	(£)	(6)	ε	(9)	9	(k)
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3) orgs ?	Share of total troome	Share of end-of-year assets	Dispropor- tonate allocations?	Code V-UBI mount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
		s		6			6			
									.	
								Schedule	R (Forr	Schedule R (Form 990) 2014

432164 08-14-14

Schedule R	(Form 990) 2014	GENERAL	TEAMSTERS	LOCAL #43	1	<u>94-0577293</u>	Page 5
Part VII	(Form 990) 2014 Supplemental Info	rmation			<u></u>		
	Provide additional inform	nation for response	es to auestions on S	Schedule R (see inst	inictions)		
	1 TOVIGE Additional inform	ation for response	co to quostions on c	ochoddio 11 (300 inst	ructionaj.		
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