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DLN: 93493222018646

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

Open to Public Inspection

A F	or th	ne 2015 ca		r beginning 01-01-2015 , and endi	ng 12-31-201	.5	_			
		applicable change	C Name of organization INTL BROTHERHOOD OF	TEAMSTERS LOCAL 174				yer ide 26807	entification number 6	
		hange	Doing business as							
∏ Inı		turn	Number and street (or I	E Teleph	E Telephone number					
Fır ret		erminated	14675 Interurban Ave S		, , , , , , , , , , , ,		(206)	441-6	5060	
☐ Am	nende	d return		rovince, country, and ZIP or foreign postal co	ode I		1			
Ар	plıcatı	on pending	Tukwila, WA 98168				G Gross i	eceipts	\$ 5,706,833	
			F Name and addr Richard Hicks	ess of principal officer		H(a) Is th				
			14675 Interurban			subo H(b) Are	ordinates? all subordi		□Yes □No □Yes □No	
			TUKWILA,WA 98	168		ınclı	ıded?			
I Ta	ıx-exe	empt status	「 501(c)(3) ▽ 501	(c) (5) ◀ (insert no)	<u> </u>				(see instructions)	
J W	ebsi	ite:► ww	w teamsters174 org			ii(c) Gro	up exempi	ion nu	mber ► 0320	
			Corporation Trust	Acceptation V Other III		L Voor of f	ormation 19)00 M	State of legal domicile	
			i i Corporation i nust j	Association Other		L teal of it	olillation 15	909 W		
Pa	rt I	Sum	ımary							
Governance		NEGOTIA	ATE WITH EMPLOYER	R WORKPLACE RIGHTS, INVOLVE S SO THAT EACH WORKER IS TRE	ATED WITH	DIGNITY, J	USTICE,	AND R	ESPECT	
	-	CHECK C	ns box F ₁ in the organ	nzación discontinaca les operacións o	n disposed o	i more enan z	23 70 01 103			
Activities &			of voting members of t			3	7			
Ē			of independent voting i mber of individuals em			5	3 20			
្ន			mber of individuals em mber of volunteers (es			6	20			
			•	ue from Part VIII, column (C), line 1				7a	0	
	ь	Net unrela	ated business taxable	income from Form 990-T, line 34 .			•	7b		
						Pri	or Year	_	Current Year	
क	8			art VIII, line 1h) art VIII, line 2g)			1, 5,347,	218	5,669,761	
Revenue	10	_	•	II, column (A), lines 3, 4, and 7d)				426	36,258	
æ	11	Other	revenue (Part VIII, co	olumn (A), lines 5, 6d, 8c, 9c, 10c, a				0		
	12	Total 12)	revenue—add lines 8 t	hrough 11 (must equal Part VIII, co	lumn (A), line	e	5,389,304		5,706,833	
	13	Grant	s and similar amounts	paid (Part IX, column (A), lines 1–3)		43,	030	48,803	
	14			ers (Part IX, column (A), line 4) .			83,	138	70,041	
8	15	Saları 5–10		n, employee benefits (Part IX, colum	ın (A), lınes		2,864,	540	3,016,601	
Expenses	16	a Profe	ssional fundraising fee	s (Part IX, column (A), line 11e) .					0	
ਡੌ	Ь	Total fu	undraising expenses (Part I)	K, column (D), line 25) ▶						
=	17			lumn (A), lines 11a-11d, 11f-24e)			2,002,	-	2,014,168	
	18 19			3-17 (must equal Part IX, column (A otract line 18 from line 12			4,993, 396,		5,149,613 557,220	
는 8 연합	129	Nevel	ac ress expenses sur	saddenie 10 nom ille 12	· · ·	Beginning			End of Year	
Not Assets or Fund Balances	20	Total	assets (Part X line 16)			5,848,	427	6,333,238	
2 A B	21			26)				912	50	
žĒ	22	Neta	ssets or fund balances	Subtract line 21 from line 20			5,845,	515	6,333,188	
Unde my k	nowl	nalties of	belief, it is true, correc	I have examined this return, includir t, and complete Declaration of prep						
		****					2016-08-09			
Sigr		Sign	ature of officer				Date			
Her	е		ard Hicks Secretary-Treasui e or print name and title	er						
			Print/Type preparer's name	Preparer's signature	D	ate Ch	eck 🗀 ıf	PTIN		
Pai	d		Chris McGinness	Chris McGinness		sel	f-employed	P0101	7591	
Pre	-	rer ⊢	Firm's name HUEBNER Firm's address 1424 NE 1	DOOLEY & MCGINNESS PS 55TH ST STE 100			m's EIN ► one no (206	S) 522-9	2000	
Use Only				E, WA 981557104			one no (206	,, JZZ-8		

	(2013)				Page Z
Par		ment of Program Service A	-		_
_		of Schedule O contains a response be the organization's mission	or note to any line in this Part III	·	<u> </u>
AND	LOCAL UNION KNOW THEIR	I'S MISSION IS TO ORGANIZE A WORKPLACE RIGHTS, INVOLVE ORKER IS TREATED WITH DIGNIT	WORKERS IN THE POLITICAL		
2		zation undertake any significant pr		hich were not listed on	
	•	990 or 990-EZ?			⊤Yes ▼No
3		ribe these new services on Schedu zation cease conducting, or make s		lusts any program	
3	services? .	ribe these changes on Schedule O			⊤Yes ▼No
4	Describe the o	organization's program service according 501(c)(4) organises, and revenue, if any, for each	nizations are required to report t		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4 a	THE LOCAL UNIO) (Expenses \$ ON'S PROGRAM SERVICE ACTIVITY AND AC NO OTHER ECONOMIC ADVANTAGES THRO	COMPLISHMENT IS TO ORGANIZE ALL W	ORKERS, AND TO SECURE IMPROVED	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progra	m services (Describe in Schedule ())		
	(Expenses \$	•	grants of \$) (Revenue \$)
4e	Total progran	n service expenses 🗠			

Form 990 (.	2015)	Ρ.
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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 \Box	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? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule D, Part III	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	9		No
.0	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
.1	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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
.5	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
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	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
.8	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
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
.0a	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		1

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		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part 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		No
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		No
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? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of note to any line in this rait V	 .	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 36			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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?	2b	Yes	
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	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	4a		N
h	account)?	-Tu		No
b	If "Yes," enter the name of the foreign country 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		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		<u></u>
6a	Does 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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	,	7.		
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
А	file Form 8282?	7c		
-	The state and number of forms of or med during the year 1. 1. 1.			
е	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		<u> </u>
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?	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities	اکسی		
	Section 501(c)(12) organizations. Enter			
	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)			
12-	<u> </u>	125		N o
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		No
U	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
2	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
a	additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			Λ.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 99 0	(2015)

Se	ection A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
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	Yes	
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	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		Νo
L 5	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		Νo
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?			
C =		16b		
	List the States with which a copy of this Form 990 is required to be filed.			
L/	בו ב			
18	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. 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 financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records FRichard Hicks 14675 Interurban Ave S Suite 303 Tukwila, WA 98168 (206) 441-6060 Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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, 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 for related	more pers and	than on is	one bot	not box h ar or/tr	check , unle n office ustee	ess er :)	from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations	
(1) Gary Bolen Trustee	0 50	×						6,825	0	0	
	0 00										
(2) Laura Malloy		x						6,825	0	0	
Trustee	0 00										
(3) Adam Murphy	0 50							6.025	0	0	
Trustee	0 00	×						6,825	0	U	
(4) Richard Hicks	40 00										
Secretary-Treas	0 00			×				138,283	0	43,990	
(5) Ted Bunstine	40 00										
President	0 00			Х				114,401	0	43,384	
(6) Kenneth Marshall	40 00							405.004		40.404	
Vice President	0 00			Х				105,821	0	43,181	
(7) Carl Gasca	40 00										
Recording Secre				×				105,882	0	43,217	
	0 00										
(8) Timothy Allen						x		110,145	0	41,855	
Business Agent	0 00										
(9) Patricia Warren	40 00					l x		112.020	0	41.024	
Business Agent	0 00					^		113,920	U	41,934	
(10) Michael Gonzales	40 00										
Business Agent	0 00					X		105,463	0	41,756	
(11) Lawrence Boyd	40 00										
Business Agent	0 00					×		105,533	0	41,758	
(12) Roger Pardo	40 00										
						х		102,104	0	41,686	
Business Agent	0 00										
					\vdash						
	1			<u> </u>	_					_	
					L						

art VII	Section A. Officers	, Directors,	Trustees,	Key	Employ	ees,	and Hig	ghest Com	pensated Em	ploye	es (continued
---------	---------------------	--------------	-----------	-----	---------------	------	---------	-----------	-------------	-------	------	-----------

	(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee) A verage hours divide hours per more than one box, unless compensation compensation from the from relation (W-organization (W-organizatio									
		organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b c d	Sub-Total	•					▶		1,022	2,027		382,761
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	ho receive	d more th	nan	
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> 5						emplo		, or highes	t compen		Yes No
4	For any individual listed on lin organization and related organ individual										on from the uch	4 Yes
5	Did any person listed on line 1 services rendered to the orga			•					_	anızatıon • • •	or individual for	5 No
Se	ection B. Independent Co	ontractors										
1	Complete this table for your fi compensation from the organi	- :										
Schw	! erın Campbell Barnard & Iglitzin LLP	Name and business	address							Des Legal servi	scription of services	Compensation
18 W	Mercer St 400 le, WA 98119									Legal Scivi		
	Total number of independent co \$100,000 of compensation from			not	lımıt	ed t	o thos	list	ed above)	who rece	erved more than	

Form **990** (2015)

Part V	/ 🛊 🛊 1	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule O contains a respon	se or note to any lin	e 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						
(0	1a	Federated campaigns 1a											
ons, Gifts, Grants Similar Amounts	b	Membership dues 1b	814										
Gra	С	Fundraising events 1c											
Giffs, iilar A	d	Related organizations 1d					-						
s, G mil	e	Government grants (contributions) 1e											
ion r Si	f	All other contributions, gifts, grants, and 1f											
tributic Other	g	similar amounts not included above Noncash contributions included in lines											
Contributions, and Other Sim		1a-1f \$		814			-						
<u>ਨੂੰ ਵ</u>	h	Total. Add lines 1a-1f	· •	814									
e E	3-	Membership Dues & Assessments	Business Code	5 622 504	F 622 F04								
ever	2a b	Membership Dues & Assessments MISCELLANEOUS	900099	5,622,501 6,188	5,622,501 6,188								
or Or	, c	ON BEHALF OF AFFILIATES	900099	9,412	9,412								
7 Y S	d	REIMBURSEMENTS AND REFUND	900099	13,729	13,729								
აგ =	e	Settlements	900099	12,623	12,623								
Program Serwce Revenue	f	All other program service revenue		5,308	5,308								
چ	g	Total. Add lines 2a-2f		5,669,761									
	3	Investment income (including dividend	ls, interest,		26.250								
	_	and other similar amounts) Income from investment of tax-exempt bond p	•	36,258	36,258								
	4 5	Royalties	loceeds	0									
		(ı) Real	(II) Personal										
	6a	Gross rents											
	ь	Less rental											
	c	expenses Rental income											
	d	or (loss) Net rental income or (loss)		0									
		(ı) Securities	(II) Other										
	7a	Gross amount from sales of assets other than inventory											
	ь	Less cost or other basis and sales expenses											
	C d	Gain or (loss) Net gain or (loss)		0									
venue		Gross income from fundraising events (not including											
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a											
ಕ		Less direct expenses b		0									
		Net income or (loss) from fundraising e Gross income from gaming activities See Part IV, line 19	events 🛌	0									
	b	Less direct expenses b											
		Net income or (loss) from gaming activ	rities	0									
	10a	Gross sales of inventory, less returns and allowances .											
	ь	Less cost of goods sold b											
		Net income or (loss) from sales of inve	ntory 🛌	0									
		Miscellaneous Revenue	Business Code										
	11a												
	b												
	q C	All other revenue											
	d e	Total. Add lines 11a-11d	🕨										
	12	Total revenue. See Instructions		0									
	l	The state of the s		5,706,833	5,706,019								

	990 (2015)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in the	nis Part IX	(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	48,803			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	70,041			
5	Compensation of current officers, directors, trustees, and key employees	658,634			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,457,503			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	372,854			
9	Other employee benefits	359,142			
10	Payroll taxes	168,468			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	122,270			
C	Accounting	17,427			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,202			
12	Advertising and promotion	0			
13	Office expenses	85,529			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	169,312			
17	Travel	127,624			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	55,448			
20	Interest	0			
21	Payments to affiliates	1,292,117			
22	Depreciation, depletion, and amortization	7,109			
23	Insurance	6,248			
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	Printing and Publications	41,796			
b	REFUNDS OF DUES/FEES	19,482			
c	Postage and Shipping	16,428			
d	REMITTANCES OF FUNDS TO OTHERS	12,950			
е	All other expenses	15,226			
25	Total functional expenses. Add lines 1 through 24e	5,149,613	0	0	0
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)				

art X	Bal	ance	Sł	1ee	t
					_

	(Check if Schedule O contains a response or note to any line	e in thi	s Part X			· · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			636,783	1	857,924
	2	Savings and temporary cash investments			2,777,336	2	3,112,494
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	mplete				
		Selleddie E. F.	• '			5	0
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instruction of Schedule L					
Ž,	_					6	0
4	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	358,486			
	b	Less accumulated depreciation	10b	336,49	1 26,284	10 c	21,995
	11	Investments—publicly traded securities	205,723	11	211,613		
	12	Investments—other securities See Part IV, line 11 .		• •		12	0
	13	Investments—program-related See Part IV, line 11 .		13	0		
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11			2,202,301	15	2,129,212
	16	Total assets.Add lines 1 through 15 (must equal line 34)			5,848,427	16	6,333,238
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o	fSchec	lule D		21	
Liabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis					
亞		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
					2,912	25	50
	26	Total liabilities. Add lines 17 through 25			2,912	26	50
A A		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ► 🔽	and complete			
Ĕ	27	Unrestricted net assets			5,845,515	27	6,333,188
20 00	28	Temporarily restricted net assets				28	
<u>-</u>	29	Permanently restricted net assets				29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34.	eck he	re▶ ┌ and			
) J	30	Capital stock or trust principal, or current funds				30	
ž	31	Paid-in or capital surplus, or land, building or equipment f	und .			31	
î	32	Retained earnings, endowment, accumulated income, or o				32	
ซ์	33	Total net assets or fund balances			5,845,515	33	6,333,188
2	34	Total liabilities and net assets/fund balances			5,848,427	34	6,333,238

	330 (2013)				raye 12
Par	Reconcilliation of Net Assets				F
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•		
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		5 ,7	706,833
2	Total expenses (must equal Part IX, column (A), line 25)	2		5.:	149,613
3	Revenue less expenses Subtract line 2 from line 1				-
_		3			557,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		5,8	345,515
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	5			
0	Donated Services and use of lacinities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-69,547
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				07,547
	column (B))	10		6,3	333,188
Par	t XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	. I No
				103	
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 revi	ewed on			
	a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis				
	, coparate such , contained such , sour concernation and separate such				
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				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	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	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

OMB No 1545-0047 Political Campaign and Lobbying Activities

DLN: 93493222018646

(Form 990 or 990-EZ)

SCHEDULE C

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 www.irs.gov/form990.

If the organization answered "Yes" on 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" on 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" on 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 501(c)(4), (5), or (6) organizations Complete Part III
--

Name of the organization INTL BROTHERHOOD OF TEAMSTERS LOCAL 174 Employer identification number

91-0268076

art I-A	Complete i	t tne organization	is exempt unde	r section 501(c)	or is a section 527	organization

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Political expenditures

10,400

Volunteer hours

Part I-B	Complete if the	e organization is exempt	under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

☐ Yes ☐ No

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

10,400

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

10,400

Did the filing organization file Form 1120-POL for this year?

☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	filing organization's funds If none, enter - 0-	political contributions received and promptly and directly delivered to a separate political organization If none enter -0-
1		See Additional Data Table			
2					
3					
4					
5					
6					
For Don	amusuk Dadustian Ast Nat	ico coo the instructions for Form O	00 a= 000 E7		

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

each "Yes" Tivity.	-	election under section 501(h)).	T /	a)	(b)
	response on lines 1a throu	gh 11 below, provide in Part IV a detailed description of the lobbying		No	Amount
legislati		anization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,	Yes		
a Iunteers?					
Paid sta		e compensation in expenses reported on lines 1c through 1i)?	<u> </u>		
c edia adverti	sements?		'		
	<u> </u>				
d ailings to mo	embers, legislators, or th	e public?			
Publicat	lons, or published or broa	adcast statements?			<u> </u>
f Grants	 to other organizations for	lobbying purposes?			
g Direct o	 ontact with legislators, tl	neir staffs, government officials, or a legislative body?			
n Rallies,	demonstrations, seminar	s, conventions, speeches, lectures, or any similar means?			
her activitio	es?				
	<u> </u>				
al Add lin	es 1c through 1ı				
		the organization to be not described in section 501(c)(3)? tax incurred under section 4912			_
If"Yes,	enter the amount of any	tax incurred by organization managers under section 4912			
I If the fil	ing organization incurred	a section 4912 tax, did it file Form 4720 for this year?			
rt III-A	-	ganization is exempt under section 501(c)(4), section	_ 501(c	:)(5),	or section
	501(c)(6).				Yes No
		ore) dues received nondeductible by members?			1 Yes
		-house lobbying expenditures of \$2,000 or less?			2 No
		ry over lobbying and political expenditures from the prior year?			3 No
rt III-B		ganization is exempt under section 501(c)(4), sectior ither (a) BOTH Part III-A, lines 1 and 2, are answered d "Yes."			
_		ts from members			
	ments and sımılar amoun	to from members			
ies, assess	ments and sımılar amoun				
es, assess 1 Section	162(e) nondeductible lol	obying and political expenditures (do not include amounts of political			
Section expense		obying and political expenditures (do not include amounts of political			
Section expense	162(e) nondeductible lol	obying and political expenditures (do not include amounts of political			
Section expense	162(e) nondeductible lol	obying and political expenditures (do not include amounts of political			
Section expense a irrent year	162(e) nondeductible loles for which the section 5	obying and political expenditures (do not include amounts of political			
Section expensed a rrrent year b rryover from	162(e) nondeductible loles for which the section 5	obying and political expenditures (do not include amounts of political			
Section expense rrent year a rryover from	162(e) nondeductible loles for which the section 5	obying and political expenditures (do not include amounts of political			
Section expenses rrent year a rryover from	162(e) nondeductible loles for which the section 5	obying and political expenditures (do not include amounts of political			
Section expense rrent year rryover from t c	162(e) nondeductible lol is for which the section 5	obying and political expenditures (do not include amounts of political			
Section expense rrent year rryover from tal Aggrega	162(e) nondeductible loles for which the section 5	obying and political expenditures (do not include amounts of political 27(f) tax was paid). ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
Section expense aurrent year b arryover from c btal c btal Aggrega notices wer es the orga	n last year ate amount reported in se	obying and political expenditures (do not include amounts of political 27(f) tax was paid).	3		
Section expense a rrrent year lab rryover from tal lab lab lab lab lab lab lab lab lab l	n last year see sent and the amount on nization agree to carryove additure next year?	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and			
Section expense rrent year a rryover from cal c Aggrega sotices were the organical expense itical expense Taxable	n last year see sent and the amount on nization agree to carryovinditure next year?	obying and political expenditures (do not include amounts of political 27(f) tax was paid). ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and	5		
Section expense rent year ryover from A ggrega otices wer s the orga tical expense Taxable art IV ovide the	n last year see sent and the amount on nization agree to carryove additure next year? Supplemental Infodescriptions required for	obying and political expenditures (do not include amounts of political 27(f) tax was paid). ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	5	 	II-A, lines 1 and
Section expense rrent year a rryover from tal Aggrega notices weres the orga itical expense Taxable Part IV rovide the (see instru	n last year see sent and the amount on nization agree to carryove additure next year? Supplemental Infodescriptions required for	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and	5	, Part	II-A, lines 1 and

Schedule C (Form 990 or 990EZ) 2015

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 91-0268076

Name: INTL BROTHERHOOD OF TEAMSTERS LOCAL 174

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) A ddress	(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-
Anthony Murietta Fed Way CityCouncl	14675 Interurban Avenue S Tukwila, WA 98168			950
PEOPLE FOR SALLY BAGSHAW	PO BOX 21171 Seattle, WA 98111			700
Friends of Claudia Balducci	PO Box 50333 Bellevue, WA 98015			950
Elect Boe	1915 80th Ave NE Lake Stevens, WA 98258			950
Brenda Wiest for Pierce County	3419 N Cheyenne St Tacoma, WA 98407			950
Elect Lorena Gonzalez	PO Box 23011 Seattle, WA 98102			700
Friends of Carol Gregory	PO Box 3438 Federal Way, WA 98063			950
Friends of Bruce Harrell	PO Box 21208 Seattle, WA 98111			700
District 1 For Lisa Herbold	2518 S Brandon Ct Seattle, WA 98108			700
Kshama Sawant Campaign	PO Box 85862 Seattle, WA 98145			700
Mike OBnen for Seattle	604 N 45th Street Seattle, WA 98103			700
Wally Snover for Carbonado Mayor	PO Box 117 Carbonado, WA 98323			500
David B Storaasli	358 White River Dr Pacific, WA 98047			950

DLN: 93493222018646

OMB No 1545-0047

SCHEDULE D (Form 990)

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

Supplemental Financial Statements

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** INTL BROTHERHOOD OF TEAMSTERS LOCAL 174 91-0268076 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal Tre	asures,	or Oth	ner Simila	ar Asso	ets	
3		g the organization's acquisition, accection items (check all that apply)	ession, and other recor	ds, cl	heck a					nt use of	fits	
а		Public exhibition		d	Γ	Loan or	exchange	progran	ns			
b	Г 9	Scholarly research		е	Γ	Other						
c		Preservation for future generations										
4	P rov Part	de a description of the organization' XIII	s collections and expla	ıın ho	w they	/ further t	the organi	zatıon's	exempt pur	pose in		
5		ng the year, did the organization solid ts to be sold to raise funds rather th								Yes	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part IV,	, line 9, c	or repo	rted an an	nount o	n Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	for c	ontributio	ons or othe	er asset		Yes	┌ No	
ь	If	"Yes," explain the arrangement in Pa	art XIII and complete	he fo	llowin	g table				Amoun	ıt	
c		ginning balance	·			-		1c				
d	Αc	ditions during the year						1d				
e		stributions during the year						1e				
f	En	ding balance						1f				
2a	Dıd t	he organization include an amount o	n Form 990, Part X, lın	e 21,	for es	crow or c	ustodial a	ccount	liability?	Yes	┌ No	
Ь	If"Y	es," explain the arrangement in Part	XIII Check here if the	eexpl	anatıd	on has be	en provide	ed in Pai	rt XIII			
Pa	rt V	Endowment Funds. Comple	te if the organizatio	n ans	swere							
			(a)Current year	(b) Pi	nor yea	r b (c	Two years	back (d	Three years	back (e) Four ye	ars back
1a		nning of year balance										
Ь	Cont	ributions										
С	Net loss	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
e		er expenditures for facilities programs										
f	- A dm	inistrative expenses										
g	End	ofyearbalance										
2	Prov	de the estimated percentage of the	current year end balan	ce (lır	ne 1 g,	column ((a)) held a	s				
а	Boar	d designated or quasi-endowment 🕨	·									
ь		anent endowment ►										
c	Temi	porarily restricted endowment 🕨										
		percentages on lines 2a, 2b, and 2c	should equal 100%									
За		here endowment funds not in the pos	ssession of the organiz	atıon	that a	re held a	nd admını	stered f	or the			
		nization by								[n (1)	Yes	No
		nrelated organizations					•			3a(i) 3a(ii)		
ь		elated organizations es" on 3a(ii), are the related organiz								. 3b	1	
4		ribe in Part XIII the intended uses of										
Pa	rt VI	Land, Buildings, and Equip										
		Complete if the organization a Description of property	answered 'Yes' to Fo	<u>rm 9</u>		art IV, (a)		See Fo	rm 990, Pa			ok value
		Description of property			ost or	other basis stment)	Cost or o	לכ ther basis her)			(d)boo	ok value
	Land			.	,	,	(30)	,				
	Buildii											
		hold improvements						4,474		2,685		1,789
d	Equipi	ment						95,642		95,642		
								258,370		238,164		20,206
		lines 1a through 1e (Column (d) mus	t equal Form 990, Part >	(, colu	mn (B), line 10((c).)			►		21,995

(a) Description of security or category (including name of security)		(b)Book value		od of valuation of-year market value
(1)Financial derivatives				
(2)Closely-held equity interests (3)Other				
(3)0 thei				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	<u> </u>			
Complete if the organization answered	'Yes' on Form 9	90, Part IV, line 11c. _S	ee Form 990, Pa	rt X, line 13.
(a) Description of investment		(b) Book value	(c) Metho	od of valuation
			Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization (a) Descri		on Form 990, Part IV, line		, Part X, line 15 Book value
(1) Due from Related Organization	peron		(2)	5,06
(2) INVESTMENT IN TEAMSTERS BUILDING ASSOC				2,124,151
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15				2,129,212
Part X Other Liabilities. Complete if the orga				
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book valu	ue		
Federal Income taxes				
Payroll taxes withheld		50		
	+			

Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,710,375
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,542
3	Subtract line 2e from line 1	3	5,706,833
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,706,833
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	5,154,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	11,572
3	Subtract line 2e from line 1	3	5,142,504
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	7,109
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	5 149 613

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part X FIN48 Footnote	Income Tax Status General Teamsters Local Union No 174 is exempt from federal income taxes under section 501(c)(5) of the Internal Revenue Code and, therefore, has made no provision for federal income taxes in the accompanying financial statements. During the year ended December 31, 2015, the Local Union recorded no unrelated business income and recognized no income tax related interest or penalties. The Local Union accounts for tax positions in accordance with FASB Accounting Standards Codification Topic 740, Income Taxes. With few exceptions, the Local Union is subject to federal and state income tax examinations by tax authorities for the prior three years. Management has reviewed the Local Union's tax positions and determined there were no uncertain tax positions as of December 31, 2015.
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Funds received from related organization \$3542
Part XII, Line 2d Other expenses and losses per audited F/S	PURCHASES OF INVESTMENTS WITH DIVIDENDS \$5890 Purchases of property and equipment \$2820 Change in payroll taxes withheld \$2862
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	DEPRECIATION EXPENSE \$7109

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

(Form 990)

Department of the

Treasury

DLN: 93493222018646

2015

OMB No 1545-0047

Open to Public

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

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

Attach to Form 990.

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

Inspection

nternal Revenue Service							
	MCTERC LOCAL 474					Employer identific	ation number
NIL BROTHERHOOD OF TEAT	MSTERS LOCAL 174	•				91-0268076	
Part I General Inform	nation 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 the selection criteria used to award the grants or assistance?	√Yes N						
					ization answered "Yes" o	n Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization		(c) IRC section	(d) A mount of cash	(e) A mount of non- cash	(book, FMV, appraisal,		(h) Purpose of grant or assistance
25 Louisiana Avenue NW	52-2206826	501(c)(3)	21,000	0	Cash disbursed		Scholarship fund
2 Enter total number of sect	ion 501(c)(3) and go	vernment organization	s listed in the line 1 tab	ole		•	1

Enter total number of other organizations listed in the line 1 table

Grants are Used

Page **2**

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	22
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistan		ımber of pıents	(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 I	nformation. P	rovide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanation					

Grantmaker's Description of How FUNDS DONATED FOR CHARITABLE, POLITICAL, OR SCHOLARSHIP PURPOSES ARE APPROVED BY THE EXECUTIVE BOARD

Schedule I (Form 990) 2015

DLN: 93493222018646

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on 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.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization

INTL BROTHERHOOD OF TEAMSTERS LOCAL 174

Employer identification number

91-0268076

Pa	RELI Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part 1		ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all used by a related organization to establish compe	I that apply				
	Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 99 or a related organization	0, Part VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplen	mental none	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity	-based cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organic	izations mu	st complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	n A , line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	n A , line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		
8	Were any amounts reported on Form 990, Part VI subject to the initial contract exception described in Part III		accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line 8, did the organization also follow	the rebutta	able presumption procedure described in Regulations			

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 on 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)(I)-(III) 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 of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) (iii) Bonus & incentive Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Patricia Warren Business Agent	(i)	102,509		11,411	22,781	19,153	155,854	
	(ii)							
2 Richard Hicks Secretary-Treas	(i)	126,391		11,892	24,837	19,153	182,273	
	(ii)							
3 Ted BunstinePresident	(i)	102,509		11,892	24,231	19,153	157,785	
	(ii)							
4 Timothy Allen Business Agent	(i)	98,734		11,411	22,702	19,153	152,000	
	(ii)							

Schedule J (Form 990) 2015

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

Schedule J (Form 990) 2015

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Form 990. Part VI. Line 19 Other Organization Documents

As Filed Data -

DLN: 93493222018646

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Nama of the organization

Publicly Available

Decreases

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

INTL BROTHERHOOD OF TEAMSTERS LOCAL 174	Employer Identification number
	91-0268076
990 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE MEMBERS OF THE LOCAL UNION ARE ALL DUES PAYING, AND BENEFIT FROM THE LOCAL UNION'S MISSION AND MEET ON A REGULAR BASIS
Form 990, Part VI, Line 7a How Members or	THE GOVERNING BODY IS ELECTED EVERY THREE YEARS BY THE MEMBERS

Shareholders Elect Governing Body FROM NOMINEES THAT ARE NOMINATED FROM THE GENERAL MEMBERSHIP Form 990. Part VI. Line 7b Describe Decisions of MINUTES OF THE MEETINGS OF THE GOVERNING BOARD ARE BROUGHT TO THE Governing Body Approval by Members or Shareholders MEMBERSHIP AT A MONTHLY MEMBERSHIP MEETING FOR REVIEW AND APPROVAL BY VOTE.

Form 990, Part VI, Line 11b Form 990 Review Process A DRAFT COPY OF THE FORM 990 IS PROVIDED TO MEMBERS OF THE EXECUTIVE BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN

Form 990, Part VI, Line 15b Compensation Review and COMPENSATION IS PROVIDED FOR IN THE ORGANIZATION'S GOVERNING Approval Process for Officers and Key Employees DOCUMENTS ALL OFFICE CLERICA L EMPLOYEES ARE MEMBERS OF COLLECTIVE BARGAINING AGREEMENTS THAT DETERMINE COMPENSATION P OLICY RE-AFFIRMED BY EXECUTIVE BOARD WITH APPROVAL BY MEMBERSHIP

> AVAILABLE AT THE ORGANIZATION' S OFFICES MORE DETAILED FINANCIAL DATA IS AVAILABLE AT THE DEPARTMENT OF LABOR WEB SITE W HERE FORM LM-2 IS AVAILABLE FOR PUBLIC VIEWING

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND POLICIES ARE

Other Changes In Net Assets Or Fund Balances - Other Decrease in investment in bldg assoc = -\$69547

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

DLN: 93493222018646

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

2015

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2015

91-0268076

► Attach to Form 990. Department of the Treasury Internal Revenue Service

INTL BROTHERHOOD OF TEAMSTERS LOCAL 174

Employer identification number

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

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	s I	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during	the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public chai (if section !	rity status 501(c)(3))	(f) Direct controlling entity	(13) c	(g) n 512(t ontrolle itity?
1)INTL BROTHERHOOD OF TEAMSTERS 5 LOUISIANA AVE NW	PARENT ORGANIZATION OF LOCAL UNIONS	DC	501(C)(5)				Yes	No No
/ASHINGTON, DC 20001 3-0215427	EGG/ E GNIGNS					N/A		
2)TEAMSTERS BUILDING ASSOCIATION 4675 INTERURBAN AVE S	BUILDING ASSOCIATION	WA	501(C)(2)			N/A		No
UKWILA, WA 98168 1-0275319						N/A		\perp

Cat No 50135Y

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity entity	unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
				514)			Yes	No		Yes	No	

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 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
a 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		No
c 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
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s) . .				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	
I)INTL BROTHERHOOD OF TEAMSTERS	p	662	Cash disbursed			
2)INTL BROTHERHOOD OF TEAMSTERS	r	1,093,830	Cash disbursed			
B)TEAMSTERS BUILDING ASSOCIATION	k	184,058	Cash disbursed			
)TEAMSTERS BUILDING ASSOCIATION	q	4,967	Cash received			
	1					

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

revenue) that was not a related organization. See instructions														
(a) Name, address, and EIN of entity	domicile income (state or (related, foreign country) excluded froi tax under sections 512		Predominant income	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
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Part VII Supplemental Information

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

Return Reference Explanation

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