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### EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

	Of the		enung		
В	Check if	C Name of organization		D Employer identific	cation number
•	applicabl	°   TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN &		İ	
	Addre chang	SS I HELDEDG C MIGG BELG LOCAL INITON NO			
	Name chang	Doing business as		88-0	046825
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	7
	Final return	240 CENTEDY WAY 1190 Select 100	100	•	348-6060
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,311,556.
	Amend			H(a) Is this a group re	
7	Applic			for subordinates	(
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
	Tay.ev	empt status	or 527	7 .	list. (see instructions)
		te: N/A	01 327	H(c) Group exemption	
			OP L Voor		State of legal domicile, NV
	art !	organization: Corporation Trust Association X Other ►LAB Summary	ON L TEAL	OF TOT MALION. 1334 N	State of legal dofficie. IN V
ٺٺ	<del></del>				<del></del>
õ	ŧ	Bnefly describe the organization's mission or most significant activities  LABOR UNION			
Jan	!			41 050/ -414	
ě	1	Check this box  if the organization discontinued its operations or dispo	sea of more	1 - 1	SSB1S
Ó	1	Number of voting members of the governing body (Part VI, line 1a)		3	
∞	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ies	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	9
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<sub>7</sub>	7b	0.
				Prior Year	Current Year
õ	8	Contributions and grants (Part VIII, line 1h)		1,241,201.	1,270,222.
Revenue	-9-	Program service revenue (Part VIII, line 2g)		37,831.	<u>36,767.</u>
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,605.	423.
ц.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	54,711.	4,144.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,412,348.	<u>1,311,556.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u>	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		34,928.	27,949.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		698,727.	712,258.
, Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ď.	ь	Total fundraising expenses (Part IX, column (D), line 25)	_0.		
ĬŪ.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		533,957.	581,380.
643		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,267,612.	1,321,587.
i -,	10	Revenue less expenses Subtract line 18 from line 12		144,736.	<10,031.>
TNet Assets or Find Balances		<u> </u>	- Re	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		836,862.	801,263.
ASS	21	Total liabilities (Part X, line 26)	기  -	234,612.	209,044.
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20	對	602,250.	592,219.
P	art II	Cimpotino Block	<del></del>	002,230.	324,413.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ic and statem	ents and to the hest of m	v knowledge and helief it is
٠		it, and complete. Declaration of preparer (other than officer) is based on all information of w		•	y kilowicuge allu bellet, it is
<u> </u>	, correc	is, and complete. Declaration of properly (other than officer) is based on an information of w	mich preparei		2017
		Signature or officer	<u></u>	Date	<u>, , , , , , , , , , , , , , , , , , , </u>
Sig		DEBBIE CALKINS, SECRETARY-TREASURER	tury 1		sident
He	re	Type or print name and title	<del>- J</del>	772	01444
		<u></u>		Date Check	X PTIN
D-:		Print/Type preparer's name  Preparer's signature	l	i	الحمه
Pai		DAWN M. ROGERS, CPA		1/08/17 self-employ	
	parer	Firm's name DAWN M. ROGERS, CPA		Firm's EIN	48-1291875
U86	Only	Firm's address 3060 EL CERRITO PLAZA, #362		5, 54	0 000 6442
		EL CERRITO, CA 94530		Phone no. 51	0-990-6443
MAG	v tha ll	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,		
	If "Yes," complete Schedule A	1		X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	j
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		<b></b>	-
٥	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?			v
	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		ł	17
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<del> </del>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		}	ŀ
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			}
	Part VI	11a	X	<del> </del>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>-11b</u> -		-X-
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		}	]
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<b> </b>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ļ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b> </b>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		{	ł
	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	<u> </u>	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	<u> </u>	X
13	Is 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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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			}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, Time 9a? If "Yes,"		<del>                                     </del>	T
.5	complete Schedule G, Part III	19	1	X
			990	(2016)

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 28 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 Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2016)

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

	990 (2016) HELPERS & MISC. EE'S LOCAL UNION NO. 533 88-0046  V Statements Regarding Other IRS Filings and Tax Compliance	825	<u> P</u>	age 5
	Check if Schedule O contains a response or note to any line in this Part V			<u></u> _
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X_	
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 2a 9			}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			T
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	!	ĺ	Į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 <u>a</u>		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
	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_	] _	_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u>.                                    </u>	<u>L</u>
7	Organizations that may receive deductible contributions under section 170(c).			
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		L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	_7c_		
d	If "Yes," indicate the number of Forms 8282 filed during the year		İ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	İ		1
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<b></b>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	}		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŀ
11	Section 501(c)(12) organizations. Enter.	Ì		
а	Gross income from members or shareholders	i		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	{		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		├
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	-
	Note. See the instructions for additional information the organization must report on Schedule O			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand  Did the executation receives any narrounts for indeer tanging services during the tay year?	40-	┼	X
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1 1

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

### TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN &

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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					<u>X</u>
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	į			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	C			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	ct supervision	j l		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		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 a	appoint	one or			
	more members of the governing body?			7a	<u> X</u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne 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 re	ached	at the			
<u> </u>	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 I	Hevenu	e Code )			
40-	Did the average has been lead about the supplies of a self-lead of			40.	Yes	No
	Did the organization have local chapters, branches, or affiliates?	-6	a offiliates	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes?	criapter	s, armates,	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bofo	ve filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	dy beic	are milig the form.	I Ia	Λ	<del></del>
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to con	iflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			IZU		
Ū	in Schedule O how this was done	100, 0	c some c	12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	X	<del></del> -
15	Did the process for determining compensation of the following persons include a review and appro-	val by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	F			
а	The organization's CEO, Executive Director, or top management official			15a	X	ļ
	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 arrange	ement v	vith a	l		
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its į	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıc	n's			
	exempt status with respect to such arrangements?			16b		L
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request Other (explain		· ·			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, an	d finan	cıal	
	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 b	ooks a	nd records. 🕨			
	DEBBIE CALKINS - 775-348-6060					
	240 GENTRY WAY, RENO, NV 89502					

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88-0046825

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

Check if Schedule O contains a response or note to any line in this Part VII	$\Box$	
Check it deficed by Contains a response of hote to any line in this fact vii	<del></del>	_

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

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

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

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	week	offi	cer ar	ss pe	rson	s bot or/trus	n an tee)	compensation from	compensation from related	other
	(list any	ecto		Ì			1	the	organizations	compensation
	hours for	Individual trustee or director	83			ated		organization	(W-2/1099-MISC)	from the
	related organizations	In stee	trust		ee /ee	in Dem		(W-2/1099-MISC)		organization and related
	below	deal	Institutional trustee	_	mplo)	ost co	a5			organizations
	line)	휼	Instit	Officer	Key e	Highest compensated employee	Former			
(1) GARY WATSON	40.00	Į								<u>-</u> :
PRESIDENT		_	ļ	X		<u> </u>		88,911.	0.	46,835
(2) MICHAEL SEALY	40.00	-							_	
VICE-PRESIDENT		Ļ		X	_	ļ.,	<u> </u>	87,911.	0.	46,835
(3) DEBBIE CALKINS	40.00	<del> </del>		<u> </u>						
SECRETARY-TREASURER	4.50	<del> </del>	├-	X	<u> </u>	_	├-	103,009.	0.	46,835
(4) JOHN PATTERSON	4.50	-		v	ł			4 200	0	
RECORDING SECRETARY	4 50	$\vdash$	<b></b>	X				4,200.	0.	(
(5) TIM RENSHAW	4.50	1		x			1	4,200.	0.	(
rustee (6) Daleen smothers	4.50	┼~	<u> </u>	^			-	4,200.	<u></u>	
TRUSTEE	4.50	1	1	x		ĺ		4,200.	0.	(
(7) JEAN PRINA	4.50	Ť	┌╴				_	2,200.		
TRUSTEE		1		X				4,200.	0.	(
						<u> </u>				
		]	<u> </u>				l			
		<u> </u>		<u> </u>						
		1								
		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
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		╀		<u> </u>		ļ	<u> </u>		<del></del>	
		-					}			
<del></del>		╁	<del>  -</del>	<del> </del>	_		<b> </b>	<del>                                     </del>		
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	<del></del>	+	+-	$\vdash$	-	+	$\vdash$	<del>                                     </del>	<del></del>	<del>                                     </del>
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		+	+	†	<u> </u>	$\vdash$	$\vdash$			
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<del></del>		$\top$	T	T	1	1	_			
		1				1				

								HOUSEMEN & UNION NO. 53	3 88-00	0468	825	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Tru										<u> </u>	<u> </u>		<u> </u>
(A) Name and title	(B) Average hours per week	(do	not c		c) ition more rson	than	one th an	(D) Reportable	(E) Reportable compensatio from related	n	Est <sub>ii</sub>	(F) mater ount c	_
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	compo from organ	ensat m the nizatio relate	ed
		-	-										
			-										
		-											
													_
1b Sub-total							<u>&gt;</u>	296,631.		0.	140	_,_5(	
<ul> <li>c Total from continuation sheets to Part of Total (add lines 1b and 1c)</li> </ul>	VII, Section A							296,631.		0.	140	5.0	<u>. U.</u>
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) w	ho r		0,000 of reportable		<u> </u>	, ,	<u>, , , , , , , , , , , , , , , , , , , </u>
compensation from the organization	<del></del>							<del></del>				/es	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on		3	163	X
4 For any individual listed on line 1a, is the sand related organizations greater than \$1								•	the organization		4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co					-		relat	ted organization or indiv	ridual for services		5		х
Section B. Independent Contractors											<del></del>		
Complete this table for your five highest of	•									npensa	ation fro	om	
the organization Report compensation for (A)	r the calendar y	/ear	end	ing v	vith	or w	/ithi	n the organization's tax (B)	year		(C)		
Name and busines	s address	N	ON	E				Description of	services	С	ompen	sation	1
		-											
	.,												

15361108 132632 TU533

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		(2016) HELPE	ERS & MIS	C. EE'S	LOCAL UNIO	N NO. 533	88-004	5825 Page <b>9</b>
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a		<del></del>			012 014
L a	b			270,222.	; !	1		
عَ ق			1c	210,222.		1		1
T A	C		1d					
2 8	d		<u> </u>	<del></del>				
Contributions, Gifts, Grants and Other Similar Amounts	e	All other contributions, gifts, gran				Ì		]
iş E	'	similar amounts not included abo						
등등	_		-					İ
등	g	Noncash contributions included in lines  Total. Add lines 1a-1f	s 1a-1r \$		1,270,222.	1		
<u> </u>		Total. Add lines 14-11	··	Business Code	1,210,222.	<del> </del>	<del></del>	<del></del>
	2 a	ADMINISTRATIVE	2 ਜ ਜ ਜ	900099	36,767.	36,767.		
Program Service Revenue				300033	30,707.	30,101.		<del> </del>
ie g	b			<u> </u>	<del></del>	<del>                                     </del>		<del>}</del>
EŞ	c d							
Peg	u				···			<del></del>
P.	•	All other program service reve	2016		·			1
		Total. Add lines 2a-2f	Srido	<b>•</b>	36,767.			
$\neg$	3	Investment income (including	dividends intere		3077076			
Į		other similar amounts)	, 411,401,40, 111,011	oot, a.i.a. ►	423.	<u>{</u>		423.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties		<b>•</b>			· · · · · · · · · · · · · · · · · · ·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Real	(II) Personal				
1	6 a	Gross rents		1.7		1		
	b			***************************************				
	C	- = - : - : - : - : - : - : - : - : - :						
	d					[		
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)				]		
	d	Net gain or (loss)						
a	8 a	Gross income from fundraisin	ig events (not			ļ		
2		ıncluding \$	of					
Other Revenue		contributions reported on line	1c) See					
ja j		Part IV, line 18	а					
£	b	Less direct expenses	b	L				
	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b	L				
	С	` , •	-			<b> </b>		<u> </u>
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	•	b					
	c	Net income or (loss) from sale		, <u> </u>	<del></del>			<del> </del> -
		Miscellaneous Revenu		Business Code				
		REIMBURSED EXPE		900099	2,788.			<del> </del>
	b	SALE OF PROMOT	LONAL IT	900099	1,356.	1,356.		<del> </del>
	С		·	<del></del>		<del> </del>		ļ
	d				A 1 A 4	<del> </del>	<del></del>	<del> </del>
	e	Total. Add lines 11a-11d			4,144. 1 311 556		0	123

HELPERS & MISC. EE'S LOCAL UNION NO. 533

88-0046825 Page 10

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a response to line amounts reported on lines 6b.	(A)		(C)	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			ļ	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	j			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	
ţ	Benefits paid to or for members	27,949.		<u> </u>	
5	Compensation of current officers, directors,	40-404			
	trustees, and key employees	437,136.	·		
5	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	140,070.			
3	Pension plan accruals and contributions (include	44 450			
_	section 401(k) and 403(b) employer contributions)	44,172.			
9	Other employee benefits	54,000.			
)	Payroll taxes	36,880.			
1	Fees for services (non-employees).				
а	Management	40 300	<del></del>		
b	Legal	48,388.			
С	Accounting	12,500.			
d	· · · · · · · · · · · · · · · · · · ·			ļ	
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	1	01 067			
	column (A) amount, list line 11g expenses on Sch 0.)	21,967.			
2	Advertising and promotion	C2 F0C	<del></del>	<del> </del>	
3	Office expenses	63,596.			
4	Information technology			<del>                                     </del>	
5	Royalties	10 107			
5	Occupancy	12,107.			
7	Travel	29,700.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C C 27	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
9	Conferences, conventions, and meetings	6,637.	<del>-</del>	<del>-</del>	<del> </del>
9	Interest	9,839.			
1	Payments to affiliates	320,142.		<del> </del>	<del> </del>
2	Depreciation, depletion, and amortization	31,760.			<del> </del>
3	Insurance			<u> </u>	<del> </del>
4	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	AUTOMODET DE DEPONDO	19,149.			
b	EDUCATION & PUBLICITY	3,636.		I	
С	PROMOTIONAL ITEMS	1,148.			
d	COMMUNITY OUTREACH	437.			
e	A.U	374.			
5	Total functional expenses Add lines 1 through 24e	1,321,587.			
⊻ 6	Joint costs. Complete this line only if the organization			<del>                                     </del>	
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				[
	Check here				1

Form 990 (2016)

HELPERS & MISC. EE'S LOCAL UNION NO. 533 88-0046825 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 150 150. Cash - non-interest-bearing 1 198,333. Savings and temporary cash investments 502,240. 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 39,695 Part II of Schedule L 5 21,695. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 663,899 basis Complete Part VI of Schedule D 10a 88,357. 292,353. b Less accumulated depreciation 10b 10c 575,542. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 2,424. <u>2,343.</u> 14 Intangible assets 14 3,200. 15 Other assets See Part IV, line 11 Ο. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 836,862. 801,263. 16 68,200 71,500. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 166,412. 137,544. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 234,612 209,044. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 602,250. 592,219. 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

> 801,263. Form **990** (2016)

592,219.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

602,250.

836,862

33

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & HELPERS & MISC. EE'S LOCAL UNION NO. 533 88-0046825 Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1,311,556. ,321,587. Total expenses (must equal Part IX, column (A), line 25) 2 2 <10,031.> Revenue less expenses. Subtract line 2 from line 1 3 3 602,250. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 7 Investment expenses Prior period adjustments 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 592,219. 10 column (B)) Part XII Financial Statements and Reporting  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990. Cash X Other SEE SCH O \_\_ Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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. Consolidated basis Both consolidated and separate basis Separate basis 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 separate basis, consolidated basis, or both X Separate basis Both consolidated and separate basis Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

X

Form 990 (2016)

X

2c.

За

#### 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.irs.gov/form990.

2016
Open to Public Inspection

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

- , ,	n 501(c)(4), (5), or (6) organiza	tions Complete Part III				
		RS, CHAUFFEURS,	WAREHOUSEME	N & E	Employer identi	ification number
		& MISC. EE'S LO		1		046825
Part I-A	Complete if the org	ganization is exempt und	er section 501(c)	or is a section 52	27 organizat	ion.
	<del></del>	<del></del>	<u>.</u>			
1 Provid	de a description of the organi	zation's direct and indirect politic	al campaign activities	ın Part IV		
	al campaign activity expendi	•			<b>&gt;</b> \$	0.
	teer hours for political campa					0.
Part I-E	Complete if the org	ganization is exempt und	er section 501(c)	(3).		
1 Enter	the amount of any excise tax	incurred by the organization und	ler section 4955		<b>▶</b> \$	
2 Enter	the amount of any excise tax	incurred by organization manage	ers under section 495	5	<b>&gt;</b> \$	
3 If the	organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		<u> </u>	Yes No
	correction made?				الــا ،	Yes No
	s," describe in Part IV	rani-ation is avament and	or coeffee 504(c)	averal continu	04(0)(0)	
Part I-C	· ·/	ganization is exempt und				
	• •	d by the filing organization for sec	•		<b>▶</b> \$	<del></del>
	• •	nization's funds contributed to other	ner organizations for s	section 527		
	ot function activities	Additional and O. Fatanbasa			<b>▶</b> \$	
	·	s Add lines 1 and 2 Enter here a	na on Form 1120-POL	•	•	
line 11	r b ie filing organization file <b>Form</b>	1120 DOL for this year?		•	<b>▶</b> \$	Yes No
	• •	mployer identification number (Ell	N) of all section 527 n	olitical organizations to	which the filing	Organization
		ation listed, enter the amount paid	•	•	_	-
	• •	omptly and directly delivered to	• •			•
politic	al action committee (PAC) If	additional space is needed, prov	ide information in Parl	tIV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amo	ount of political
	<b>(-)</b>		(-7	filing organization	's contributi	ons received and
				funds If none, ente	, ,	tly and directly d to a separate
					l l	al organization.
					If no	ne, enter -0-
		ĺ				
			<del></del>			
			}		-	
				<del></del>		<del></del>
			}		į	
		<del> </del>	<del></del>	+		
		<u> </u>	<del></del>	<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN &

Schedule C (Form 990 or 990-EZ) 2016 <b>I</b>		MISC. EE'S I		io. 53 88-	0046825 Page 2
Part II-A Complete if the orga					
section 501(h)).			· · · · · · · · · · · · · · · · · · ·		
A Check 🕨 🔲 if the filing organizat	ion belongs to ar	affiliated group (and list	ın Part IV each affiliated (	group member's na	me, address, EIN,
expenses, and share	of excess lobby	ring expenditures)			
B Check 🕨 🔛 if the filing organizat	on checked box	A and "limited control" pi	ovisions apply		
	s on Lobbying E itures" means a	xpenditures mounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opin	ion (grass roots lobbying)		<del></del>	
<b>b</b> Total lobbying expenditures to influ			<u> </u>		
c Total lobbying expenditures (add lir	•	, 55dy (a661.1525)g,	F		
d Other exempt purpose expenditure	•		F		
e Total exempt purpose experioritures		nd 1d\	F		
f Lobbying nontaxable amount Ente	•	·	th columns		
			1		<del></del>
If the amount on line 1e, column (a) or Not over \$500,000		lobbying nontaxable and	1		
		6 of the amount on line 16 0,000 plus 15% of the ex			
Over \$500,000 but not over \$1,000	·	<del></del>			
Over \$1,000,000 but not over \$1,50		5,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0		25,000 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		000,000			
g Grassroots nontaxable amount (en	ter 25% of line 1	1			
h Subtract line 1g from line 1a If zero		•	į.		<u> </u>
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zer	•		zation file Form 4720	<del></del>	<u>.</u>
reporting section 4911 tax for this y		., .,			Yes N
(Some organizations th	at made a secti	Averaging Period Under on 501(h) election do no eparate instructions for l	t have to complete all o	f the five columns	below.
		xpenditures During 4-Ye		-	
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))	· · · · · · · · · · · · · · · · · · ·		-	<del></del>	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f. Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & Schedule C (Form 990 or 990 EZ) 2016 HELPERS & MISC. EE'S LOCAL UNION NO. 53 88-0046825 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)).

of the lobbying activity.			a)		)
		Yes	No	Amo	ount
During the year, did the filing organization attempt to influence	foreign, national, state or				
local legislation, including any attempt to influence public opin	on on a legislative matter				
or referendum, through the use of			<u> </u>		
a Volunteers?					
b Paid staff or management (include compensation in expenses	reported on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials	s, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lec	tures, 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 des	cribed in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 49					
c If "Yes," enter the amount of any tax incurred by organization			Į		
d If the filing organization incurred a section 4912 tax, did it file f	_				
Part III-A Complete if the organization is exempt		tion 501(c	(5), or se	ction	
		•			
				Yes	No
501(c)(6).				163	
501(c)(6).	ible by members?		1	169	Х
501(c)(6).  1 Were substantially all (90% or more) dues received nondeduct			1 2		X
501(c)(6).  Were substantially all (90% or more) dues received nondeduct Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-A	s of \$2,000 or less? campaign activity expenditures fron under section 501(c)(4), sec	tion 501(c	2 3)(5), or se	X	X ne 3, i
501(c)(6).  Were substantially all (90% or more) dues received nondeduct Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-A answered "Yes."	s of \$2,000 or less? campaign activity expenditures fron under section 501(c)(4), sec	tion 501(c	2 3 )(5), or se R (b) Par	X	Х
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501(c)(6).  Were substantially all (90% or more) dues received nondeduct Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-A answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditu expenses for which the section 527(f) tax was paid).  a Current year	s of \$2,000 or less? campaign activity expenditures fron under section 501(c)(4), sec , lines 1 and 2, are answere	tion 501(c ed "No," O	2 3 )(5), or se R (b) Par	X	Х
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501(c)(6).  Were substantially all (90% or more) dues received nondeduct Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political Part III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-A answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditu expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of If notices were sent and the amount on line 2c exceeds the andoes the organization agree to carryover to the reasonable estimates.	s of \$2,000 or less? campaign activity expenditures from under section 501(c)(4), sec , lines 1 and 2, are answere res (do not include amounts of point nondeductible section 162(e) dues	tion 501(c ed "No," O itical	2 3 )(5), or se R (b) Par 1 2a 2b 2c 3	X	Х
501(c)(6).  Were substantially all (90% or more) dues received nondeduct Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political Part III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part III-A answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditurexpenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of If notices were sent and the amount on line 2c exceeds the arms.	s of \$2,000 or less? campaign activity expenditures from under section 501(c)(4), sec. , lines 1 and 2, are answere res (do not include amounts of point mondeductible section 162(e) dues mount on line 3, what portion of the ilimate of nondeductible lobbying an	tion 501(c ed "No," O itical	2 3 )(5), or se R (b) Par	X	Х

#### SCHEDULE D

(Form,990)

Supplemental Financial Statements

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.

Attach to Form 990.

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

2016
Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & HELPERS & MISC. EE'S LOCAL UNION NO.

Employer identification number 88-0046825

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 1 2 Aggregate value of contributions to (during year) 3 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Part II 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 Held at the End of the Tax Year day of the tax year. a 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 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2016

632051 08-29-16

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

# TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN &

		& MISC. E								
Pai	t III Organizations Maintaining	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Sim	ilar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, access	sion, and other record	ds, checl	k any of the	following the	at are a s	significan	t use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	(	¹ ├─ '	Loan or exc	hange progr	rams				
b	Scholarly research	•	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	= = = = = = = = = = = = = = = = = = = =		•	•			pose in Par	t XIII	
5	During the year, did the organization solicit					ner sımıla	ar assets		_	
	to be sold to raise funds rather than to be n								Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" o	n Form 9	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for	contribution	ns or other a	ssets no	t include	d		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing t	table						
							L_	<u>.L</u>	Amount	
C	Beginning balance						1c			
d	Additions during the year						<u>1d</u>	<u> </u>		
е	Distributions during the year						1e	<u> </u>		
f	Ending balance						1f	<u> </u>		
	Did the organization include an amount on I						•	<u> </u>	Yes	∐_ No
	If "Yes," explain the arrangement in Part XII								_·· .	
Pa	t V   Endowment Funds. Complete		<del></del>					···-		<del></del>
		(a) Current year	(b) P	rior year	(c) Two yea	ars back	(d) Three	e years back	(e) Four y	ears back
1a	Beginning of year balance				<del> </del>		<del> </del>			
b	Contributions				<del> </del>		<del></del>			
С	Net investment earnings, gains, and losses	ļ	<del> </del>		<del> </del>		<del> </del> -	<del></del>		
d	Grants or scholarships		<del> </del>		ļ		<del> </del> -			
е	Other expenditures for facilities									
	and programs	<del></del>	<del> </del>		<del>                                       </del>		<del> </del>			
	Administrative expenses						<del> </del>			
g	End of year balance Provide the estimated percentage of the cu	want was and balan		l (	-)\ b=ld ==		L		<u></u>	
2	Board designated or quasi-endowment	ment year end balan	%	g, column (	a)) neid as					
a b	Permanent endowment	%	_″							
_	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c sh									
32	Are there endowment funds not in the poss	•	ation the	at are held :	and administ	ered for	the organ	מחולבקור		
Ou	by.	occion of the organiz		at aro mora t	ario agrimnot	0100 101	ino organ	in Lation	Γv	es No
	(i) unrelated organizations								3a(i)	30 1.00
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on S	Schedule R?	?				3b	
4	Describe in Part XIII the intended uses of the	•								
Pa	t VI Land, Buildings, and Equip	ment.								
	Complete if the organization answer	ed "Yes" on Form 99	0, Part I\	V, line 11a	See Form 99	0, Part X	(, line 10			
	Description of property	(a) Cost or obasis (invest			t or other (other)		Accumula	I	(d) Book	value
12	Land				01,700.	1 -			101	,700.
b	Buildings				11,148.		6	369.		,779.
2	Leasehold improvements	<u> </u>				<del>                                     </del>	<u> </u>			, , , <u>, , , , , , , , , , , , , , , , </u>
	•	<del> </del>		1 - 4		+		010		016
d	Equipment	1		1 1	LO.728.	.1	73.	812.		'ATP"
	Equipment Other				L0,728. 10,323.		73,	176.		,916. ,147.

Schedule D (Form 990) 2016

# TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & HELPERS & MISC. EE'S LOCAL UNION NO. 533 88-0046825 Page 3

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		nod of valuation	on Cost or en	d-of-year market value
Financial derivatives	(0)	(0)			<u> </u>
Closely-held equity interests			-		· · · · · · · · · · · · · · · · · · ·
Other		<del></del>			
(A)					
(B)					
(C)					
(D) (E)		<del></del>			
					<del></del>
(F)					
(G)	<del></del>				<del></del>
(H)					
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  art VIII Investments - Program Related.	<u> </u>				
<del></del>	F 000 D-4 IV				
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value				d-of-year market value
<del></del>	(b) Book value	(C) Well	iou oi valuati	on cost or en	U-Ol-year market valu
(1)					
(2)	<del> </del>				
(3)					
(4)		<del></del>		···	
(5)					
(6)					
(7)					·
		T			
(8)					
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.					
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d See Fo	rm 990, Part )	K, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"		, line 11d See Fo	rm 990, Part >	ζ, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art iX Other Assets.  Complete if the organization answered "Yes" (a)		, line 11d See Fo	rm 990, Part )	K, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1)		, line 11d See Fo	rm 990, Part )	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3)		, line 11d See Fo	rm 990, Part )	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3)		, line 11d See Fo	rm 990, Part >	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		, line 11d See Fo	rm 990, Part >	K, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5)		, line 11d See Fo	rm 990, Part )	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		, line 11d See Fo	rm 990, Part >	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8)		, line 11d See Fo	rm 990, Part >	(, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art iX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line	Description	, line 11d See Fo	rm 990, Part >	K, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13.)  art X Other Liabilities.  Complete if the organization answered "Yes"	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line 13.)	Description e 15)		See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line 13.)  art X Other Liabilities.  Complete if the organization answered "Yes"	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability (1) Federal income taxes	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) (1) (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX) Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15)	, line 11e or 11f. S	See Form 990,		
(8) (9) (at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX) Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15)	, line 11e or 11f. S	See Form 990,		

Schedule D (Form 990) 2016

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & Schedule D (Form 990) 2016 HELPERS & MISC. EE'S LOCAL UNION NO. 88-0046825 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a а Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses 2¢ Other (Describe in Part XIII) 2d Add lines 2a through 2d <u>2e</u> Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 40 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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

#### SCHEDULE L

Department of the Treasury

**Transactions With Interested Persons** 

(Form.990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service	► Information	ı about	Schedule L (Fo	rm 990	or 990-	EZ) and its instruction	s is at www.irs	.gov/fo	rm990	0.	in	specti	on	
Name of the organization	TEAMST	ERS	, CHAUF	EUF	S,	WAREHOUSEM	EN &		Emp	oloyer	ident	ification	on nu	mber
					-	CAL UNION		}	88	-00	468	25		
Part I Excess Bo	enefit Trans	saction	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organ	nization	s only	7)			-	
Complete if t	he organizatioi	n answ	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	b, or Form 990	)-EZ, Pa	art V, I	ine 40	b			
1 (a) Name of disqualific	ad parson	(b) R	elationship be		•	lified	-) Description	of tran	oootio	_		(d) <sup>(</sup>	Corre	cted?
(a) Name or disquaini	ed person		person and o	rganız	ation	(	c) Description	OI train	Sacio	'' ! ! 		Ye	s	No
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		L										Щ.		
2 Enter the amount of	tax incurred by	the o	rganization ma	nagers	or disc	qualified persons du	ring the year u	under						
section 4958									ŀ	<b>S</b>				
3 Enter the amount of	tax, if any, on i	ine 2, a	above, reimbur	sea by	tne or	ganization				> \$				
Part II Loans to	and/or Fron	n Int	erested Pe	rsons		<del></del>								
						, Part V, line 38a or	Form 000 Par	ot IV lun	0.26	or if th	o oraș	nizatu	n.	
	amount on For					, Fait V, line 30a of	roini 990, rai	t IV, III	le 20, 1	01 11 11	ie Orga	ııızanı	,,,	
(a) Name of	(b) Relation		(c) Purpose		oan to or	(e) Original	(f) Balance	due	(g)	. In	(h) Ap	proved	(i) W	ritten
interested person	with organ		of loan		m the ization?	principal amount	(i) Balarico	uuu	defa		by bo		agree	ment?
	Į.	Ì			From		[		Yes	No	Yes	No	Yes	No
MARK TRACY	SEE P	T V	SEE PT		X	87,120.	21,6	95.		X		X	X	1
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Total			<u> </u>		18	<u> </u>	21,6	<u> </u>			L			
L	Assistance													
	the organization					1	<del></del>			<del></del>	<del> </del>			
(a) Name of interest	ted person		b) Relationship interested per the organi	son ar		(c) Amount of assistance		i) Type ssistan		ĺ		) Purp assista		f
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SEE PART V FOR CONTINUATIONS

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

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & Schedule L (Form 990 or 990-EZ) 2016 HELPERS & MISC. EE'S LOCAL UNION NO. 53388-0046825 Page 2 Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
				Yes	No	
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Part V Supplemental Information		<del></del>	<u> </u>		<u> </u>	
Provide additional information for response	onses to questions on Schedule L (see i	instructions)				
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	STED PERSOI	NS:		———	
A) NAME OF PERSON: MARK T	'RACY					
(B) RELATIONSHIP WITH ORGA	NIZATION: FORMER SEC	CRETARY-TRI	EASURER			
(C) PURPOSE OF LOAN: REPAY	MENT OF EXPENSES IM	PROPERLY II	NCURRED			
D) LOAN TO OR FROM ORGANI	ZATION? = FROM				—	
(E) ORIGINAL PRINCIPAL AMO	OUNT \$ 87.120. (F)	BALANCE DUI	∃ \$ 21.695 <b>.</b>			
(G) LOAN IN DEFAULT? = NO						
(H) APPROVED BY BOARD OR C	OMMITTEE? = NO					
(I) WRITTEN AGREEMENT? = Y	ES				<u>-</u>	
	<del></del>					

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

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

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & Employees

Employer identification number

HELPERS & MISC. EE'S LOCAL UNION NO. 533 88-0046825 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: LABOR ORGANIZATION FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A LABOR UNION REPRESENTING MEMBERS COVERED BY COLLECTIVE BARGAINING AGREEMENTS NEGOTIATED BY THE UNION. 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 11B: 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 B, LINE 15: OFFICERS' AND KEY EMPLOYEES' WAGES ARE BASED ON HOURLY RATES STATED IN A COLLECTIVE BARGAINING AGREEMENT. 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.

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

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-				Page 2
_	EAMSTERS, CHAUFI ELPERS & MISC. I			Employer identification number 88-0046825
FORM 990, PART	XI, LINE 1			
THE ORGANIZATIO	N USES THE MODII	FIED CASH BASIS	OF ACCOUNTI	NG WHICH IS
ANOTHER METHOD	OF ACCOUNTING TH	HAT RECOGNIZES	REVENUE WHEN	RECEIVED AND
EXPENSES WHEN D	ISBURSED WITH TH	HE EXCEPTION OF	REVENUE REC	EIVED ON
BEHALF OF OTHER	S THAT IS RECOGN	NIZED AS A LIAB	ILITY AND FI	XED ASSETS
WITH A USEFUL L	IFE OF MORE THAN	N ONE YEAR, WHI	CH IS CAPITA	LIZED AND
EXPENSED OVER T	HE USEFUL LIFE (	OF THE ASSET.		
FORM 990, PART	XI, LINE 2C			
NO CHANGE FROM	PRIOR YEAR.	<del></del>		
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