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DLN: 93493130019037 OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

Open to Public

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 <u>www IRS gov/form990</u>

Department of the Treasury Inspection Internal Revenue Service A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization INTL BROTHERHOOD OF TEAMSTERS LOCAL 38 D Employer identification number B Check if applicable ☐ Address change 91-0267959 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2601 EVERETT AVENUE PO BOX 1548 ☐ Amended return (425) 252-3800 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code EVERETT, WA $\,$ 98201 $\,$ **G** Gross receipts \$ 2,091,698 Name and address of principal officer $\mathbf{H}(\mathbf{a})$ Is this a group return for Steven Chandler □Yes ☑No subordinates? 2601 Everett Ave H(b) Are all subordinates Everett, WA 98201 ☐ Yes **☑**No included? I Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TEAMSTERS38 ORG L Year of formation 1928 M State of legal domicile K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ WA 1 Briefly describe the organization's mission or most significant activities The Local Union's mission is to organize and educate workers so that they have a voice in the workplace and know their workplace rights, involve workers in the political process and to negotiate with employers so that each worker is treated with dignity, justice and Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 14 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,086,293 Program service revenue (Part VIII, line 2g) . 2,098,056 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,405 5,916 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,103,972 2,091,698 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 24,262 6,266 **14** Benefits paid to or for members (Part IX, column (A), line 4) 34,407 35,587 1,057,090 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,031,108 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 882,117 867,456 1,953,898 1,984,395 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 107,303 Revenue less expenses Subtract line 18 from line 12 . 150,074 Net Assets or Fund Balances Beginning of Current Year End of Year 1,944,238 2,051,531 20 Total assets (Part X, line 16) . 39 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 1,944,199 2,051,502 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-05-10 Signature of officer Sian Here STEVEN CHANDLER SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Chris McGinness Preparer's signature Check 🔲 ıf P01017591 Chris McGinness Paid self-employed Firm's name

HUEBNER DOOLEY & MCGINNESS PS Firm's EIN **Preparer** Firm's address ▶ 1424 NE 155TH ST STE 100 Phone no (206) 522-8000 **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

SHORELINE, WA 981557104

Form	990 (2016)				Page 2
Par	t IIII Staten	nent of Program Service Ac	complishments		
	Check If	f Schedule O contains a response o	r note to any line in this Part III .		🗆
1		the organization's mission			
			rkers so that they have a voice in the ployers so that each worker is treated		
2		eation undertake any significant pro	gram services during the year which v	vere not listed on	☐ Yes ☑ No
	'	be these new services on Schedule	0		
3	•		gnificant changes in how it conducts, a	any program	
	services? .	be these changes on Schedule O			☐ Yes ☑ No
4	Section 501(c)		nplishments for each of its three large e required to report the amount of grai service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•	NTRACTS TO OBTAIN BETTER WAGES, B	ENEFITS AND WORKING CONDITIONS, HEAR	, ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule O)			
-	(Expenses \$,		(Revenue \$)
4e	Total progran	n service expenses ▶			

or X as applicable

Page 3

No

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔧

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14h

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No Nο Nο No No

Yes

Yes

Yes

Yes

No

Nο

Nο

No

Nο

No

No

No

Nο

No

No

No

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20a b 21

22

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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

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," 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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2016)

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No

Nο

Nο

Nο

Nο

Nο

No

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

29

31

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	1 1		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	2. Feet, to line ou of one organization me form cook for the first first form cook for the first first form cook for the first	5c		
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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	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?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		No
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		0 (2016)

orm	990 (2016)			Page 6
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
	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 4			
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	Yes	
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	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	⊋ Cod€	∍.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
<u>5e</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
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.			
	☐ 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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEVEN CHANDLER 2601 EVERETT AVENUE EVERETT, WA 98201 (425) 252-3800			
				0 (2010)

(A)

Part VII

(F)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

Section A. Officers, Directors	, Trustees, Ke	y Employees, a	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

(C)

(D)

- 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

(B)

(A) Name and Title	(B) Average hours per week (list any hours for related	(ne bo	ox, ι n of tor/t	t ch unle: ficer rust	ss pers and a ee)	son	compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) Donald Ille Trustee	1 00	x						7,191	0	0	
(2) Tricia Nush Trustee	0 00	Х						6,094	0	0	
(3) Pattı Soper-Roodzant Past Trustee	1 00 0 00	х						5,598	0	0	
(4) Jamie Outlaw Trustee	1 00	х						295	0	0	
(5) Steven Chandler Secretary-Treas	41 00			х				108,403	0	39,384	
(6) John Howell Jr Past President	1 00			x				3,545	0	0	
(7) Michael Raughter Vice-President	1 00			х				6,544	0	0	
(8) Tammı Brady Recording Secre	40 00 0 00			х				87,275	0	37,088	
(9) Samantha Kantak President	40 00			×				97,208	0	37,041	
				<u> </u>			l			Form 990 (2016)	

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

hours pe week (lis any hour	t is	than one box, unless person is both an officer and a director/trustee)					compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	
for relate organization below dott line)	rations of the State of the Sta	organization and related organizations							
1b Sub-Total		•			•				

113,513

No

No

No

No

(C)

Compensation

Form 990 (2016)

Yes

3

4

5

(B)

Description of services

_ u	U Total (add lines 10 and 1c)		4
2	Total number of individuals (including but not limited to those listed of reportable compensation from the organization \blacktriangleright 1	above) v	/ho receiv

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

c Total from continuation sheets to Part VII, Section A . d Total (add lines 1h and 1c) 322,153

eived more than \$100,000

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Name and Title Average Position (do not check more Reportable Reportable

(A) (B) (C) (D) (F) Estimated

Part	VI	II Statement of	Revenue									rage 3
				a respo	onse or note to an	y line in tl	hıs Part VII	π				🗆
				·		(A) revenue	Rel e: fu	(B) lated or xempt inction	(C) Unrela busin rever	ess	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				re	venue			512-514
ats uts		b Membership dues		1b								
rar		c Fundraising events			<u> </u>							
%		_		1c								
a ite		d Related organizatio		1d								
a, S. E		e Government grants (co		1e								
		f All other contributions and similar amounts n		1f								
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contribution in lines 1a-1f \$	ons included									
Con	,	n Total. Add lines 1a-1	lf	<u> </u>	•		0					
<u> </u>					Busines	s Code						
¥°.	2a	COLLECTED FOR OTHER	UNION			900099		2,828	:	2,828		
æ		Membership Dues & Ass	sessments			900099	2,	062,729	· ·	2,729		
J.		OTHER RECEIPTS				900099		7,474		7,474		
SE.		RECEIPTS FROM AFFILIA				900099		9,554 3,708		9,554 3,708		
E	•	REFUNDS & REIMBURSE	EMENIS			900099		3,700	•	3,700		
Program Service Revenue		All other program se			2	,086,293						
<u> </u>		Total.Add lines 2a-2i			<u> </u>							
		Investment income (i similar amounts) .	ncluding divid		nterest, and other	•	5,40	05	5,405	;		
	4	Income from investme	ent of tax-exe	empt be	ond proceeds	▶		0				
	5	Royalties				▶		0				
			(ı) Rea	I	(II) Personal							
	6a	Gross rents										
	₁	Less rental expenses										
	۱ ۹	Rental income or (loss)										
	(Net rental income o	r (loss)					0				
			(ı) Securi	ties	(II) Other							
	7 <i>a</i>	Gross amount from sales of assets other										
		than inventory										
	t	 Less cost or other basis and sales expenses 										
	l	Gain or (loss)										
	l	d Net gain or (loss)			•			0				
Other Revenue	8a	Gross income from f (not including \$ contributions reporte		ents of								
₹ S		See Part IV, line 18		a								
æ	ı	Less direct expense		b								
Je.		Net income or (loss)			ents	_		0				
5	98	Gross income from g See Part IV, line 19	jaming activit									
	١.	- 1		a								
	l	Less direct expenseNet income or (loss)		b	lec .			0				
		aGross sales of invent returns and allowand	tory, less	activit	ies •							
	,	Less cost of goods s	old.	a b								
		Net income or (loss)						0				
		Miscellaneous			Business Code							
	11	la										
	ŀ	<u> </u>										
	(=										
		d All other reverse										
	l	d All other revenue . Total. Add lines 11a						+				
								0				
	12	2 Total revenue. See	instructions	• •	• • • •		2,091,69	98	2,091,698	3		
												Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	20,262	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	35,587			
5 Compensation of current officers, directors, trustees, and key employees	435,666			
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	342,976			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	112,051			
9 Other employee benefits	101,954			
10 Payroll taxes	64,443			
11 Fees for services (non-employees)				
a Management	0			
b Legal	38,536			
c Accounting	13,115			
d Lobbying	0			
e 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)	315			
12 Advertising and promotion	0			
13 Office expenses	61,293			
14 Information technology	9,752			
15 Royalties	0			
16 Occupancy	20,104			
17 Travel	52,328			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	53,674			
20 Interest	0			
21 Payments to affiliates	509,263			
22 Depreciation, depletion, and amortization	18,104			
23 Insurance	4,680			
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)				
a OTHER MISC EXPENSES	22,843			
b Printing and Publications	22,255			
c Postage and Shipping	17,970			
d SHOP STEWARD	16,320			
e All other expenses	6,904			<u> </u>
25 Total functional expenses. Add lines 1 through 24e	1,984,395	0	0	0

Form **990** (2016)

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)

Forn	n 990	(2016)					Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			527,912	1	508,579
	2	Savings and temporary cash investments .		[1,167,033	2	1,291,393
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net				4	0
s	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5	0	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6	0	
et	7	Notes and loans receivable, net				7	0
Assets	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	658,387			
	Ь	Less accumulated depreciation	10 b	406,828	249,293	10 c	251,559
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	e 11 .			13	0
	14	Intangible assets		[14	0
	15	Other assets See Part IV, line 11			15	0	
	16	Total assets. Add lines 1 through 15 (must equ	1,944,238	16	2,051,531		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue		Γ		19	
	20	Tax-exempt bond liabilities				20	

21

22 23

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2.051.502

2,051,502

2.051.531 Form **990** (2016)

39 25

39

1.944.199

1,944,199

1.944.238

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Liabilities

23

24

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27

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29

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33 34

Fund Balances

Assets or

Net

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,091,698
2	Total expenses (must equal Part IX, column (A), line 25)	2			,984,395
3	Revenue less expenses Subtract line 2 from line 1	3			107,303
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,944,199
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,051,502
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
4	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 reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	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 separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		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

Form **990** (2016)

Additional Data

Form 990 (2016)

Software ID: 16000303

Software Version: 2016v3.0

EIN: 91-0267959

Name: INTL BROTHERHOOD OF TEAMSTERS LOCAL 38

SCHEDULE C (Form 990 or 990-

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493130019037

Open to Public

▶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

	tment of the Treasury al Revenue Service							Inspe	ection
• S • S • S If the • S • S (Pros	Section 501(c)(3) or Section 501(c) (othe Section 527 organize organization and Section 501(c)(3) of Section 501(c)(3) of organization and xy Tax) (see sepal	ganizations Corer than section 5 zations Complet wered "Yes" or rganizations that ganizations that wered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Forn have filed Form 5768 (election under have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy	lete Part I-C arts I-A and C below n 990-EZ, Part VI, Iir er section 501(h)) Co n under section 501(h	Do not cor ne 47 (Lob lomplete Par)) Complete	nplete Part bying Activ t II-A Do no e Part II-B	I-B ities), ot com Do no	, then plete Part II- ot complete P	B art II-A
Nar	me of the organizat L BROTHERHOOD OF	ion	·			Employer i		fication nun	nber
Par	t I-A Complet	te if the orga	nization is exempt under sec	tion 501(c) or is				ation.	
1 2 3	Political expendition Volunteer hours	ures	ization's direct and indirect political		n Part IV	•	\$		9,000
1 1		<u>_</u>	nization is exempt under sec				<u></u>		
2		•	ix incurred by the organization manager.			•	₽ \$		
3		•	ion 4955 tax, did it file Form 4720 f					Yes	□ No
4a	Was a correction	made?						☐ Yes	□ No
b	If "Yes," describe	ın Part IV							
Par			nization is exempt under sec				(3).		
1		, ,	ed by the filing organization for sect	•			\$		
2	Enter the amount function activities		anızatıon's funds contrıbuted to othe	r organizations for se	ection 527 e	exempt •	\$		9,000
3	Total exempt fun	ction expenditure	es Add lines 1 and 2 Enter here and	d on Form 1120-POL,	lıne 17b	>	\$		9,000
4	Did the filing orga	anızatıon file For ı	n 1120-POL for this year?					Yes	✓ No
5	organization mad of political contrib	e payments For outions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deli- se (PAC) If additional space is neede	amount paid from the vered to a separate p	filing orga olitical orga	nızatıon's fu Anızatıon, su	nds A	Also enter the	
	(a) Nam	e	(b) Address	(c) EIN	filing o	(d) Amount paid from filing organization's funds If none, enter -0- directly delivered to a separate political organization If none, enter -0-			
(1) F	Raise Up Washington		603 Stewart St Suite 819 Seattle, WA 98101			9,	000		
2									
3									
4									
5									
6									

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	(Some organizations that made a	yeraging Period Uno section 501(h) elec	ler section 501(l	n) to comple		☐ Yes ☐ No
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Return Reference

Part I-A, Line 1 - Direct and Indirect

Political Campaign Activities

activity

(b)

(a)

Nο

Yes **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Nο 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current vear 2b b Carryover from last year 2c C Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

THE LOCAL UNION DIRECTLY CONTRIBUTED TO POLITICAL INITIATIVE CAMPAIGNS.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D

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.

2016

DLN: 93493130019037 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public

	me of the organization L BROTHERHOOD OF TEAMSTERS LOCAL 38			Emple	oyer identification	ı number	
					67959		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Othe d "Yes" on Form 990, Pa	er Similar Fund rt IV, line 6.	is or Acco	unts.		
		(a) Donor advised fur	nds	(b) F	unds and other acco	ounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			or advised		Yes [□No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				_	Yes [□No
Pa	rt II Conservation Easements. Complet	e if the organization ansv	wered "Yes" on I	Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	organization (check all that	apply)				
	\square Preservation of land for public use (e g , reci	reation or education)	Preservation o	f an historic	ally important land	area	
	Protection of natural habitat		Preservation o	f a certified	historic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation	contribution in the	e form of a <u>c</u>	conservation Held at the End	of the Yea	ar
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easement	:s		2b			
c	Number of conservation easements on a certified by	nistoric structure included in	(a)	2c			
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and	d not on a historic	2d			
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguisl	ned, or terminated	l by the orga	inization during the		
4	Number of states where property subject to conse	rvation easement is located	>				
5	Does the organization have a written policy regard and enforcement of the conservation easements if	ding the periodic monitoring, t holds?	, inspection, handl	mg of violati	ons,	□ No	
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of viola	tions, and enforcir	ng conservat			ar
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations,	and enforcing cor	nservation e	asements during th	e year	
	Does each conservation easement reported on line	a 2/d) above satisfy the regi	urements of section	on 170(h)(4)	(/R)/(I)		
	and section 170(h)(4)(B)(II)?	e z(d) above satisfy the requ	all ellielles of section)	Yes	□ No	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organ			ement, and		
Par	Organizations Maintaining Collect Complete if the organization answere			Other Sim	ilar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	ld for public exhibition, educ	ation, or research	ın furtherar			
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to repor	t ın ıts revenue sta	atement and			
(i) Revenue included on Form 990, Part VIII, line 1				> \$		_
(i	i)Assets included in Form 990, Part X				> \$		_
2	If the organization received or held works of art, he following amounts required to be reported under states.			fınancıal gaı	n, provide the		_
а	Revenue included on Form 990, Part VIII, line 1	•			▶ \$		
b	Assets included in Form 990, Part X				▶ \$		_
	· · · · · · · · · · · · · · · · · · ·						

 ${f e}$ Other .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Page 2

Par	41111	Organizations Ma	aintaining Coi	lections of	or Art, H	iistori	cai ii	reası	ares, or	Otner	Similar <i>i</i>	Assets (d	contini	ued)
3		the organization's acq (check all that apply)	uisition, accession	n, and other	r records,	check a	any of	the fo	llowing th	nat are a	significant	use of its	collec	ction
а		Public exhibition				d		Loan	or excha	nge prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	e generations											
4	Provid Part X	de a description of the	organızatıon's col	lections and	d explain l	how the	y furth	ner the	e organiza	ation's ex	kempt pur	oose in		
5		g the year, did the orga s to be sold to raise fur									nılar	☐ Ye	s	□ No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, lı	ine 9, or	reporte	ed an amo	ount on F	orm '	990, Part
1a		organization an agent led on Form 990, Part 3		an or other	ıntermed	iary for	contril	bution	s or othe	r assets	not	☐ Y e	s	□ No
Ь	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		Г			Amount		
c		ning balance	one in raite Alli	and compi						1c				
d	_	ons during the year							F	1d				
е	Distrib	butions during the year	r							1e				
f	Ending	g balance								1f				
2a		ne organization include										☐ Ye	_	□ No
b	If "Ye:	s," explain the arrange Endowment Fund											•	
гŒ	I U V	Endowment Fund	us. Complete ii	(a)Currer			rior year		(c)Two ye				(e)Foi	ır years back
1a	Beginni	ing of year balance .		(2)carror	ic you.	(-)	10. 700.		(2)	are back	(4)	ours such	(0). 0.	ar yours buck
b	Contrib	utions												
c	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships												
е		expenditures for facilitie ograms	es											
f	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated perce	ntage of the curre	ent year end	d balance	(line 1g	g, colui	mn (a)) held as	5				
а	Board	designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment 🕨												
c		orarily restricted endov												
_		ercentages on lines 2a												
3а		ere endowment funds ization by	not in the posses	sion of the	organizat	ion that	are he	eld an	id adminis	stered fo	r the		Г	Yes No
	-	related organizations										3a	a(i)	1 22 110
	(ii) re	elated organizations .										3a	(ii)	
		s" on 3a(II), are the rel	-					?.				. 3	3b	
4		ibe in Part XIII the inte			n's endov	vment f	unds							
Pa	t VI	Land, Buildings, Complete if the org			on Form	n gan	Part 1	T\/ lir	ne 11a (See For	m 990 D	art X line	<u>-</u> 1∩	
	Descri	ption of property	(a) Cost or oth (investme	ner basis	(b)Cost						epreciation			k value
12	Land							39,027						39,0
	Building	as .						31,813			330,456	5		201,3
		old improvements									,			
		nent							1					
			ı		1							1		

11,175

251,559

76,372

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.			ered 'Yes' on		·
	(a) Description of security or category (including name of security)		Book Iue	Cos	(c)Method of votering of the contraction of the con	
(1)Financial (2)Closely-h (3)Other	derivatives	: <u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.	rganızatıo	n ans	wered 'Yes' o	n Form 990, P	art IV, line 11c.
	(a) Description of investment	(b) Book v	/alue	Cos	(c) Method of tor end-of-year	
(1)						THE THE TENT
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 99	0, Pai	t IV, line 11d	See Form 990, I	Part X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	red 'Yes' o	n Fo		I	• 11f
	See Form 990, Part X, line 25. (a) Description of liability			ook value	.v,c 11c or	
(1) Federal ı	ncome taxes	'	(6) 50	or value		
PAYROLL TA	X LIABILITY			29		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the fo	ootnote to t	he or	29 ganization's fina	incial statement	s that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740)					

Part XI

2

а

b

c

d

e

b

Part XII

3

4

5

1

2

а b

d

3

4

а

b

c

Part XIII

5

Other

Schedule D (Form 990) 2016

2e

3

4c

2e

3

4c

5

20.380

18.104

Page 4

2,091,698

2,091,698

1,986,671

20,380

18,104

1,984,395

Schedule D (Form 990) 2015

1.966.291

Other (Describe in Part XII)	I)	•	•		
Add lines $\mathbf{2a}$ through $\mathbf{2d}$.					
Subtract line 2e from line 1	1				

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants . .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Other (Describe in Part XIII)

Supplemental Information

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

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.

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

2d 4a 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2a

2b

2c 2d

4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 5		Schedule D (Form 990) 2015		
	ormation (continued)	Supplemental Info	Part XIII	
	Explanation	Return Reference	Ret	

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000303 Software Version: 2016v3.0

EIN: 91-0267959

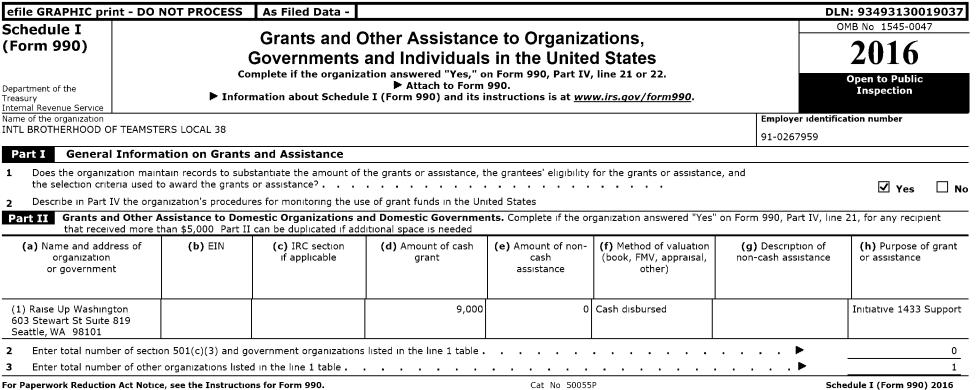
Name: INTL BROTHERHOOD OF TEAMSTERS LOCAL 38

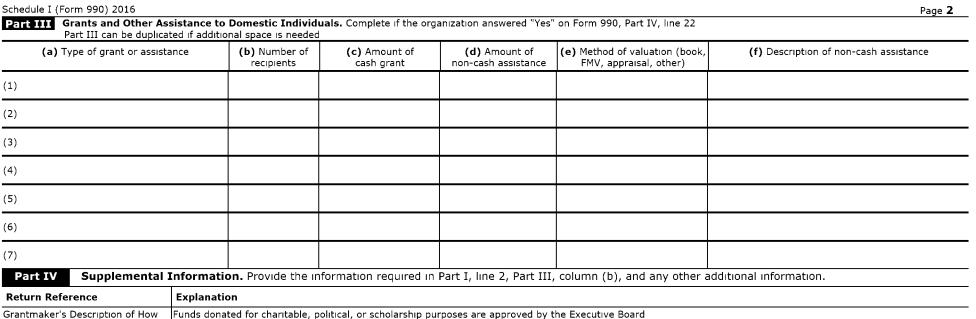
Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	Income Tax Status General Teamsters Union Local No 38 is exempt from federal income taxes under Internal Revenue Code Section 501(c)(5) and, therefore, has made no provision for f ederal income taxes in the accompanying financial statements. During the years ended Decem ber 31, 2016 and 2015, the Local Union recorded no unrelated business income and recognize d 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, 2016 and 20 15.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Decrease in payroll tax withholding \$10 Purchases of property and equipment \$20370

Supplemental Information	upplemental Information					
Return Reference	Explanation					
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S						





Grants are Used

efile GRAPHI	C print - D	O NOT PROCESS	As Filed Data -		DLN	l: 93493130019037	
SCHEDIII	SCHEDULE O Supplemental Information to Form 990 or 990-EZ						
(Form 990 or 1 EZ) Department of the Tr	990- easury	Complete to pr Form 990	ovide information for or 990-EZ or to provi Attach to Form	responses to specific questi de any additional informatio 1990 or 990-EZ. 190 or 990-EZ) and its instru	ons on n.	2016 Open to Public Inspection	
Name of the orga INTL BROTHERHOO	D OF TEAMSTE	rs LOCAL 38	on		Employer iden 91-0267959	tification number	
Return Reference				Explanation			
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents							

990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990, Part VI, Line 6	THE MEMBERS ARE EMPLOYEES OF VARIOUS EMPLOYERS THAT ARE SIGNATORY TO VARIOUS LABOR AGREEMENTS WITH THE ORGANIZATION
Explanation	
of Classes of	
Members or	
Shareholder	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	GOVERNING BOARD CONSISTS OF MEMBERS WHO ARE NOMINATED AND ELECTED BY OTHER LOCAL UNION MEMBERS

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	MINUTES OF GOVERNING BODY MEETINGS ARE READ TO MEMBERS ATTENDING THE MONTHLY GENERAL MEMBE RSHIP MEETINGS IF THE LOCAL UNION EXECUTIVE BOARD IS DEADLOCKED FOR TWO CONSECUTIVE MEETI NGS ON ANY MATTER, WITHIN ITS EXCLUSIVE AUTHORITY UNDER SECTION 14 OF THE BYLAWS, THE MATT ER SHALL BE REFERRED TO THE MEMBERSHIP FOR RESOLUTION

Return Explanation
Reference

Form 990,
Part VI, Line
11b Form
990 Review
Process

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BOARD FOR APPROVAL PRIOR TO FILI
NG QUESTIONS ARE DIRECTED TO THE FIRM PREPARING THE FORM 990 AND ALL QUESTIONS ARE ANSWER
ED AND UNDERSTOOD BEFORE THE FORM IS FILED

Return Reference Explanation

Explanation

Explanation

Explanation

1 01111 330,	I REGUINED TO DISCLOSE TO SECRETART - INCASORER AND COMPLETE OF INTEREST THAT OCCORS
Part VI, Line	
12c	
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and	The Executive Board reviews Secretary-Treasurer salary only based on other Washington Team sters Local Unions using the Cost of Living Index as a comparison. They then decide benefit package for Secretary-Treasurer. The balance of the staff is covered with a Collective B argaining Agreement between F.A.I.R. Union. The salaries are negotiated during bargaining between F.A.I.R. and a negotiation committee made up of members from the Local Union #38 E xecutive Board.

Return Explanation
Reference

	,	DETAILED INFORMATION IS AVAILABLE THROUGH THE FORM LM-2 WHICH IS FILED ANNUALLY WITH THE DEPARTMENT OF LABOR
	19 Other	BELLANCIMENT OF EABOR
	Organization	
	Documents	
ı	Publicly	
	Available	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130019037 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INTL BROTHERHOOD OF TEAMSTERS LOCAL 38 91-0267959 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	1s Complete if the organ	ızatıon answered "`	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi	512(b) ntrolled
						Yes	No
(1)INTL BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE NW	PARENT ORGANIZATION OF LOCAL UNIONS	DC	501(C)(5)		N/A		No
WASHINGTON, DC 20001 53-0215427					N/A		
For Paperwork Reduction Act Notice, see the Instructions for Form S	90.	Cat No 50135	<u>т</u> Ү	I	Schedule R (Form	990) 20	16

(j) General o managing partner?	anaging	al or ging	g owners
Yes No	es No	No	7
			T
	+	+	╀
	+	\dashv	+
	\perp	\dashv	\perp
V, line 34			
(h) centage nership	je :	(1:	Secti (13) •
		+	16:
		+	
		+	
		_	

Sche	dule R (Form 990) 2016		Pa	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		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)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		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		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s) \ldots				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
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				1p Ye	es
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r Ye	es
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount invol	ved
(1)INTL BROTHERHOOD OF TEAMSTERS	р	180	Cash disbursed		

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

y													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	An or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No	۱ <u>۱</u>		Yes	No		Yes	No	ļ
								·					
										Schedul	e R (Form	1 990	0) 2016

