Form **990**

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.

OMB No 1545 0047 Open to Rublic

Inter	nal Revenue	Service (· · ·	Go to www.irs.g	ov/Form990	0 for instru	ctions and	the latest in	ıformat	ion.		Inspection
3 <u>A</u>	For the 2	2017 calend	dar year, or tax	year beginning	3		, 2017,	and ending			,	
В	Check if app	plicable	С			<u></u>				D Employer in	dentificati	on number
•	Addres	s change	TEAMSTERS	LOCAL 43	Ĺ					94-05	77293	3
<u></u>	Name o	change	1140 WEST	COLIVE						E Telephone	number	
	Initial r	return	FRESNO, C	CA 93728						(559)	486-	-5410
	Final retu	urn/terminated										
	Amend	ded return								G Gross recei		2,056,645.
	Applica	ation pending	F Name and add	fress of principal office	er PETE	NUNEZ				a group return fo		ш
			SAME AS C			 			(b) Are all If 'No.'	subordinates inc attach a list (see	luded? e instructi	ons) Yes No
<u>, ı</u>	Tax-exem	npt status	501(c)(3)	X 501(c) (5) ◀ (inser	t no)	4947(a)(1) or	527		•		•
<u>J</u>	Websit	te: • N/	A				<u> </u>	-	<u> </u>	exemption numb		0320
K		organization	Corporation	Trust X Ass	sociation	Other P	L	ear of formation	195	0 M State	of legal of	domicile CA
Pa		Summar					<u> </u>					
	1 Bri	efly descri	be the organiza	ation's mission	or most sign	nificant act	vities TO	PROVIDE	<u>CONT</u>	RACT SUP	PORT	<u>TO MEMBERS</u>
စ္ပ											-	
Ē						· 	DEC	IEVED	}			
Activities & Governance	2 Ch	eck this bo	x ► I if the	organization di	scontinued	ts operatu	- KEC	Osed of more	162/2	5% of its not	assets	
တ္	3 Nui	mber of vo	ting members	of the governing	body (Par	t VI. line - հ	å)		127		3	,. 7
ං ජ ග	4 Nui	mber of inc	dependent voti	ng members of	the governi	ng body 🕏	Part MONhe	2 16) 2018	S		4	0
ij	5 Tot	tal number	of individuals	employed in cal	endar year	2017 (Fair	V, line 2a)	<u> 기윤</u>		5	12
흟	6 lot	tal number	of volunteers	(estimate if nec	essary)		· OGI	DEN UT			5	0
ď	/a lot	tai unreiate t uprolatod	ea business rev	estimate if nec renue from Part ble income fron	VIII, COIUM	n (C), line	12 000			l	7a 7b	0.
	D IVE	t unrelateu	Dusiness taxa	Die income non	11 01111 330-	1, 11116 34			В	rior Year	/b	0. Current Year
	8 Coi	ntributions	and grants (P.	art VIII line 1h)						1,477,475		1,647,313.
<u>ne</u>	l .	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)							113,719		116,761.	
Revenue	l .							2,400		250,000.		
æ	1									16,200		42,571.
	12 Tot	tal revenue	e add lines 8	through 11 (mu	ist equal Pa	art VIII, col	umn (A), lı	ne 12)	1	1,609,794		2,056,645.
	13 Gra	ants and si	mılar amounts	paid (Part IX, o	column (A),	lines 1-3)						
	14 Bei	nefits paid	to or for members (Part IX, column (A), line 4).							23,820).	30,776.
Ø	15 Sal	laries, othe	er compensatio	n, employee be	nefits (Part	IX, colum	n (A), lınes	5-10)		838,973	3.	939,316.
Expenses	16a Pro	ofessional	ssional fundraising fees (Part IX, column (A), line 11e)									
cpe	b Tot	tal fundrais	ilsing expenses (Part IX, column (D), line 25) ▶									
ũ	17 Oth	her expens	es (Part IX, co	lumn (A), lines	11a-11d, 11	 lf-24e)				666,872	2.	704,477.
		•	•	3-17 (must equa	· ·	•	, line 25)		1	529,665		1,674,569.
	I			btract line 18 fr		. •	•			80,129		382,076.
8 8									Beginnii	ng of Current Ye		End of Year
sets or	20 Tot		(Part X, line 16							571,404	-	921,821.
A A	21 Tot	tal liabilitie	s (Part X, line	26)						218,730		187,071.
\$.E	22 Ne	t assets or	fund balances	. Subtract line 2	21 from line	20				352,674	1.	734,750.
(Pa	rtill :	Signatur	e Block									
Unde	er penalties o	of perjury, I de	clare that I have ex	amined this return, in er) is based on all in	ncluding accomp	oanying sched	ules and stater	ments, and to the	best of n	ny knowledge and	belief, it	is true, correct, and
Com	piete Deciar	anon or prepa	Ter (other trian offic	er, is based on all in	- Ionnation of Wh		as any knowle			112/2		
۵.		Signati	re of officer							11 1 1 1 1 1 1 1 1 1		
Siç He	jn ro	Signatur TD	でイドゥ	MILLIAIN-	, , N	DAC	INEL	1	Uč	T		
пе	16	Type or	print name and title	NUNEZ	<u> </u>	KKD	IDEN) [
			reparer's name		parer's signatui	re		Date		Oharati VI	PTIN	
_		'''	-		Signalui	A			. \3	Check X		
Pa		DAWN R		BOCEBC CE	L) and	UP	<u> </u>	11-4-	18	self employed	1500	0383379
	eparer e Only	Firm's name		ROGERS, CF		#262				Evento FIAL	40 10	01075
J 3	July	Firm's addre		EL CERRITO		#362						291875
N/a.	. the IDC	diagram Ab		RRITO, CA	94530	, 				Phone no 5		0-6443

	990 (2017) TEAMSTERS LOCAL 431	94-0	5772	93	F	age 2
Par						
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	LABOR_ORGANIZATION					
	Did the second of the second o					
2	Did the organization undertake any significant program services during the year which were not listed on the pr Form 990 or 990-EZ?	ior		V	(T)	A1 -
			Ш	Yes	X	No
•	If 'Yes,' describe these new services on Schedule O.		П	V	(I)	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O.			1 1-		
4	Describe the organization's program service accomplishments for each of its three largest program ser Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as i	neasur rs, the	ed by total e	xpens	ses ses,
	(Code) (Fuence & molulus and &)		<u> </u>			
4 a		Revenue		_)
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT NEGOTIATION SUPPO	RT SER	ATCE:	<u></u>		
			- 			
						
			-			
			-			
		_				
4 b		Revenue	\$)
	PROVIDING LOCAL UNION MEMBERSHIP WITH SUPPORT SERVICES	- -				
						. _
						-
						. _
				- - -		
						
						-
4 c		Revenue	\$	_)
	PROVIDING LOCAL UNION MEMBERSHIP WITH CONTRACT SUPPORT SERVICES					
		_ _			- - -	
						-
						_
		_ _				
4 d	Other program services (Describe in Schedule O.)				`	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶)	
BAA	TEEA0102L 12/05/17			Form	1 990	(2017)

Form 990 (2017) TEAMSTERS LOCAL 431 Partily Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	_	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Form 990 (2017) TEAMSTERS LOCAL 431 Part IV Checklist of Required Schedules (continued)

Y						
20 a	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?	20ь				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х		
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х		
ŧ	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	•			
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d				
25 a	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				
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х		
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X		
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х		
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х			
BAA		Form	990 ((2017)		

Check if Schedule O contains a response or note to any line in this Part V			
	 	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	5	-	1
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
(gambling) winnings to prize winners?	10	c X	ļ
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	12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax re		b X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	· · · · · · · · · · · · · · · · · · ·		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3:		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3	2	<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorized financial account in a foreign country (such as a bank account, securities account, or other financial	ority over, a al account)?	a	Х
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 Account	· · ·	-	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer to the contraction of the contrac			Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	2	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible as charitable contributions?	the organization 6	a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were	ь	
7 Organizations that may receive deductible contributions under section 170(c).		1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	or goods and	_ a	ļ
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	5	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req Form 8282?	guired to file	5	
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contract? 7	a	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract ² 7	1	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	899	9	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization file a	h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the organization have excess business holdings at any time during the year?	sponsoring 8		
9 Sponsoring organizations maintaining donor advised funds.		-	
a Did the sponsoring organization make any taxable distributions under section 4966?	-	_	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9:	+	
10 Section 501(c)(7) organizations. Enter	-	' 	
a 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 10b			ĺ
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12:	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13:	3	
Note. See the instructions for additional information the organization must report on Schedule O		1	
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			
c Enter the amount of reserves on hand		-	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14:		X
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedu</i> BAA TEEA0105L 08/08/17			(2017)
BAA TEEA0105L 08/08/17	For	m 990 ((2017)

Form 990 (2017) TEAMSTERS LOCAL 431 94-0577293 Page 6 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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 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 X 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a 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? SEE SCHEDULE O 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? X 8 b 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official Х 15 a **b** Other officers or key employees of the organization SEE SCHEDULE O 15_b Х 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? Х 16 a 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? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) 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 SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records PETE NUNEZ 1140 WEST OLIVE FRESNO CA 93728 (559) 485-5410

Form	990	(2017)	TEAMSTERS	LOCAL.	431

94-0577293

Page **7**

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) Reportable compensation from Name and Title Reportable compensation from Estimated amount of other compensation Average hours director/trustee) per week related organizations (W-2/1099-MISC) Officer the organization (W-2/1099 MISC) Individual trustee Institutional trustee Key employee employee Highest compensated from the (list any hours for related organizations organiza tions below (1) LENNIE WELLS 40 TREASURER X 0 93,543 0 47,188. (2) PETER NUNEZ 40 PRESIDENT 0 Х 122,642 0 47,188. (3) RODNEY HOLLETT 5 0. TRUSTEE 0 Х 3,529 0 (4) EDGAR AMENDE 5 TRUSTEE 0 Х 0 0. 3,042 (5) STEVE SHARP 5 TRUSTEE 0 Х 12,377 0 0. (6) FRED WILSHAW 5 VICE PRESIDENT 0 Х 0 3,533 0. (7) CHRIS GARLICK 5 SECRETARY 0 4,136 0 0. (8) (9) (10)(11)(12)(13)(14)

Page 8

Part VII Section A. Officers, Directors, 11	(B)			((· <u>· </u>	<u> </u>		
(A) Name and title	Average hours per week	box	, unle cer ar	heck ess pe nd a d	erson	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated mount of of compensation	ther
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W 2/1099-MISC)		from the organization and relate organization	e on ed
15)										+		
16)												
17)												
18)												
19)										<u> </u>		
20)												
21)												
22)												
23)												
24)												
25)												
1 b Sub-total		<u> </u>					>	242,802.	0		94,	376.
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A						-	<u>0.</u> 242,802.	0			
2 Total number of individuals (including but not limite from the organization ► 1	d to those I	ısted	abo	ve) v	who	recei	ved					<u> </u>
3 Did the organization list any former officer, dire	ector or tru	ıstaa	kov	, or	nolo	100	or h	ughost compansa	tod omplovos		Yes	No
on line 1a? If 'Yes,' complete Schedule J for su 4 For any individual listed on line 1a, is the sum	ıch ındıvıdı	ıal									В	Х
the organization and related organizations grea	ter than \$1	50,0	00?	If 'Y	es,	com	iple	te Schedule J for			X	<u> </u>
5 Did any person listed on line 1a receive or accrefor services rendered to the organization? If 'Ye	ue comper es,' comple	satio	n fr	om Iule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual		5	X
1 Complete this table for your five highest compe compensation from the organization. Report compe	nsated ind	epen the c	deni alen	t cor	ntrac	ctors	tha	t received more the	nan \$100,000 of	ear.		
(A) Name and business ad							J	(B) Description ((C) pensatio	on
								_				
2 Total number of independent contractors (including	h	1 1						<u> </u>				

	1990 (2017) TEAMSTERS LOCKE 431			34-031123	5 rage 3
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a Federated campaigns 1 a			 	
ran	b Membership dues 1b 1,647,313	7			
جَ جَ	c Fundraising events 1 c	†	}		
# F	d Related organizations 1 d	7			
% <u>₩</u>	e Government grants (contributions) 1 e		İ		
Contributions, Giffs, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above				
들통	g Noncash contributions included in lines 1a-1f. \$	⊣			
D D	·	1 647 212			
<u> </u>	Business Code	1,647,313.		···	
Program Service Revenue	2a MBRS FEES & ASSESSMENTS 900099	116,761.	116,761.		
<u>ş</u>	b	110,701.	110,701.		
8	c	·			
eΖ	d				
J S	e				
gra	f All other program service revenue				
P.	<u> </u>	116,761.			
	Investment income (including dividends, interest and	110,701.			
		▶			
	4 Income from investment of tax-exempt bond proceeds	•			
	5 Royalties	•			
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)		<u> </u>		
	d Net rental income or (loss)	•			
	7 a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory 250,000				
	b Less cost or other basis	-			
	and sales expenses				
	c Gain or (loss) 250,000			 .	
		250,000.	250,000.		
Other Revenue	8 a Gross income from fundraising events (not including \$				
ě	of contributions reported on line 1c)				
ŭ	See Part IV, line 18		1		
<u>ş</u>	b Less direct expenses b		-		
δ	c Net income or (loss) from fundraising events	>			
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	to the medine of (1833) from gaming detivities	•			
	10a Gross sales of inventory, less returns and allowances a		,		
	b Less' cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code				
	11a REIMB EXPENSES 900099	34,541.	34,541.		
	b REIMB_PROMO_SUPPLIES900099	8,030.	8,030.		
	C	_			1
	d All other revenue				
	e Total. Add lines Tra-Tru	42,571.			
	12 Total revenue. See instructions	2,056,645.	409,332.	0	. 0.

Form 990 (2017) TEAMSTERS LOCAL 431 | Part IX | Statement of Functional Expenses

Section 50	11(c)(3) and 501(c)(4)	organizations must	complete all	columns. A	ll other organi	zatıons must	t complete coli	umn (A)
	Check if Se	chedule O contains	a response	or note to	any line in the	us Part IX		

	Crieck if Scriedule O contains a r				
	not include amounts reported on lines 75, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	30,776.			,
5	Compensation of current officers, directors, trustees, and key employees	337,178.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.1			
7	Other salaries and wages	340,238.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,566.			
9	Other employee benefits	112,942.			
10	Payroll taxes	53,392.			
	Fees for services (non-employees)	,,			
a	Management				
b	Legal	27,152.			
c	: Accounting	10,125.		`	
c	Lobbying				
€	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	3,665.			
13	Office expenses	87,481.			
14	Information technology		, , <u>, _ , </u>		
15	Royalties				
16	Occupancy	17,218.			
17	Travel	43,980.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,651.			
20	Interest	3,842.			
21	Payments to affiliates	423,763.			
	Depreciation, depletion, and amortization	32,960.			
23 24	Insurance 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	AUTOMOBILE EXPENSES	23,753.			
	CONTRIBUTIONS TO LABOR ORG	17,400.			
	COMMUNITY OUTREACH	2,900.	<u> </u>	<u> </u>	
	STAFF_EVENT	2,601.			
	All other expenses	1,986.			
25	Total functional expenses. Add lines 1 through 24e	1,674,569.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 302,760 1 677,278. 2 Savings and temporary cash investments 2 2,768 2,768. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 10a 560,925 10b b Less accumulated depreciation 328,075 265,091 10 c 232,850. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 785 15 8,925. 16 Total assets. Add lines 1 through 15 (must equal line 34) 571,404. 16 921,821 Accounts payable and accrued expenses 17 17 132,900. 137,300 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 Liabilitie 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 Secured mortgages and notes payable to unrelated third parties 23 85,830. 23 49,771 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 26 218,730 187.071 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here > Х and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 352,674 734,750. 33 Total net assets or fund balances 352,674. 33 734,750. 34 Total liabilities and net assets/fund balances 34 571,404 921,821.

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orn	n 990 (2017) TEAMSTERS LOCAL 431 94-	0577293		Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	56,6	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2		74,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		82,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		•	
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7.	34,7	
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		_X_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	ed on a			
			١	v	
'	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ite			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	,	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
	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	lit	3 b		

Form 990 (2017)

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2017

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.						
		RS LOCAL 431		Employer identific	ation number			
				94-057729	3			
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.			
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV				
2	Political campaign activity e	xpenditures (see instructions)		► \$				
3	Volunteer hours for political	campaign activities (see instructions)						
Pai	rtll-BI Complete if the o	rganization is exempt under secti	on 501(c)(3).					
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ \$				
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$				
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?		Yes No			
4 8	a Was a correction made?				∏Yes ∏No			
1	b If 'Yes,' describe in Part IV.							
Pai	til:C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).				
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities 🕨 🗦 \$				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes X No			
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a six received that were promptly and directly deal action committee (PAC). If additional spa	livered to a senarate po	olitical organization, such	which the filing ds Also enter the			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization (finone, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

Part II-A Complete if section 501(the organization	on is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► ☐ If the filin	ng organization beloi	ngs to an affiliated group (and	l list in Part IV each affili	ated group member's name	
<u></u>		nd share of excess lobbying		,	
B Check ► I If the fills	ng organization ch	ecked box A and 'limited co	ontrol' provisions apply		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots lo	obbying)		
		legislative body (direct lob	bying)		_
c Total lobbying expendition	,	and 1b)			
d Other exempt purpose	•				
e Total exempt purpose e	expenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable an both columns	mount Enter the a	mount from the following ta	ble in		
If the amount on line 1e, col	umn (a) or (b) ıs	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	• •	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable	,	•			
h Subtract line 1g from lin					
i Subtract line 1f from lin	ie ic. if zero or ies	s, enter -u-			
j If there is an amount othe section 4911 tax for this		er line 1h or line 1i, did the or	ganization file Form 4720	reporting)	Yes No
(Som	ne organizations th columns b	4-Year Averaging Period at made a section 501(h) e elow. See the separate inst	lection do not have to	complete all of the five prough 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
	1	1	1	1	
f Grassroots lobbying expenditures					1 990 or 990-EZ) 2017

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each Weel company on long to through 1, below, around up Dort IV a detailed described	(a)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912		 - -	
c 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 50	1(c)(5)	, or	

[F section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х
1				

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) 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).		
ä	a Current year	2a	
ı	Carryover from last year	2b	
•	: Total	2 c	•
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

TEAMSTERS LOCAL 431

	TEAMSTERS LOCAL 451		94-0577293
Par	Organizations Maintaining Dono Complete if the organization answ	or Advised Funds or Other Similar Fur wered 'Yes' on Form 990, Part IV, line	nds or Accounts. 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant funct of the donor or donor advisor, or for any other	ds can be used only rpurpose conferring Yes No
Par			_
	<u> </u>	wered 'Yes' on Form 990, Part IV, line	e 7
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	·	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the fori	m of a conservation easement on the
			Held at the End of the Tax Year
á	Total number of conservation easements		2 a
ŀ	Total acreage restricted by conservation ease	ments	2 b
(: Number of conservation easements on a certi	fied historic structure included in (a)	2 c
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a histo	ric 2d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5		garding the periodic monitoring, inspection, ha	ndling of violations, Yes No
6		inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	Other Similar Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	r SFAS 116 (ASC 958), not to report in its reve eld for public exhibition, education, or research in fi noial statements that describes these items	enue statement and balance sheet works of urtherance of public service, provide,
t	historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in further	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	* \$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the following
á	Revenue included on Form 990, Part VIII, line		► \$
ŧ	Assets included in Form 990, Part X		► \$
			

Rartilli Organizations Wainta	ining Collection	s of Art, Histo	ricai Treasures, oi	r Other Similar Ass	ets (continu	ea)
3 Using the organization's acquisition items (check all that apply)	, accession, and othe	er records, check ar	ny of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations	_	· · · · · · · · · · · · · · · · · · ·	-		
4 Provide a description of the organiz Part XIII.	ation's collections an	d explain how they	further the organization'	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintaine	d as part of the or	ganization's collection	?	Yes	No
RartilV Escrow and Custodia line 9, or reported an	l Arrangements amount on Forn	. Complete if the 1990, Part X, I	ne organization an line 21.	swered 'Yes' on Fo	rm 990, Par 	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or o	ther intermediary	for contributions or oth	er assets not included	Yes [No
b If 'Yes,' explain the arrangement	in Part XIII and coi	mplete the followif	ng table	,		_
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	mount on Form 990	, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII Check	here if the explan	ation has been provide	ed on Part XIII	_ [j
Partiva Endowment Funds. C	omplete if the o	rganization an	swered 'Yes' on Fo	orm 990 Part IV Ju	ne 10	
Lindownient i dids. C	(a) Current year	(b) Prior year			(e) Four years	
1 a Beginning of year balance	(a) ourrent year	(b) Thoryear	(c) Two years back	(d) Tillee years back	(e) rour year.	3 Dack
b Contributions		-				
 c Net investment earnings, gains, and losses 						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current yea	r end balance (lin	e 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent ►	૪				
b Permanent endowment ▶	%					
c Temporarily restricted endowmer	nt ►	%				
The percentages on lines 2a, 2b, a	nd 2c should equal 10	00%				
3 a Are there endowment funds not in to organization by	he possession of the	organization that a	re held and administered	d for the	Yes	No
(i) unrelated organizations.					3a(i)	<u> </u>
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ited organizations li	sted as required o	n Schedule R?		3b	1
4 Describe in Part XIII the intended	d uses of the organi	zation's endowme	nt funds			
PartiVII Land, Buildings, and						
Complete if the organi	zation answered	d 'Yes' on Forn	n 990, Part IV, line	e 11a. See Form 99	0, Part X, lır	ne 10.
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	lue
1 a Land			50,642.		50,	,642.
b Buildings	-		323,236.	198,056.		,180.
c Leasehold improvements						
d Equipment			106,424.	51,821.	54	,603.
e Other			80,623.	78,198.		, 425.
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo	orm 990, Part X, c		>		,850.
BAA	<u></u>	· · · · · · · · · · · · · · · · · · ·	·····	Schedu	ule D (Form 990	

(a) Description of security or category (including name of security		O, Part IV, line 11b. See Form 990, Part X, (c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
	-		
(B)			
(C)			
(A) (B) (C) (D)			
(F)			
(G)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	-		
Part VIII Investments – Program Related.		N/A	
Complete if the organization answer		0, Part IV, line 11c. See Form 990, Part X,	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	i		
(8)			
(9)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	•		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A	Dort IV Inc. 11d. See Form 000. Port V	luno 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer	N/A	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7) (8)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A ered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/Aered 'Yes' on Form 99i	0, Part IV, line 11d. See Form 990, Part X, (b) Book v	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	N/Aered 'Yes' on Form 99i	0, Part IV, line 11d. See Form 990, Part X,	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.	N/Aered 'Yes' on Form 991) Description mn (B) line 15)	0, Part IV, line 11d. See Form 990, Part X, (b) Book v	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes'	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability	N/Aered 'Yes' on Form 991) Description mn (B) line 15)	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must eq	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must eq	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Description of liability (1) Federal income taxes (2) (3) (4)	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) must	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) must eq	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) must eq	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) must eq	N/Aered 'Yes' on Form 991) Description nn (B) line 15) on Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990, Part X, (b) Book v 1e or 11f. See Form 990, Part X, line 25	

Schedule D (Form 990) 2017 TEAMSTERS LOCAL 43	Schedule D	(Form 990)	2017	TEAMSTERS	LOCAL.	431
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94-0577293

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PartXII Reconciliation of Revenue per Audited Financial State		
Complete if the organization answered 'Yes' on Form 9	990, Part IV, I <u>ine 12</u> a	a
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	.
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12)	5
PartiXIII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ses per Return. N/A
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a	a.
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2 a	ļ:
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e
3 Subtract line 2e from line 1		3
4 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	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b.		4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 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

BAA

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TEAMSTERS LOCAL 431

Employer identification number

94-0577293

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

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

Schedule J (Form 990) 2017

TEAMSTERS LOCAL 431 Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

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

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
clift for smc/VVV	<u>'</u>			, other	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
אין ואמוזיפ מווס דווופ (א)		(J) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
PETER NUNEZ	Θ	122, 642.	0	0.	0	47,188.	169,830.	0
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
	(j)						1	
2	Ξ							
	Θ				1			
3	(ii)							
	Θ							
4	(ii)	 - - -						
	(i)		1					
5	(ii)							
	Θ							
9	€	 	 	 	 	 	 	
	ε				1	1 1 1 1 1 1 1	1	
7	€							
	Ξ							; ; ; ;
8	Ξ							
	Ξ	1 1 1		 	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6	(3)							
	Ξ	 	 	 	 	 	 	1 1 1 1 1
10	(3)							
	Ξ		 	 	 	 	 	
11	8							
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12	€							
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13	€							
	Ξ	 		 	 	 	 	1
14	€				:			
	ε	 	 	 	 	 	 	
15	€							
	€	 		 	 	 	 	
16	€							
ВАА			TEEA4102L 08/09/17	17	<u> </u>		Schedule J	Schedule J (Form 990) 2017

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Inspection

TEAMSTERS LOCAL 431

Employer identification number

94-0577293

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL EXECUTIVE BOARD MEMBERS ARE ELECTED BY THE MEMBERSHIP.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE EXECUTIVE BOARD MAY NOT TERMINATE OR MERGE THE ORGANIZATION WITHOUT MEMBERSHIP APPROVAL.

FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS

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. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

OFFICERS COMPENSATION IS BASED ON RATES CONTAINED IN CBA'S COVERING THE MEMBERS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF THE LOCAL'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST SENT TO THE LOCAL'S ADMINISTRATIVE OFFICES.