DLN: 93493059013519 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable INTERNATIÖNAL BROTHERHOOD OF TEAMSTERS □ Address change LOCAL UNION NO 673 36-1264300 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1050 WEST ROOSEVELT ROAD ☐ Amended return ☐ Application pending (630) 231-6660 City or town, state or province, country, and ZIP or foreign postal code WEST CHICAGO, IL $\,\,$ 60185 $\,$ G Gross receipts \$ 1,849,671 Name and address of principal officer H(a) Is this a group return for TIMOTHY CUSTER ☐Yes **☑**No subordinates? 1050 WEST ROOSEVELT ROAD H(b) Are all subordinates WEST CHICAGO, IL 60185 ☐Yes ☐No ıncluded? 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 TEAMSTERSLOCAL673 COM L Year of formation 1925 K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities LABOR UNION Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 1,719,572 1,837,539 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,298 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,343 9,834 1,738,536 1,849,671 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). 9,020 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 913,099 933,250 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 707,093 770,954 1,627,638 1,713,224 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 110,898 136,447 Assets or d Balances Beginning of Current Year End of Year 1,671,803 20 Total assets (Part X, line 16) . 1,535,356 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 1,535,356 1,671,803 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 2019-02-28 Signature of officer Sign Here TIMOTHY CUSTER SECRETARY TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01460524 Paid self-employed Firm's name LEGACY PROFESSIONALS LLP Firm's EIN ► 32-0043599 Preparer Use Only Firm's address ▶ 4 WESTBROOK CORPORATE CTR 700 Phone no (312) 368-0500 WESTCHESTER, IL 60154 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	t III Statement	of Program Service Acco	omplishments		
	Check if Sche	dule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe the o	organization's mission			
<u>TO 0</u>	RGANIZE ALL MEMBER	RS FOR THE ECONOMIC, MORA	L AND SOCIAL ADVANCEMENT OF T	HEIR CONDITION AND STATUS	
	D 111				
2	-	undertake any significant prog or 990-EZ?	ram services during the year which i	were not listed on	☐ Yes ☑ No
					□ fes ☑ No
3	•	ese new services on Schedule C	nificant changes in how it conducts,	any program	
3	-		- ·	any program	☐ Yes ☑ No
		ese changes on Schedule O			□ Tes □ NO
4	Describe the organiz Section 501(c)(3) an	ation's program service accom	olishments for each of its three large required to report the amount of gra rvice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data		3 3		,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Schedule O)			
	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program serv	vice expenses ►			

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 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? 4 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? 5 Yes 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 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? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο 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, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🛸 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **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 14h No

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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

Nο

Nο

Nο

Nο

Νo

Nο

Νo

No

Form **990** (2018)

15

16

17

18

19

20a

20b

21

Part V

Yes

Yes

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No

38

3

0

1a

1b

Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a 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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

13a

14a

14b

15

No

Nο

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13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instruc	tions			lines
Section	A. Governing Body and Management						
						Yes	No
1a Enter	r the number of voting members of the governing body at the end of the tax year	1a			7		
body	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O						

			Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing 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 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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	e Code	∍.)	
			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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	\Box		

	or officers, directors or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			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	Yes	
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? If "Yes," describe in Schedule O how this was done	12c	Yes	
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	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		
Se	ction C. Disclosure			
17	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	Yes	
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	Yes	
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	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		
Se	ction C. Disclosure			
17	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶TIMOTHY CUSTER 1050 WEST ROOSEVELT RD WEST CHICAGO, IL 60185 (630) 231-6660			

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

(C)

- 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)

(B)

- 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

Name and Title	Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	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) BRETT BARTOSIK	65 00			×				116,210	0	52,651
PRESIDENT/BA	1 00			ĺ.				110,210	3	32,031
(2) MARK BURKE VICE PRESIDENT	2 00			x				3,600	0	0
(3) TIMOTHY CUSTER SECRETARY TREASURER	65 00			х				123,842	0	52,651
(4) JAMES PFORTMILLER JR	1 00 2 00			X				3,600	0	0
RECORDING SECRETARY (5) CARL GENTEMAN JR	1 00 2 00			×				3,600	0	0
TRUSTEE	1 00							5,666		
(6) RAYMOND VEGTER TRUSTEE	2 00 1 00			x				3,600	0	0
(7) DANIEL WILKEN TRUSTEE	2 00			х				3,600	0	0
(8) BERNARD ASSELL BUSINESS REP	65 00					x		103,498	0	52,651
(9) RICARDO WHITCOMB BUSINESS REP	65 00					x		104,849	0	52,651
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Part VII Section A. Officers,	Directors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISĊ)	organization and related organizations
·										

	Stee	ก็นรุเคล	D.	ensated		

1b Sub-Total . . \blacktriangleright c Total from continuation sheets to Part VII, Section A .

d ·	Total (add lines 1b and 1c)	0		210,604
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

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

(A) (B) (C) Compensation Name and business address Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 Form **990** (2018)

orm 9		` '								Page 9
Part	VIII					line in this Dert VII	ı			П
		Check II Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	Rel e> fu	(B) ated or kempt nction	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
	1 a	Federated campaign	ns	1a			l re	venue		512 - 514
nts	ı	b Membership dues .		1b						
3ra not	١,	: Fundraising events		1c						
. S. \ <u>A</u>		d Related organization		1d						
Gif ilar	١.	Government grants (co	ontributions)	1e						
ns,	1	F All other contributions,	gıfts, grants,							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above	ot included	1 f						
년 된	g	Noncash contribution	ons included							
ont nd	١.	in lines 1a - 1f \$ h Total. Add lines 1a-	16		_					
C	'	ii Totai. Add lines 1a-	.11	•						
H.I.e.	٦-	MEMBERSHIP DUES			Business	1,	787,039	1,787	7,039	
JeA-		FEES, FINES & ASSESSM	AE			900099	50,500	·),500	
Service Revenue	D	——————————————————————————————————————	'IL			900099			·	
۲۷C	c			_						
፠	d									
Program	e f	All other program ser								
Prog		· -			1,8	37,539				
		Total. Add lines 2a-2 Investment income (ir			ntorost and other	1	<u> </u>			
		imilar amounts) .			hterest, and other	79	8			798
		Income from investme								
	5	Royalties I								
	6a	Gross rents	(ı) Rea		(II) Personal	-				
				300						
	b	Less rental expenses		0						
	c	Rental income or (loss)		300						
	d	Net rental income or	r (loss)] 30	00	300		
			(ı) Securit	ies	· · · ▶ (II) Other					
	7a	Gross amount from sales of			1,500					
		assets other than inventory			1,500					
		Less cost or								
	D	other basis and sales expenses			0					
	c	Gain or (loss)			1,500					
		Net gain or (loss)				1,50	00	1,500		
ø.	8a	Gross income from fu (not including \$		ents of						
n u		contributions reporte	d on line 1c)							
eve		See Part IV, line 18								
r R		Less direct expenses Net income or (loss)		b sing ev	ents 🕨	J				
Other Revenue		Gross income from g	amıng actıvıt	_						
0		See Part IV, line 19		a l						
	ь	Less direct expenses	s	ь		-				
		Net income or (loss)		activiti	ies >	ı				
	10a	Gross sales of invent returns and allowanc								
				a						
	b	Less cost of goods s	old	ь]				
	C	Net income or (loss)		invent						
	11	Miscellaneous aFUNDS FOR TRANSN			Business Code 900099] 7,21	.5			7,215
		- TONDS FOR TRANSI	TITAL			, ,				,
	ь	SALE OF SUPPLIES			900099	2,26	59			2,269
		·								
	c	MISCELLANEOUS IN	СОМЕ		900099	5	50			50
	-	All other revenue .								
		Total. Add lines 11a			•	9,53	34			
	12	Total revenue. See	Instructions	• •	• • • •	1,849,67	1	1,839,339		0 10,332

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .		· · · · ·	<u>, ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,535			
2	Grants and other assistance to domestic individuals See Part IV, line 22	485			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	364,064			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	312,485			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	137,283			
9	Other employee benefits	73,320			
10	Payroll taxes	46,098			
11	Fees for services (non-employees)				
a	a Management				
ı	Legal	88,351			
	c Accounting	22,584			
	il Lobbying				
	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	295			
13	Office expenses	34,526			
14	Information technology				
15	Royalties				
16	Occupancy	100,497			
	Travel	10,660			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,771			
	Interest				
21	Payments to affiliates	453,782			
22	Depreciation, depletion, and amortization	12,065			-
23	Insurance	15,148			
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 PURCHASE OF PROMOTIONAL	8,620			
	b STEWARDS EXPENSE	5,800			
	c FUNDS FOR TRANSMITTAL -	4,709			
	d DUES & INITIATION FEES	4,624			
	e All other expenses	1,522			
25	Total functional expenses. Add lines 1 through 24e	1,713,224			
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)				

Form 990 (2018)

20

21

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

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

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

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

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 .

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 🕨 🗹 and

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	710,996	1	846,100
	2	Savings and temporary cash investments	572,397	2	573,024
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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	
e	7	Notes and loans receivable, net		7	
sset	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
- 1		1 1			

ış	_	voluntary employees' beneficiary organizations Part II of Schedule L	(see ins	structions) Compléte		6	
بة	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,211,906			
	b	Less accumulated depreciation	10b	959,227	251,963	10 c	252,679
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	11 .			13	

A	9	Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	1,211,906			
	b	Less accumulated depreciation	10b	959,227	251,963	10c	252,679
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		14			
	15 Other assets See Part IV, line 11			15			
	16 Total assets.Add lines 1 through 15 (must equal line 34)				1,535,356	16	1,671,803

_	para emperiore and accompanies				_	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,211,906			
b	Less accumulated depreciation	10b	959,227	251,963	10 c	252,679
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	Investments—other securities See Part IV, line 11				
13	Investments—program-related See Part IV, line		13			
14	Intangible assets		14			
15	Other assets See Part IV, line 11	Other assets See Part IV, line 11				
16	Total assets.Add lines 1 through 15 (must equ	1,535,356	16	1,671,803		
17	Accounts payable and accrued expenses				17	
18	Grants payable				18	
19	Deferred revenue				19	

20

21

22 23

24

25

27 28

29

30

31 32

33

34

0

1.671.803

1,671,803

1,671,803

Form **990** (2018)

0 26

1.535.356

1,535,356

1,535,356

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,849,671
2	Total expenses (must equal Part IX, column (A), line 25)	2			,713,224
3	Revenue less expenses Subtract line 2 from line 1	3			136,447
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	,535,356
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		1,	,671,803
Pa	t 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 🗹 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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ 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	l .
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si 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

Form **990** (2018)

3b

Additional Data

Software ID:

Software Version:

EIN: 36-1264300

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LOCAL UNION NO 673

Form 990 (2018)

Form 990, Part III, Line 4a:

THIS ORGANIZATION AND ITS MEMBERS, DIRECTLY OR INDIRECTLY

TO UNITE INTO ONE LABOR ORGANIZATION ALL WORKERS ELIGIBLE FOR MEMBERSHIP REGARDLESS OF RELIGION, RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, PHYSICAL DISABILITY OR SEX OR ORIENTATION, TO ENGAGE IN ORGANIZING WORKERS TO PROVIDE THE BENEFIT OF UNIONISM TO ALL WORKERS AND TO PROTECT AND PRESERVE THE BENEFITS OBTAINED FOR MEMBERS OF THIS ORGANIZATION, TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS AND OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION, NEGOTIATIONS, AND COLLECTIVE BARGAINING, THROUGH LEGAL AND ECONOMIC MEANS, AND OTHER LAWFUL METHODS, TO PROVIDE EDUCATIONAL ADVANCEMENT AND TRAINING FOR EMPLOYEES, MEMBERS AND OFFICERS, TO SAFEGUARD, ADVANCE AND PROMOTE THE PRINCIPLE OF FREE COLLECTIVE BARGAINING, THE RIGHTS OF WORKERS, FARMERS, AND CONSUMERS, AND THE SECURITY AND WELFARE OF ALL THE PEOPLE BY POLITICAL, EDUCATIONAL AND OTHER COMMUNITY ACTIVITY, TO ENGAGE IN CULTURAL, CIVIC, LEGISLATIVE, POLITICAL, FRATERNAL, EDUCATIONAL, CHARITABLE, WELFARE, SOCIAL AND OTHER ACTIVITIES WHICH FURTHER THE INTERESTS OF THIS ORGANIZATION AND ITS MEMBERSHIP, DIRECTLY OR INDIRECTLY, TO PROVIDE FINANCIAL AND MORAL ASSISTANCE TO OTHER LABOR ORGANIZATIONS OR OTHER BODIES HAVING PURPOSES AND OBJECTIVES IN WHOLE OR IN PART SIMILAR OR RELATED TO THOSE OF THIS ORGANIZATION, TO ENGAGE IN COMMUNITY ACTIVITIES WHICH WILL ADVANCE THE INTERESTS OF THIS ORGANIZATION AND ITS MEMBERS IN THE COMMUNITY ACTIVITIES WHICH WILL ADVANCE THE INTERESTS OF THIS ORGANIZATION AND ITS MEMBERS IN THE COMMUNITY ACTIVITIES WHICH WILL ADVANCE THE INTERESTS OF THIS ORGANIZATION AND ITS MEMBERS IN THE COMMUNITY ACTIVITY AND IN THE NATION, DIRECTLY OR INDIRECTLY, TO PROTECT AND PRESERVE THE UNION AS AN INSTITUTION AND TO PERFORM ITS LEGAL CONTRACTUAL OBLIGATIONS, TO CARRY OUT THE OBJECTIVES OF THE INTERNATIONAL UNION AS AN AFFILIATE THEREOF AND ITS DUTIES AS SUCH AN AFFILIATE, TO RECEIVE, MANAGE, INVEST, EXPEND, OR OTHERWISE USE THE FUNDS AND PROPERTY OF THIS ORGANIZATION TO CARRY OUT THE DUTIES AND TO ACHIEVE THE OBJECTIVES SET FORTH IN THE BYLAWS AND THE I

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

Employer identification number

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and directly delivered to a separate political

12,356

1,500

36-1264300

OMB No 1545-0047

DLN: 93493059013519

Open to Public Inspection

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

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 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
- 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)(4), (5), or (6) organizations Complete Part III

- Name of the organization

(Proxy Tax) (see separate instructions), then

Was a correction made?

(a) Name

(1) TEAMSTERS VOLUNTEERS IN POLITICS

TEAMSTERS LOCAL 673 POLITICAL ACTION

COMMITTEE FUND

3

5

- INTERNATIONAL BROTHERHOOD OF TEAMSTERS
- LOCAL UNION NO 673

- Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

 - Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

 - Political campaign activity expenditures (see instructions)

 - Volunteer hours for political campaign activities (see instructions)

 - Complete if the organization is exempt under section 501(c)(3).

- 1
- Enter the amount of any excise tax incurred by the organization under section 4955

- 2
 - Enter the amount of any excise 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?
 - If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3).
- 1 Enter the amount directly expended by the filing organization for section 527 exempt function 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
- Did the filing organization file Form 1120-POL for this year?

- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

- of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated
- fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

1300 W HIGGINS ROAD

PARK RIDGE, IL 60068 1050 WEST ROOSEVELT ROAD

WEST CHICAGO, IL 60185

36-2601360

36-1264300

- (c) EIN
- - (d) Amount paid from filing organization's
 - - funds If none, enter
- - organization If none, enter -0-

 - Cat No 50084S

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

e	Total exempt purpose expenditures (add lines 1c and						
f	Lobbying nontaxable amount Enter the amount from columns						
	If the amount on line 1e, column (a) or (b) is:						
	Not over \$500,000	20% of the amount on line	0% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	0				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,0	00			
	Over \$17,000,000	\$1,000,000					
g h i j	h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0-						
	(Some organizations that made a columns below. See t		ction do not h	ave to comple		ive	
	Lobbying Expe	enditures During 4	-Year Averagi	ng Period			
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2 a	Lobbying nontaxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column(e))						
_с	Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Ear a		on under section 501(h)). ough 1: below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
activ	•	ough IT below, provide in rail IV a detailed description of the lobbying	Yes	No	,	Amou	nt
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?				1		
d	Mailings to members, legislators,	or the public?					
e	Publications, or published or broa	dcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, the	eır staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
а	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
С	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?					
ar	Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n		
	301(c)(0).				П	Yes	N
	Were substantially all (90% or mo	ore) dues received nondeductible by members?			1	Yes	
	Did the organization make only in	n-house lobbying expenditures of \$2,000 or less?			2	Yes	_
	Did the organization agree to cari	ry over lobbying and political expenditures from the prior year?			3		N
'ar	and if either (a) B answered "Yes."	ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A,			01(c)(6
	Dues, assessments and similar ar		1				
	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
;	'	political expenditures (see instructions)	5				
	rt IV Supplemental Info	<u> </u>					
Pro	vide the descriptions required for P	art 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 (se	<u> </u>
กรเ		o, complete this part for any additional information					
	Return Reference	Explanation					
ART	I-A, LINE 1	THE LOCAL COLLECTS AND REMITS CONTRIBUTIONS TO TEAMSTER VOLUNT PURPOSE IS TO PROVIDE SUPPORT TO STATE AND LOCAL CANDIDATES FOR IDEALS ARE SIMILAR TO THOSE OF ORGANIZAED LABOR IN GENERAL THE L	POLITI	CAL OFFI	ICE W	/HOSE	

TEAMSTERS LOCAL 673 POLITICAL ACTION COMMITTEE FUND TO PROVIDE SUPPORT TO STATE AND LOCAL

CANDIDATES FOR POLITICAL OFFICE WHOSE IDEALS ARE SIMILAR TO THOSE OF THE LOCAL

efile GRAPHIC print - DO NOT PROCESS As Filed Data -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.

OMB No 1545-0047

DLN: 93493059013519

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION NO 673 36-1264300 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

1a Beginning of year balance	Part	3111	Organizations M	aintaining Col	lections c	of Art, H	listori	cal T	reasu	ıres, o	r Other	Similar A	ssets (cont	inued)	
Public exhibition Scholarly research e Other	3			juisition, accessior	n, and other	records,	check	any of	the fo	llowing	that are a	significant i	use of its col	lection	
Scholarly research Scholar	а		Public exhibition				d		Loan	or exch	ange prog	ırams			
Preservation to fluting generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b		Scholarly research				e		Othe	r					
Part XIII Saysets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	С		Preservation for future	e generations											
Part IV Excreve and Custodial Arrangements. Yes	4			organization's col	lections and	l explain l	how the	ey furtl	her the	e organı:	zation's e	xempt purpo	ose in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5											nılar	☐ Yes		lo
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Segman Part X Part	Par	t IV	Complete if the or			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Forr	n 990,	Part
d Additions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions Distributions	1a		e organization an agent		an or other	ıntermedi	ary for	contri	bution	s or oth	er assets	not	☐ Yes		lo
d Additions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions Distributions		=== 111.													_
Additions during the year Distributions during the year				∍ment in Part XIII	and comple	ete the fo	llowing	table			16	А	mount		_
Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	_	=												_
## Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?			- ,	<u>-</u>							\vdash				_
District between the programs and designated or quasi-endowment ► Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	_		- '	!							\vdash				_
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII			-		000 Day		71 6			ا داد مدد		- L.I.L. 2			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance														⊔ N	10
(a)Current year (b)Prior year (c)Two years back (d)Three years back (e)Formula															
1a Beginning of year balance	F GI	I C W	Litaowillent Fall	us. complete ii										Four yea	rs back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Begini	ning of year balance .							, ,		,			
d Grants or scholarships	b	Contri	butions												
e Other expenditures for facilities and programs . f Administrative expenses	С	Net in	vestment earnings, gair	ns, and losses											
and programs	d	Grants	s or scholarships												
pg End of year balance				es											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ C Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f.	Admın	nistrative expenses .												
a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of	f year balance												
Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations			*	-	ent year end	d balance	(line 1	g, colu	mn (a))) held a	as				
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b	Perm	nanent endowment 🕨												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	С	Tem	porarily restricted endo	wment ►											
organization by (i) unrelated organizations		The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
(i) unrelated organizations	3а			not in the posses	sion of the	organızat	on that	t are h	eld an	d admın	istered fo	r the			
(ii) related organizations		_	•										3a(i)	Yes	No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?		٠,	2						٠						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Bod (investment) 1a Land	b				ns listed as r	required o	n Sche	dule R	?.	` `.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Box 1a Land b Buildings c Leasehold improvements d Equipment 133,883	4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endov	vment f	funds							<u> </u>
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Box 1a Land b Buildings c Leasehold improvements d Equipment 133,883	Par	t VI													
1a Land 197,827 b Buildings 856,297 815,261 c Leasehold improvements 133,883 120,067		D	•												
b Buildings 856,297 815,261 c Leasehold improvements 133,883 120,067		Descr	ipuon or property			(b) Cost	or other	טמטוט (נ	ouiei)	(6) ACC	.umurated (aepreciation	(u) E	OUR VAIL	ic
b Buildings 856,297 815,261 c Leasehold improvements 133,883 120,067	1 =	Land						10	97.827						197,827
c Leasehold improvements d Equipment									-			815.261			41,036
d Equipment			-						,,			313,201			. 1,333
			•					17	33,883			120,067			13,816
e Other															0

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

Part VII	Investments—Other Securities. Complete if the org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	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 For	m 990, Pa	art IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				•	115
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	rea 'Y			IV, line 11e or	11f.
(1) Federal :	(a) Description of liability ncome taxes		(b) B	ook value		
<u>· · · · · · · · · · · · · · · · · · · </u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		+				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck h	nere If the	text of the foot	note has been pro	ovided in Part XIII

Schedule D (Form 990) 2018

Page 4

		venue per Audited Financial Stateme zation answered 'Yes' on Form 990, Part			Return	
1 T		upport per audited financial statements			1	
2 A	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
a N	Net unrealized gains (losses) on ii	nvestments	2a			
b D	Donated services and use of facili	ties	2b			
c R	Recoveries of prior year grants .		2c			
d C	Other (Describe in Part XIII)		2d			
e A	Add lines 2a through 2d .		•			
3 S	Subtract line 2e from line 1 .				3	
4 A	Amounts included on Form 990, P	art VIII, line 12, but not on line 1				
a I	nvestment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b 0	Other (Describe in Part XIII) .		4b			
с А	Add lines 4a and 4b		٠		4c	
5 T	otal revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)			5	
Part 2		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Return	l.
1 T		dited financial statements			1	
	Amounts included on line 1 but no					
		ties	2a			
	Prior year adjustments		2b			
	Other losses		2c			
d C	Other (Describe in Part XIII) .		2d			
	,		·		_ 2e	
					3	
		Part IX, line 25, but not on line 1:				
	· ·	d on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII) .	, , , , , , , , , , , , , , , , , , ,	4b			
			ـــــ		- _{4c}	
		c. (This must equal Form 990, Part I, line 18			5	
Part						
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference			planation		
See Add	ditional Data Table					

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 36-1264300

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LOCAL UNION NO 673

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE LOCAL IS REQUIRED TO EVALUATE ITS TAX POSITIONS AND DISCLOSE THE AMOUNT OF A TAX LIABI LITY IF THE LOCAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE S USTAINED UPON EXAMINATION BY TAX AUTHORITIES THE LOCAL IS SUBJECT TO ROUTINE AUDITS BY TA XING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

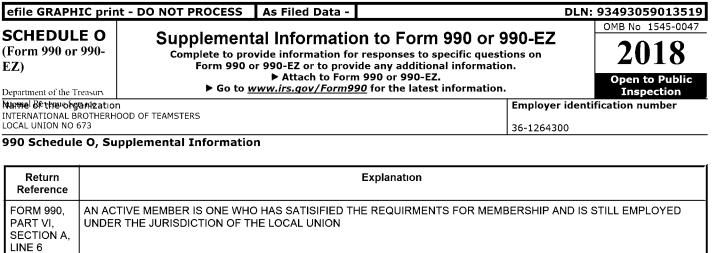
efil	e GRAPHIC pr	rint - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	19305	9013	519				
Sch	edule J	Con	npensati	ion Information	10	1B No	1545-0	0047				
(For	n 990)	For certain Officers,										
		Complete if the organi	Compensa ization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	118	₹				
			▶ Attach	to Form 990. instructions and the latest inform		Open to Public						
•	tment of the Treasurv al Revenue Service	Go to <u>www.irs.qov/i</u>	- <u>07111990</u> 101	instructions and the latest inform	nation.		ectio					
	ne of the organiza	ation HERHOOD OF TEAMSTERS			Employer identificat	ion nu	ımber					
	AL UNION NO 673	TERROOD OF TEAMSTERS			36-1264300							
Pa	rt I Questi	ons Regarding Compensatio	n									
							Yes	No				
1a				the following to or for a person liste y relevant information regarding the								
		s or charter travel		Housing allowance or residence for	•							
		companions	님	Payments for business use of perso								
		nification and gross-up payments	H	Health or social club dues or initiation								
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	rreur, cner)							
b		xes in line 1a are checked, did the call of the expenses described above		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b						
2				or allowing expenses incurred by all	- 1-2	2						
	directors, truste	ees, officers, including the CEO/Exec	cutive Director	r, regarding the items checked in line	e la'							
3				ed to establish the compensation of the	he							
		EO/Executive Director Check all thed organization to establish compen		not check any boxes for methods CEO/Executive Director, but explain i	ın Part III							
				Western and a section of								
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study								
		of other organizations		Approval by the board or compensa	ition committee							
4		-	Part VII Se	ction A, line 1a, with respect to the f								
•	related organiza		, rait vii, 50	edon A, line 1a, with respect to the r	ming organization of a							
а	Receive a sever	ance payment or change-of-control	payment?			4a		No				
b	Participate in, o	r receive payment from, a supplement	ental nonqual	ıfıed retırement plan?		4b		No				
c		r receive payment from, an equity-	•	<u> </u>		4c		No				
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	plicable amounts for each item in Par	t III							
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.								
5		ed on Form 990, Part VII, Section A	_									
	compensation c	ontingent on the revenues of										
а	The organization	n?				5a						
b	Any related orga					5b						
	•	5a or 5b, describe in Part III										
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did l	the organization pay or accrue any								
а	The organization					6 a						
b	Any related orga					6b						
_	•	6a or 6b, describe in Part III	loon of the state	Mb	ı							
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes," (the organization provide any nonfixe rt III	α	7						
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," di	escribe	8						
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow t	he rebuttable	presumption procedure described in	Regulations section	9						
For F	Panerwork Redu	uction Act Notice, see the Instru	ctions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

instructions, on row (ii)	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 Idividual must equal the to	990, Part VII	_	-		at individual
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation (ii) Base compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
BRETT BARTOSIK RESIDENT/BA (i)		97,626	0	18,584	34,321	18,330	168,861	0
	(ii)	0	0	0	0	0	0	0
2 TIMOTHY CUSTER SECRETARY TREASURER	(i)	105,258	0	18,584	34,321	18,330	176,493	0
	(ii)		0	0	0	0	0	0
3 BERNARD ASSELL BUSINESS REP	(i)	84,864	0	18,634	34,321	18,330	156,149	0
	(ii)		0	0	0	0	0	0
4 RICARDO WHITCOMB BUSINESS REP	(i)	86,170	0	18,679	34,321	18,330	157,500	0
	(ii)	0	0	0	0	0	0	0
] _!		!	!	!	!		

Schedule J (Form 990) 2018									
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								

Schedule 1 (Form 990) 2018



Return Explanation
Reference

LINE 7A

FORM 990, MEMBERS WHOSE DUES ARE PAID IN FULL HAVE FULL VOTING RIGHTS MEMBERS ARE ELIGIBLE TO ELECT THE MEMBERS OF THE EXECUTIVE BOARD (GOVERNING BODY)

SECTION A.

Return Explanation
Reference

FORM 990,	DECISIONS OF THE EXECUTIVE BOARD (THE GOVERNING BODY) ARE SUBJECT TO MEMBERSHIP APPROVAL A
PART VI,	T THE MONTHLY MEMBERSHIP MEETINGS CONVENED IN ACCORDANCE WITH LOCAL AND INTERNATIONAL GOVE
SECTION A,	RNING DOCUMENTS
LINE 7B	

Return Explanation
Reference

FORM 990, NO COMMITTEES EXIST WHICH POSSESS THE AUTHORITY TO ACT ON BEHALF OF THE LOCAL'S GOVERNING BODY PART VI, SECTION A, LINE 8B

Return Explanation
Reference

LINE 11B

FORM 990, THE FORM 990 IS PROVIDED TO THE ENTIRE EXECUTIVE BOARD PRIOR TO FILING AFTER THE BOARD'S PART VI, REVIEW AND APPROVAL, THE FORM IS SIGNED AND SUBMITTED SECTION B.

Return Explanation

FORM 990, PART VI, SECTION B, LINE 12C

Return Explanation

LINE 15

FORM 990, COMPENSATION OF OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED AND APPROVED BY THE EXECUTIVE BOARD SECTION B,

Return Explanation

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE UNION OFFICE LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493059013519 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION NO 673						36-1	264300			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes	s" on Form	n 990, Part	IV, line 3	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	Pri	(b) Imary activity	Legal dor or foreig	(c) nicile (state n country)	(d Total in	i come	(e) End-of-year as	isets Dire	(f) ct controllin entity	g
Part II Identification of Related Tax-Exempt Organizate related tax-exempt organizations during the tax year (a)			(c)	l "Yes" on F			(e)	cause it had one	or more	(g)
Name, address, and EIN of related organization	Primary activity	y Legal dor	encile (state Exempt Code country)		de section Publi		harity status on 501(c)(3))	Direct controllin entity	(13)	ion 512(b) controlled entity?
(1)TEAMSTERS LOCAL 673 POLITICAL ACTION FUND 1050 WEST ROOSEVELT ROAD WEST CHICAGO, IL 60185 36-1264300	PROVIDE SUPPORT FO STATE AND LOCAL POLITICAL CANDIDAT		IL	527		NOT APPL	ICABLE			No
For Paperwork Reduction Act Notice, see the Instructions for Fori	m 990.	C	at No 501	35Y				Schedule R (Fo	orm 990)	2018

		(state or foreign country)	controlling entity	income(rela unrelated excluded fr tax unde sections 51 514)	d, rom r	ne end-of-year assets	alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ner?	Percent owners
							Yes	No		Yes	No	
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus on or tru	it Complete st during th	l if the organe tax year	anızatıon an	 swered "Yes	on Fo	l orm 99	l 90, Part IV,	line	34	
(b) Primary activity	Lo dor (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ction ! 3) con entit
												res
											_	\downarrow
											\perp	
				+							+	\dashv
	rganizations treated as	(b) Primary activity Compared to the composition of the composition	rganizations treated as a corporation or tru	(b) Primary activity (c) Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (d) Direct controlling entity	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (f) Share of total income	(b) (c) (d) (e) (f) (g) (Primary activity Legal domicile (state or foreign (state or for	(b) (c) (d) Type of entity C corp, S corp, or trust) (state or foreign (state or foreign (c) (dd) (e) (f) (f	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign (state or foreign (state or foreign)) (d) (e) (f) (f) (g) (h) Share of end-of-gentity (f) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (h) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No							
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No							
b Gift, grant, or capital contribution to related organization(s)	1b		No							
c Gift, grant, or capital contribution from related organization(s)	1c		No							
d Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)	1e		No							
f Dividends from related organization(s)	1 f		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)	1 j		No							
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
I 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	Yes								
o Sharing of paid employees with related organization(s)	10	Yes								
	<u> </u>		<u> </u>							

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	n 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	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

													
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018

