DLN: 93493167009190 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION 71 □ Address change 56-0276491 ☐ 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 2529 BELTWAY BLVD ☐ Amended return ☐ Application pending (704) 596-2475 City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28214 G Gross receipts \$ 1,889,062 Name and address of principal officer H(a) Is this a group return for JOSEPH R EASON JR ☐Yes **☑**No subordinates? 2529 BELTWAY BLVD H(b) Are all subordinates CHARLOTTE, NC 28214 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number \triangleright Website: ▶ L Year of formation 1940 **K** Form of organization \square Corporation \square Trust \checkmark Association \square Other Summary 1 Briefly describe the organization's mission or most significant activities LABOR ORGANIZATION 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 2019 (Part V, line 2a) 5 **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 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 1,640,413 1,760,690 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,513 20,683 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 107,689 1.773 1,658,699 1,889,062 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). 2,300 7,140 2,500 **14** Benefits paid to or for members (Part IX, column (A), line 4) 6,250 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 960,991 1,009,789 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 712,326 757,808 1,681,867 1,777,237 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -23,168 111,825 Assets or d Balances Beginning of Current Year End of Year 2,257,103 2,335,736 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 116,005 81,166 22 Net assets or fund balances Subtract line 21 from line 20 . 2,141,098 2,254,570 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 2020-06-15 Signature of officer Sign Here BRANDON PRICE SECRETARYTREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-06-15 Paid self-employed Firm's name The Pope CPA Firm PA Firm's EIN ▶ Preparer Use Only Firm's address ► 5108 Monroe Road Suite A Phone no (704) 568-7960 Charlotte, NC 282058003 ✓ 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 (2019)

| Form | 990 (2019) | | | | Page 2 |
|---------------|------------------------|--------------------------------|---|--------------------|---------------|
| Par | t III Statement | of Program Service Acc | omplishments | | _ |
| | Check if Sche | edule O contains a response or | note to any line in this Part III | | \square |
| 1 | Briefly describe the | organization's mission | | | |
| <u>LABO</u> I | R ORGANIZATION | | | | |
| | | | | | |
| | | | | | |
| 2 | Did the organization | undertake any significant prog | ram services during the year which w | vere not listed on | |
| | the prior Form 990 c | or 990-EZ? | | | 🗌 Yes 🗹 No |
| | • | ese new services on Schedule (| | | |
| 3 | Did the organization | cease conducting, or make sig | nificant changes in how it conducts, a | any program | |
| | services? | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedule O | | | |
| 4 | Section $501(c)(3)$ ar | | olishments for each of its three larges required to report the amount of gran ervice reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | ,, | , |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
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| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
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| | - | | | | |
| 4d | Other program servi | ces (Describe in Schedule O) | | | |
| | (Expenses \$ | ıncludıng g | rants of \$ | (Revenue \$ |) |
| | | | | | |

Yes

Yes

Yes

Yes

No

Nο

Nο

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No

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Nο

Nο

No

Nο

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Page 3 Part IV 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 No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4

election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 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

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

6 7 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

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 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, VIII, 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 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b 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 11c 11d 11e

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a

Was the organization included in consolidated, independent audited financial statements for the tax year? 12b 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 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . business, investment, and program service activities outside the United States, or aggregate foreign investments

14a 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

18

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

19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

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

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|-----|--|-----|-----|------|
| Pa | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | | No |
| 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 | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| .5a | 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 8 | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 0 | 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 |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 3 | 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 |
| 4 | 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 | | No |
| 5a | 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 | | |
| 6 | 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 | | |
| 7 | 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 |
| 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | TV Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| h | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1.1b. | | 1 | |

1c

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|---------|---|-----|-----|---------------|
| | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 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 | | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 4a | | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 5a | | No. |
| Ба b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | V | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| n | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| - | Gross income from members or shareholders | | | |
| D | 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? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | 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? | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O | 16 | | No |
| | | _ | | _ |

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|-----|---|------------|-----------|---------------|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to i | lınes 🗹 |
| Se | ction A. Governing Body and Management | | | |
| 4- | Fatorable annual and 6 to the annual and 6 to 1 to | | Yes | No |
| Ia | Enter the number of voting members of the governing body at the end of the tax year 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? \cdot | 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 | |
| | 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 | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| | 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 | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | |
| 10- | Did the consequent on least the other boundary of the total | 40- | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 11- | and branches to ensure their operations are consistent with the organization's exempt purposes? | 100 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 12- | | N- |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in | 12b | | |
| | Schedule O how this was done | 12c | | |
| 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? | | | 1 |
| _ | The organization's CEO, Executive Director, or top management official | 15a | | No |
| Ь | Other officers or key employees of the organization | 15b | | No |
| 46- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| ь | 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 | | |
| | 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 | | | |
| 10 | ☐ 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 BRANDON PRICE 2529 BELTWAY BLVD CHARLOTTE, NC 28214 (704) 596-2475 | | | |

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- See instructions for the order in which to list the persons above Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| Check this box if heither the organization no | ally related of | yanızat | IOII C | OITIF | Jens | ateu a | ily C | y current officer, director, or trustee | | | | | | | |
|---|---|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|--------|--|--|---|--|--|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours | (| ne bo | ox, u n of or/t | t che unles ficer rust | s pers and a ee) | son | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | | | | | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations | | | | | |
| (1) JOSEPH R EASON JR PRESIDENT | 60 00 | | | x | | | | 129,755 | 0 | 39,084 | | | | | |
| (2) ERNEST K WRENN SECRETARY TREASURER | 60 00 | | | х | | | | 128,951 | 0 | 39,084 | | | | | |
| (3) JERRY J CROWELL TRUSTEE | 4 50 | | | × | | | | 7,559 | 0 | 0 | | | | | |
| (4) RUBINELLE GOLDEN TRUSTEE | 4 50 | | | × | | | | 7,533 | 0 | 0 | | | | | |
| (5) HARRY F FERRELL VICE PRESIDENT | 4 50 | | | х | | | | 7,258 | 0 | 0 | | | | | |
| (6) WANDA M PAULSON RECORDING SECRETARY | 4 50 | | | х | | | | 7,258 | 0 | 0 | | | | | |
| (7) LARRY D KISER JR TRUSTEE | 4 50 | | | × | | | | 7,258 | 0 | 0 | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | Form 990 (2019) | | | | | |

| Name and the | hours per week (list any hours | | ne bo | ox, ι n of | inles ficer | s pers and a | on | compensation from the organization | compensation from related organizations | amount of other compensation from the |
|--------------|---|-----------------------------------|-----------------------|---------------|----------------|------------------------------|--------|--|---|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 1b Sub-Total | | * | | | | | |
|-------------------------------|--|----------|---------|--------|--|--|--|
| d Total (add lines 1b and 1c) | | • | 295,572 | 78,168 | | | |

| 1b Sub-Total | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | |
| 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 ▶ 2 | | | | | | | | | | | | | |
| | | | | | | | | | | T | | | |

| 1b Sub-Total | | | | | | | | | | | | | | |
|--------------|---|--|--|--|--|--|---|--|---------|--|--------|--|--|--|
| c T | c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | |
| d٦ | otal (add lines 1b and 1c) | | | | | | ▶ | | 295,572 | | 78,168 | | | |
| 2 | 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 ▶ 2 | | | | | | | | | | | | | |

| | | └── | ' | - | <u></u> | | | <u> </u> | | | | | |
|-------------------------------|---|------------|---------------|--------------|---------|--|--|----------|--|--|--|--------|----|
| | ļ | 1 | ' | | ' | | | | | | | | |
| | c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | | | 78,168 | |
| 2 | · | | | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |

| 1b 9 | Sub-Total | | | | | | ▶ | | • | | | | | | | |
|------|--|------------------|---------|---------|------|-------|--------|-------|-----------|----------|-------|------|------|---|-----|--------|
| c. | Total from continuation sheets to Pa | art VII, Section | Α. | | | | ▶[| | | | | | | | | |
| d - | 「otal (add lines 1b and 1c) | | | | | | ▶ | | 2 | 95,572 | | | | | | 78,168 |
| 2 | Total number of individuals (including of reportable compensation from the | | | se list | ed a | bove | e) who | rece | eived moi | re than | \$100 | ,000 | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i> | | | • | • | | , , | | - | | | | e on | 3 | | No |
| 4 | For any individual listed on line 1a, is | the sum of rep | ortable | comp | ensa | ation | and o | other | compens | sation f | rom t | he | | | | |

| q. | Total (add lines 1b and 1c) | | | 78,168 |
|----|---|---|-----|--------|
| 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 \triangleright 2 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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 | | | |

| | Total (ddd lines 2D dild 2c) | | | , |
|---|--|---|-----|----|
| 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 \triangleright 2 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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 | | | 1 |
| | maiviauai | 4 | | No |
| _ | | | | |

| | | | 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 | | | |
| | ındıvıdual | 4 | | No |
| 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 |

| 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 | | | | | | |
|----|---|---|--|----|--|--|--|
| | ındıvıdual | 4 | | No | | | |
| 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 | | | No | | | |
| Se | Section B. Independent Contractors | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation | | | | | | |

| | organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | No | |
|--|---|---|----|--|
| 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 | | | No | |
| S | ection B. Independent Contractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation | | | |

| 5 | 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 | | | | | |
|----|---|--|---|----|--|--|
| Se | | | | | | |
| 1 | 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) | | (| 2) | | |

| | services rendered to the organization?If "Yes," complete Schedule J for such person | | 5 | No | | | | |
|----|--|-----------------------------|---|----------------------------|--|--|--|--|
| Se | Section B. Independent Contractors | | | | | | | |
| 1 | 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) Name and business address | (B) Description of services | | (C) Compensation | | | | |
| | | | | | | | | |

| 1 | 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) Name and business address | (B) Description of services | (C) Compensation | | |
| | | | | | |
| . — | | | | | |

| 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 • | | | | |
|--|--|--|------------------------|--|
| | | | Form 990 (2019) | |

| | | (2019) | | | | | | | Page 9 |
|---|------|--|-------------------|------------|--|-------------------|---|---|--|
| Part | VIII | | | | | | | | |
| | | Check If Sched | dule O contains (| a respo | onse or note to any | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 18 | a Federated campa | aigns | 1a | | | revenue | | 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | l, | b Membership dues | s | 1b | | | | | |
| Sra | ١, | c Fundraising even | its | 1c | <u> </u> | | | | |
| IS, (| | d Related organiza | | 1d | <u> </u> | | | | |
| Giff Ilar | | e Government grants | | 1e | | | | | |
| ıs, | | f All other contributio | | 16 | <u> </u> | | | | |
| tion is | ' | and similar amounts above | s not included | 1f | | | | | |
| ë ž | ١, | Noncash contributio | ns included in | | | | | | |
| Contributions, Gifts, and Other Similar A | | lines 1a - 1f \$ | | 1 g | | | | | |
| <u>ة</u> ك | | h Total. Add lines : | 1a-1f | • | • | | | | |
| | | | | | Business Code | | | | |
| | 2a | DUES FEES | | | 900099 | 1,760,690 | 1,760,690 | | |
| Program Service Revenue | | | | | - | | | | |
| 4 | b | • | | | | | | | |
| F. | c | | | | | | | | |
| ır vi | Ī | | | | | | | | |
| Š | d | I | | | | | | | |
| gran | e | | | | | | | | |
| δ | _ | | | | | | | | |
| | f | All other program | service revenue | | | | | | |
| | g | Total. Add lines 2 | 2a-2f | . ▶ | 1,760,690 | | | | |
| | | Investment income similar amounts) . | | | interest, and other | 20,683 | 3 | | 20,683 |
| | | Income from invest | | | ond proceeds | | | | · · |
| | | | | | . i • | • | | | |
| | | | (ı) Re | al | (II) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | |
| | | Less rental | | | | - | | | |
| | | expenses | 6b | | | _ | | | |
| | c | Rental income or (loss) | 6c | | | | | | |
| | c | Net rental income | or (loss) | | | - | | | |
| | | | (ı) Secur | ities | (II) Other | | | | |
| | 7a | Gross amount from sales of | 7a | | |] | | | |
| | | assets other than inventory | ' | | | | | | |
| | h | Less cost or | | | | - | | | |
| | _ | other basis and sales expenses | 7b | | | | | | |
| | | · | _ | | | 1 | | | |
| | | Gain or (loss) Net gain or (loss) | 7c | | | 4 | | | |
| | | Gross income from fu | | | · · · • | 1 | | | |
| ne | | (not including \$ | of | | | | | | |
| Ven | | contributions reported See Part IV, line 18 | a on line 1c) | 8a | | | | | |
| Other Revenue | b | Less direct expen | ses | 8b | | - | | | |
| her | c | Net income or (los | ss) from fundrais | ing ev | ents | | | | |
| ot | 0- | Gross income from | daming activities | | | | | | |
| | 94 | See Part IV, line 19 | · · · | 9a | | | | | |
| | ь | Less direct expen | ses | 9b | | 1 | | | |
| | c | Net income or (los | ss) from gamıng | activit | ies | | | | |
| | 10. | Cross sales of mys | ontony loca | | | | | | |
| | 10. | aGross sales of inve returns and allowa | ances | 10a | | | | | |
| | ь | Less cost of good | s sold | 10b | | 1 | | | |
| | c | Net income or (los | ss) from sales of | ınvent | tory ► | _ | | | |
| | | | us Revenue | | Business Code | | | | |
| | 11 | ·aREIMBURSEMENT | S REFUNDS | | 900099 | 9 107,156 | 107,156 | | |
| | | | | | | - | _ | | |
| | b | SALES ORGANIZA | TIONAL SUPPLI | ES | 900099 | 9 533 | 533 | | |
| | | | | | | 1 | ļ | | |
| | C | | | | | | | | |
| | | • • | | | | | | | |
| | | All other revenue Total. Add lines 1 | | | | 1 | | | |
| | | | | | • | 107,689 | | | |
| | 12 | Total revenue. S | ee instructions | • • | | 1,889,062 | 1,868,379 | | 20,683 |
| | | | | | | | | | Form 990 (2019) |

| Pa | art IX Statement of Functional Expenses | | | | rage 10 |
|----|---|-------------------------|------------------------------------|---|--------------------------------|
| | Section $501(c)(3)$ and $501(c)(4)$ organizations must c | complete all columns | All other organizati | ons must complete co | lumn (A) |
| | Check if Schedule O contains a response or note to ar | ny line in this Part IX | | | <u> L</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) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 4,890 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 2,250 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 2,500 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 372,673 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 401,592 | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 82,904 | | | |
| 9 | Other employee benefits | 97,891 | | | |
| 10 | Payroll taxes | 54,729 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| ь | Legal | 3,553 | | | |
| c | : Accounting | 12,299 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,052 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 43,789 | | | |
| 14 | Information technology | 4,007 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 47,367 | | | |
| 17 | Travel | 44,033 | | | _ |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| 19 | Conferences, conventions, and meetings | 12,166 | | | |
| 20 | Interest | 1,071 | | | |
| 21 | Payments to affiliates | 427,635 | | | |
| 22 | Depreciation, depletion, and amortization | 75,022 | | | _ |
| 23 | Insurance | 4,352 | | | |
| 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 AUTO | 36,790 | | | |
| | b STEWARD EXPENSE | 6,594 | | | |
| , | c NEW MEMBER FEES | 6,150 | | | |
| | d ELECTION EXPENSES | 15,005 | | | |
| , | e All other expenses | 14,923 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,777,237 | | | |
| 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 (2019)

335,710

11

12 13

14

15

29

30

31

32

33

2,141,098

2,257,103

Page **11**

231,799

2,254,570

2,335,736

Form 990 (2019)

| Check if Schedule O contains a | response or not | e to any line ir | this Part IX |
|--------------------------------|-----------------|------------------|--------------|
| | | | |

| | | Beginning of year | | End of year |
|---|--|-------------------|---|-------------|
| 1 | Cash-non-interest-bearing | 79,655 | 1 | 83,184 |
| 2 | Savings and temporary cash investments | 510,500 | 2 | 760,849 |
| 3 | Pledges and grants receivable, net | | 3 | |
| | | | | |

Accounts receivable, net 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . 8 Inventories for sale or use .

Assets Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a 1,823,330 basis Complete Part VI of Schedule D 10b 563,426 1,331,238 10c 1,259,904 **b** Less accumulated depreciation

11 Investments-publicly traded securities . 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 14 Intangible assets . Other assets, See Part IV, June 11

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

29

30

31

32

33

| | 12 | Other assets See Part IV, line II | | 12 | |
|------------|----|--|-----------|----|-----------|
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,257,103 | 16 | 2,335,736 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ي | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| iabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 95,777 | 23 | 66,154 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | 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 | 20,228 | 25 | 15,012 |
| | 26 | Total liabilities. Add lines 17 through 25 | 116,005 | 26 | 81,166 |
| Si | | Organizations that follow EASP ASC OFF shock here N | | | |

Assets or Fund Balance Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1,392,543 27 1,391,453 28 748,555 28 863,117 Net assets with donor restrictions

| Form | 990 (2019) | | | | 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 | | 1 | ,889,062 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | ,777,237 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 111,825 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | ,141,098 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 1,647 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 2 | ,254,570 |
| | TXII Financial Statements and Reporting | | | | ,, |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | ~ |
| - | check in Schedule 6 contains a response of note to any line in this fate Air 1 1 1 1 1 1 1 1 | | · · · | Yes | No |
| | Accounting method used to prepare the Form 990 | | | | |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| Ь | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | No |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle | 32 | | No |

3b

Form **990** (2019)

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

Additional Data

Form 990, Part III, Line 4a:

COLLECTIVE BARGAINING - 2,662 MEMBERS

Software ID: 19009610

UNION 71

Form 990 (2019)

ORGANIZE WORKERS, SECURE IMPROVE WAGES, HOURS, WORKING CONDITIONS OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION NEGOTIATIONS

EIN: 56-0276491 Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL

Software Version: 19.2.1.0

SCHEDULE C

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

DLN: 93493167009190

Open to Public Inspection

☐ No

Department of the Treasury Internal Revenue Service

If "Yes," describe in Part IV

EZ)

2

3

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B • Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION 71 56-0276491 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) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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? ☐ Yes Was a correction made? ☐ Yes

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

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

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

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

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

| - | organization made payments For of political contributions received | each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed, i | unt paid from the d to a separate p | filing organization's funds olitical organization, such a | Also enter the amount |
|---|--|--|--|---|--|
| | (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 If none, enter -0- |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| _ | | | | | |

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

activity

1

(b)

Amount

(a)

Yes | No

| а | Volunteers? | | | | | |
|-----|--|--------|----------|---|------|------|
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | 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 | | | | | |
| 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? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | (5), o | r sectio | n | | |
| | (-)/(-)/- | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | Г | 1 | Yes | |
| 2 | 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | No |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." | | | | 01(c |)(6) |
| 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). | | | | | |
| a | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| С | Total | 2c | | | | |
| 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? | | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | _ | | |
| | Int IV Supplemental Information | | | | | |
| | 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

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

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493167009190

OMB No 1545-0047

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. Open to Public Inspection

| | e of the organization NATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION 71 | | | | Emplo | yer identificat | cion numbe | r |
|----------------|---|-----------------------|---------|----------------------|--|-------------------------------|---------------|------|
| | | | | | 56-027 | | | |
| Part | Organizations Maintaining Donor Advi Complete of the organization answered "Ye | | | | or Acco | unts. | | |
| | Complete if the organization answered fe | (a) Donor | | | (1 |) Funds and ot | her accounts | |
| 1 To | otal number at end of year | (4) 201101 | uuvia | ica ranas | | o, ranas ana oc | ner decount | |
| | ggregate value of contributions to (during year) | | | | | | | |
| | ggregate value of grants from (during year) | | | | | | | |
| | ggregate value at end of year | | | | | | | |
| | on year. Old the organization inform all donors and donor advisc | | | | <u> </u> | | | |
| | organization inform all donors and donor advisors of the organization's experty, subject to the organization's ex | | | ets neid in donor a | avisea rur | nds are the | ☐ Yes ☐ |] No |
| c | Old the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | | | | | | □ Yes □ | □No |
| Part | Conservation Easements. | | | | | | □ les □ | _ NO |
| | Complete if the organization answered "Ye | s" on Form 990, | Part I | V, line 7. | | | | |
| 1 F | Purpose(s) of conservation easements held by the orga | nızatıon (check all t | hat ap | ply) | | | | |
| | \square Preservation of land for public use (e g , recreation | n or education) | | Preservation of a | n historica | ally important la | nd area | |
| | Protection of natural habitat | | | Preservation of a | certified l | historic structur | e | |
| | Preservation of open space | | | | | | | |
| | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | qualified conservati | on co | ntribution in the fo | orm of a c | onservation Held at the Ei | nd of the Y | |
| a T | otal number of conservation easements | | | | 2a | | | |
| ьΤ | otal acreage restricted by conservation easements | | | | 2b | | | |
| c N | lumber of conservation easements on a certified histori | c structure included | ın (a |) | 2c | | | |
| | lumber of conservation easements included in (c) acqu tructure listed in the National Register | ired after 7/25/06, | and no | ot on a historic | 2d | | | |
| | Number of conservation easements modified, transferre ax year • | ed, released, extingi | ııshed | , or terminated by | the orga | nızatıon durıng | the | |
| 4 P | Number of states where property subject to conservation | on easement is locat | ed ▶_ | | | | | |
| | Does the organization have a written policy regarding the conservation easements it hold: | | ng, in | spection, handling | of violation | ons, Ye | s 🗆 No |) |
| 6 ⁵ | Staff and volunteer hours devoted to monitoring, inspec | cting, handling of vi | olation | ns, and enforcing o | conservati | on easements o | luring the ye | ar |
| , | Amount of expenses incurred in monitoring, inspecting, ▶ \$ | handling of violatio | ns, an | d enforcing conse | rvation ea | asements during | the year | |
| В | Does each conservation easement reported on line 2(d) | above satisfy the r | eauire | ments of section | 170(h)(4) | (B)(ı) | | |
| | and section 170(h)(4)(B)(ii)? | , | | | | ` | s 🗆 No |) |
| t | n Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the he organization's accounting for conservation easemen | footnote to the org | | | | ment, and | | |
| Part : | | of Art, Historic | | • | her Sim | ilar Assets. | | |
| ā | f the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | public exhibition, e | ducati | on, or research ın | | | | |
| ь I | f the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub ollowing amounts relating to these items | .6 (ASC 958), to rep | ort in | ıts revenue state | | | | |
| (i) | Revenue included on Form 990, Part VIII, line 1 | | | | | ▶ \$ | | |
| | Assets included in Form 990, Part X | | | | | ► \$ | | _ |
| 2 I | f the organization received or held works of art, histori ollowing amounts required to be reported under SFAS | | | | ancıal gaır | | | _ |
| | Revenue included on Form 990, Part VIII, line 1 | (, loc 550) Telai | 9 (0 | | | > \$ | | |
| b 4 | Assets included in Form 990, Part X | | | | | > \$ | | |
| | perwork Reduction Act Notice, see the Instruction | ne for Form 000 | | Cat No | 52283D | Schedule D | /Form 900 | |

d Equipment .

| Par | t III | Organizations Ma | aintaining Col | lections of Aı | rt, Histori | ical Tr | easur | es, or Other | Similar As | ssets (| continued) | - ruge = |
|--------|------------------|--|---------------------|-------------------|-----------------|----------|---------|--------------------|--------------|-----------|---------------|-----------------|
| 3 | Using | the organization's acq (check all that apply) | | | | | | | | | | _ |
| а | | Public exhibition | | | d | | Loan c | or exchange prog | grams | | | |
| b | | Scholarly research | | | е | | Other | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | |
| 4 | Provid Part > | de a description of the | organızatıon's coll | lections and exp | laın how the | ey furth | er the | organization's e | xempt purpo | se in | | |
| 5 | | g the year, did the orga s to be sold to raise fur | | | | | | | nılar | □ Ye | es 🗆 N | lo |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | Form 990 | , Part | IV, lın | e 9, or reporte | ed an amou | ınt on f | Form 990, | Part |
| 1a | | e organization an agent ded on Form 990, Part X | | an or other inter | mediary for | contrib | utions | or other assets | not | □ Ye | es 🗆 N | lo |
| ь | If "Ye | es," explain the arrange | ement in Part XIII | and complete th | ne following | table | | | A | mount | | _ |
| С | Begin | ining balance | | | - | | | 1c | | | | |
| d | | ions during the year | | | | | | 1d | | | | _ |
| e | Distri | butions during the year | r | | | | | 1e | | | | _ |
| f | | ig balance | | | | | | 1f | | | | |
| 2a | | ne organization include | an amount on Fo | rm 990 Part X | line 21 for | escrow | or cus | todial account lia | ahility? | Πva | es 🗹 N | lo |
| | | s," explain the arrange | | | | | | | | _ | | |
| | rt V | Endowment Fund | | CHECK HEIC II II | ne explanae | ion nas | DCCII p | oroviaca iii rare | XIII | | | |
| | | Complete if the org | | ered "Yes" on | Form 990 | , Part | IV, lın | e 10. | | | | |
| | _ | | | (a) Current yea | ar (b) F | rior yea | . (0 | c) Two years back | (d) Three ye | ars back | (e) Four yea | ars back |
| | - | ing of year balance . | | | | | | | | | | |
| | | outions | | | | | | | | | | |
| | | estment earnings, gair | • | | | | | | | | | |
| | | or scholarships | | | | | | | | | | |
| | and pro | expenditures for facilitie ograms | es | | | | | | | | | |
| f | Admını | strative expenses . | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | |
| 2 | | de the estimated perce | - | ent year end bala | ance (line 1 | g, colur | nn (a)) | held as | | | | |
| а | Board | d designated or quasi-e | ndowment 🟲 | | | | | | | | | |
| b | Perma | anent endowment 🟲 | | | | | | | | | | |
| c | Temp | orarily restricted endov | wment 🟲 | | | | | | | | | |
| _ | | percentages on lines 2a | | | | | | | | | | |
| 3a | organ | nere endowment funds nization by | not in the posses | sion of the orgai | nization tha | t are he | eld and | administered fo | r the | | Yes | No |
| | (i) ur | nrelated organizations | | | | • | | | | | a(i) | |
| | | elated organizations . | | | | e e | | • | | | a(ii) | |
| ь 4 | | es" on 3a(II), are the rel ribe in Part XIII the inte | - | | | | • | | | | 3b | <u> </u> |
| | rt VI | Land, Buildings, | | | aowillent | ands | | | | | | |
| | | Complete if the org | | | Form 990 | , Part | IV, lın | e 11a. See Fo | rm 990, Pa | rt X, lır | ne 10. | |
| | Descri | ption of property | (a) Cost or oth | er basis (b) | Cost or other | | | (c) Accumulated | | | (d) Book valu | ie |
| _ | | | (ınvestme | | | | | | | | | |
| 1a | Land | | | | | 18 | 1,437 | | | | | 181,437 |
| b | Buildin | gs | | | | 1,28 | 9,067 | | 298,096 | | | 990,971 |
| С | Leaseh | old improvements | | | | | | | | | | |

183,845

168,982

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

26,539

60,957

1,259,904

157,306

108,025

| Part VII | Complete if the organization answered "Yes" on Fo (a) Description of security or category | orm 990, Part IV, li | ine 11t | (c) Metho | d of va | aluation |
|----------------------------|--|----------------------|----------|---------------------|--------------|---|
| (1) Financia | (including name of security) Il derivatives | | | Cost or end-of | -year ı | market value |
| (2) Closely- | held equity interests | | | | | |
| (3) Other <u> </u> | derivatives and other financial products | | | | | |
| | held equity interests | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | | | | | _ |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Fo | orm 990, Part IV, li | ne 110 | See Form 990, | Part > | K, line 13. |
| | (a) Description of investment | | | (b) Book value | |) Method of valuation t or end-of-year market value |
| (1) | | | | | | varac |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Fotal. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | • | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form | rm 990, Part IV, lır | ne 11d | . See Form 990, Par | rt X, lıı | |
| (1) | (a) Description | | | | | (b) Book value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| | | | | | | |
| (9) | (1) | | | | | |
| Total. (Colu Part X | Other Liabilities. | | | <u> </u> | | I |
| 1. | Complete if the organization answered 'Yes' on Fo | | ne 11e | or 11f.See Form | 990, T | Part X, line 25. (b) Book value |
| (1) Federal | income taxes | | | | | (2) 20011 18111 |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Гotal. (Colum | n (b) must equal Form 990, Part X, col (B) line 25) | | | • | | 15,01 |
| | or uncertain tax positions. In Part XIII, provide the text of | | | | | _ |

Add lines 2s through 2d

Part XI

2

b

5

1

2

Schedule D (Form 990) 2019

1.647

2e

3

4c

5

Page 4

1.647 1,889,062

1,777,237

1.777.237

Schedule D (Form 990) 2019

| _ | Add lifes 24 through 24 | • | • | • | • | • | • | • | 26 | |
|---|--|----|---|---|---|---|---|---|----|--|
| 3 | Subtract line 2e from line 1 | | | | | | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | | | | | | | | |
| b | Other (Describe in Part XIII) | 4b | | | | | | | 1 | |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1,889,062 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1,777,237

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

Part XII

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Donated services and use of facilities . . .

Add lines 2a through 2d . .

See Additional Data Table

Other (Describe in Part XIII)

5

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

Part XIII

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference

| Page 5 | | Schedule D (Form 990) 2019 | | | |
|---------------|----------------------|-----------------------------|--|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | | |
| | Explanation | Return Reference | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |

Schedule D (Form 990) 2019

Additional Data

Software Version: 19.2.1.0

EIN: 56-0276491

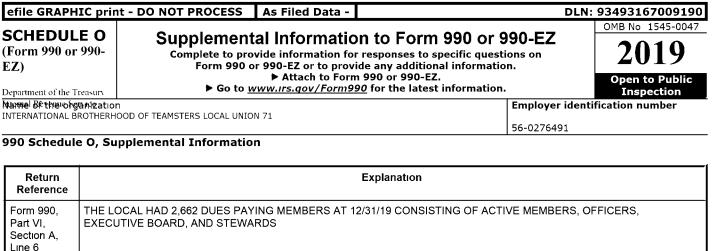
Software ID: 19009610

Name: INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL UNION 71

| Supple | mentai | Informa | CIO |
|--------|----------|----------|-----|
| | Doturn D | oforonco | |

Explanation Return Reference

XI 2d GAIN FROM INCREASE IN MARKET VALUE OF SECURITIES - 1,647



Return Explanation
Reference

Form 990, ALL OF THE DUES PAYING MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY Part VI,
Section A.

990 Schedule O, Supplemental Information

Line 7a

Return Explanation
Reference

Line 7b

Form 990, Part VI, Section A.

Return Explanation
Reference

Line 8a

Form 990, Part VI, REGULARLY SCHEDULED MEMBERSHIP MEETINGS
Section A.

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 8b

NONE OF THE LOCAL STANDING COMMITTEES MET DURING THE YEAR SO THERE WAS NO NEED TO RECORD
COMMITTEE MEETINGS DURING 2019

Return Explanation
Reference

Form 990, Part VI, Section B, Line 11b

FORM 990 IS PREPARED BY THE LOCALS AUDITOR AND IS PRESENTED TO THE LOCALS SECRETARY TREASURER OR PRESIDENT FOR REVIEW AND FILING

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Return Explanation
Reference

Form 990, Part XII, Line SECRETARY TREASURER

22