DLN: 93493179008030 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 ▶ 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 01-01-2019 , and ending 12-31-2019 C Name of organization INTL BROTHERHOOD OF TEAMSTERS LOCAL 38 D Employer identification number B Check if applicable □ Address change 91-0267959 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 2601 EVERETT AVENUE PO BOX 1548 ☐ Application pending (425) 252-3800 City or town, state or province, country, and ZIP or foreign postal code EVERETT, WA 98201 G Gross receipts \$ 2,365,341 Name and address of principal officer H(a) Is this a group return for Steven Chandler □Yes ☑No subordinates? 2601 EVERETT AVENUE PO BOX 1548 H(b) Are all subordinates EVERETT, WA 98201 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(5) **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TEAMSTERS38 ORG L Year of formation 1928 M State of legal domicile **K** Form of organization  $\square$  Corporation  $\square$  Trust  $\square$  Association olimits Other  $\triangleright$ WΔ Summary 1 Briefly describe the organization's mission or most significant activities The Local Union's mission is to organize and educate workers so that they have a voice in the workplace and know their workplace rights, involve workers in the political process and to negotiate with employers so that each worker is treated with dignity, justice and Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 13 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 4.652 5,287 Program service revenue (Part VIII, line 2g) . 2,208,577 2,343,382 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 16,273 16,672 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,229,502 2,365,341 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,342 17,367 14 Benefits paid to or for members (Part IX, column (A), line 4) . 27,897 17,207 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,227,744 1,263,511 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 877,494 893,001 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,148,477 2,191,086 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 174,255 19 Revenue less expenses Subtract line 18 from line 12 . 81,025 Assets or displaying **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) . 2.257.662 2.431.921 21 Total liabilities (Part X, line 26) . . . . 30 Net assets or fund balances Subtract line 21 from line 20 2,257,632 2,431,887 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 2020-06-27 Signature of officer Date Sign Here STEVEN CHANDLER SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check  $\Box$  if P01017591 Paid self-employed Firm's name ► HUEBNER DOOLEY & MCGINNESS PS Firm's EIN ▶ 91-1529999 Preparer Use Only Firm's address ► 1424 NE 155TH ST STE 100 Phone no (206) 522-8000 SHORELINE, WA 981557104 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat No 11282Y

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statem	ent of Program Service Acc	complishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1		the organization's mission			
			kers so that they have a voice in the ployers so that each worker is treated		
2	Did the organiza	tion undertake any significant pro-	gram services during the year which v	vere not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0		
3	Did the organiza	tion cease conducting, or make sig	gnificant changes in how it conducts, a	any program	
		e these changes on Schedule O			☐ Yes ☑ No
4	Describe the org Section 501(c)(3	janization's program service accom	nplishments for each of its three large required to report the amount of grai ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Date		3 3	, (	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule O ) including (	grants of \$	(Revenue \$	)
46	Total program	service expenses ▶			

No

Nο

No

Nο

Nο

No

Nο

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

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2

Yes

Yes

Yes

Yes

Yes

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 

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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? If "Yes," complete Schedule C, Part II 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? If "Yes," complete Schedule C, Part III 🛸 . . 5

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

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 💙 . . .

6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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

8 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, VII, VIII, IX,

or X as applicable 11a 11b

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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 total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . . .

11d 

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e 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 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

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

13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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 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 . . . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . . 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," **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

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 . . . . . .

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

18 19 20a 20h

21

17

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Pai	tiV 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	Yes	
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		
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		
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? <i>If "Yes," complete Schedule L, Part I</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
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, 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? <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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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

1a

1b

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

15 0

**1**c

Yes

orm	940 (2014)			Page <b>5</b>
Pai	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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		
	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		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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		
	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	14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If yes, has it filed a form 720 to report these payments 71 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	740		
	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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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	lınes 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing 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			
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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
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 "Ver" to line 153 or 15h, 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

17

20

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? .

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed▶ 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)

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

State the name, address, and telephone number of the person who possesses the organization's books and records STEVEN CHANDLER 2601 EVERETT AVENUE EVERETT, WA 98201 (425) 252-3800

16a

16b

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No

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization	(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) Steven Chandler Secretary-Treas	43 00 0 00	Х		×				109,841	0	41,948
(2) Samantha Kantak President	41 00  0 00	Х		x				99,698	0	42,994
(3) Tammı Brady Recording Secre	41 00 0 00	Х		×				88,964	0	41,697
(4) Wendy Garrett-Drake Trustee	1 00 0 00	Х						10,959	0	0
(5) Tricia Nush Trustee	1 00 0 00	Х						5,805	0	0
(6) Donald Ille Vice President	1 00 0 00	Х		x				5,761	0	0
(7) Jamie Outlaw Trustee	1 00 0 00	Х						5,101	0	0
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										1 01111 <b>330</b> (2013)

hours per week (list any hours			n off	ficer	and a		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		key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b 9	Sub-Total						<b>&gt;</b>				
c T	Total from continuation sheets to Pa	art VII, Section	Α.				▶ [				
d 1	Total (add lines 1b and 1c)						▶		326,129		12
2	Total number of individuals (including of reportable compensation from the o			e list	ed a	bove	e) who	rece	eived more than \$	100,000	

1b :	Sub-Total						<b>&gt;</b>								
c.	otal from continuation sheets to Pa	rt VII, Section	Α.				▶								
d.	otal (add lines 1b and 1c)						▶			326,129					126,639
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	) who	rec	eived mo	re than	\$100,	000			
														Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>				•		, ,		-				3		No
4	For any individual listed on line 1a, is	the sum of repo	ortable	comp	ensa	ation	and	other	compen	sation f	rom th	e			

c ·	Fotal (add lines 1b and 1c)			126,639
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 $\triangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> 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	_		
	mulvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	_		

3	Did the organization list any <b>former</b> 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		V	
		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	_		No.

	line 1a' IT Tes, 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				
	ındıvıdual	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	
- 54	ection B. Independent Contractors				

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
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ition	

	marriaga.	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
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensa	ition	

	services rendered to the organization? If "Yes," complete Schedule J for such person		5		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 from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A)	(B)		(C	•		

(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 ▶ 0

Form **990** (2019)

Part		Statement	of E	Pavanua						Page 9
ı aıı	VII	<del></del>			a respo	onse or note to any	/ line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	igns		1a			revenue		312 314
nts ints		<b>b</b> Membership due:	s .		<b>1</b> b					
3ra not		c Fundraising even	its .		1c					
IS, (		d Related organiza			1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants			1e					
tion series		f All other contribution and similar amounts above	s not	included	1f	5,287				
背		a Noncash contribution	ns in	cluded in						
Contrand C		lines 1a - 1f \$			<b>1</b> g					
ತ್ರ ಕ		<b>h Total.</b> Add lines	1a-1	f		•	5,287			
						Business Code				
	2	COLLECTED FOR OTH	IER U	NION		900099	9,513	9,513		
n.e	ŀ	Membership Dues & /	Asses	sments			2,329,703	2,329,703		
ر د۲	ľ					900099				
e F	ď	OTHER RECEIPTS				900099	3,893	3,893		
Program Service Revenue	_	REFUNDS & REIMBUF	SFM	ENTS			273	273		
S.		, Keronos a Kernos	(02)	21113		900099				
gran	•									
Ρ̈́	Ì									
	f	f All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. ▶	2,343,382				
	3	Investment income similar amounts) .	(Inc	luding divid	ends, ı	nterest, and other	16,67	2		16,672
		Income from invest				ond proceeds	•	0		
	5	Royalties				•	•	0		
				(ı) Re	al	(II) Personal				
	6	a Gross rents	6a							
		Less rental					-			
		expenses	6b							
	С	Rental income or (loss)	6с							
	(	d Net rental income	or	(loss)			1	О		
				(ı) Secur	ities	(II) Other				
	7	Gross amount from sales of	7a							
		assets other than inventory								
	b	·	<u> </u>							
		other basis and sales expenses	7b							
		6 (1)	7c				7			
		Gain or (loss)  d Net gain or (loss)					_	0		
		a Gross income from fu				• • • •				
Other Revenue		(not including \$ contributions reported	d on	of						
.≺ e		See Part IV, line 18	•		8a					
Re	ı	<b>b</b> Less direct expen	ses		8b		1			
her	•	<b>c</b> Net income or (los	s) fr	om fundrais	ing ev	ents		0		
	0-	Gross income from	a a m	ina activitios						
	Эa	See Part IV, line 19	yaiii •	• •	9a					
	ı	<b>b</b> Less direct expen	ses		9b		1			
	•	<b>c</b> Net income or (los	s) fr	om gaming	activiti	es <b>&gt;</b>		0		
	10	aGross sales of inve		n, loce						
	10	returns and allowa	nce	y, less	10a					
	ı	<b>b</b> Less cost of good	s so	ld	10b		1			
	_ (	<b>c</b> Net income or (los	s) fr	om sales of	ınvent	ory ►	_	0		
		Miscellaneo	us R	evenue		Business Code	_			
	1.1	1a								
		b								
		_						1		
	•	c								
		d All other ==					-	1		
		<b>d</b> All other revenue <b>e Total.</b> Add lines 1				•	1	+		
								0		
	12	<b>2 Total revenue.</b> S	ee ır	structions	• •	• • • •	2,365,34	1 2,343,38	2	16,672
										Form <b>990</b> (2019)

Р	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omnlete all columns	All other organization	ons must complete co	lumn (A)
	Check if Schedule O contains a response or note to an		_		_
	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	12,117	·		·
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,250			
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	17,207			
5	Compensation of current officers, directors, trustees, and key employees	452,768			
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	434,885			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	150,464			
9	Other employee benefits	159,252			
	Payroll taxes	66,142			
	Fees for services (non-employees)				
	Management	0			
	b Legal	30,409			
	<del> </del>	13,648			
	Accounting	0			
	d Lobbying	0			
	e Professional fundraising services See Part IV, line 17	0		-	
	Investment management fees				
-	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,400			
	Advertising and promotion	0			
	Office expenses	87,730			
14	Information technology	11,903			
15	Royalties	0			
16	Occupancy	19,842			
17	Travel	70,254			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	30,697			
20	Interest	0			
21	Payments to affiliates	550,435			
22	Depreciation, depletion, and amortization	21,980			
23	Insurance	5,227			
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 SHOP STEWARD	14,130			
	<b>b</b> Postage and Shipping	12,064			
	c Printing and Publications	11,518			
	d REFUNDS OF DUES/FEES	5,322			
	e All other expenses	4,442			
25	Total functional expenses. Add lines 1 through 24e	2,191,086	0	0	0
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)

2

3

11

12

13

14

15

16

17

18

Assets 30

31

32

33

6 7

8

9

10c

11

12 13

14

15

16

17 18

30

31

32

33

2,257,632

2,257,662

265,024

2,257,662

Page **11** 

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0

0

0

2,431,921

2,431,887

2,431,921

Form 990 (2019)

862

243,862

	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash-non-interest-bearing	541,234	1	469,508
Savings and temporary cash investments	1,451,404	2	1,717,689
Pledges and grants receivable, net		3	0
Accounts receivable, net		4	0
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		5	0

Accounts receivable, n Loans and other payab key employee, creator entity or family member Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . . Assets Inventories for sale or use . . . . . Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b b Less accumulated depreciation

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Intangible assets . .

Grants payable .

Investments-program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34) .

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

708,325 464,463 Investments—other securities See Part IV, line 11 .

19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 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 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 30 34 25 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 30 34 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 2.257,632 27 2,431,887

Fund Balances 28 28 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here ▶ complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds .

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

No\_\_

Form 990 (2019)

3b

### **Additional Data**

**Software ID:** 19009920 Software Version: 2019v5.0

NEGOTIATED CONTRACTS TO OBTAIN BETTER WAGES, BENEFITS AND WORKING CONDITIONS, HEARD AND SETTLED GRIEVANCES AND REPRESENTED MEMBERS WITH

**EIN:** 91-0267959

Name: INTL BROTHERHOOD OF TEAMSTERS LOCAL 38

Form 990 (2019)

VARIOUS EMPLOYERS

Form 990, Part III, Line 4a:

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493179008030

Open to Public

Department of the Treasury 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

EZ)

(Form 990 or 990-

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

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Complete	01(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-E	3
		n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, lın	e 47 (Lobbying Activiti	es), then
•	Section 501(c)(3) organizations that	have filed Form 5768 (election under se	ection 501(h)) Co	mplete Part II-A Do not	complete Part II-B
		have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax			
	oxy Tax) (see separate instructions		, (see separate ii	istructions, or rolling	70-L2, 1 art <b>v</b> , mic 50c
	Section 501(c)(4), (5), or (6) organiz	ations Complete Part III			
	me of the organization FL BROTHERHOOD OF TEAMSTERS LOCAL	38		Employer ide	entification number
				91-0267959	
Pai	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 orgai	nization.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	npaign activities in	Part IV (see instruction	s for definition of
2	Political campaign activity expend	itures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	· · · · · · · · · · · · · · · · · · ·			
Pai	rt I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	x incurred by the organization under se	ction 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise ta	x incurred by organization managers ur	nder section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b					
	<u> </u>	nization is exempt under sectio			<u>-</u>
1	, ,	ed by the filing organization for section			\$
2	Enter the amount of the filing organization activities	anızatıon's funds contributed to other or	ganizations for se	ction 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☑ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	unt paid from the ed to a separate po	filing organization's fund olitical organization, such	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received
L					
2					
3					
1					
5					
5					
or I	Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule (	(Form 990 or 990-EZ) 2019

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

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

1

(b)

Amount

(a)

Yes | No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

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

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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** 

As Filed Data -

DLN: 93493179008030

## OMB No 1545-0047

(Form 990)

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

	L BROTHERHOOD OF TEAMSTERS LOCAL 38			Emplo	уег ідептігісатіоп	number
				91-026	67959	
Pa	rt I Organizations Maintaining Donor Advi			nds or Acco	unts.	
	Complete if the organization answered "Ye				- <b>&gt; F d d</b> - <b>- tb</b>	
	Total number at end of year	(a) Donor ac	avisea runas	- 1	) Funds and other	accounts
1	,					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		ssets held in dor	nor advised fur		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					Yes 🗌 No
Pa	rt III Conservation Easements.					
	Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all that	apply)			
	$\square$ Preservation of land for public use (e g , recreation	n or education)	Preservation	of an historica	ally important land a	area
	Protection of natural habitat		] Preservation	of a certified l	historic structure	
	Preservation of open space					
_	, ,					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	contribution in t	ne form of a c	onservation  Held at the End o	of the Year
а	Total number of conservation easements			2a	Held de the End t	or the real
ь	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic	c structure included in	(a)	2c		
d	Number of conservation easements included in (c) acqui		. ,	-		
u	structure listed in the National Register			24		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	ned, or terminate	ed by the orga	nization during the	
4	Number of states where property subject to conservatio	n easement is located	<b>&gt;</b>			
5	Does the organization have a written policy regarding th			dling of violati	000	
3	and enforcement of the conservation easements it holds		пізресцоп, пап	uning or violation	□ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforc	cing conservati	on easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations,	and enforcing c	onservation ea	asements during the	e year
	<b>▶</b> \$					
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$ ?	above satisfy the requ	urements of sect	tion 170(h)(4)	(B)(ı)	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organi			ement, and	
Par	t III Organizations Maintaining Collections		Treasures or	Other Simi	ilar Assets	
	Complete if the organization answered "Ye			Other Sim	nai Assets.	
1a	If 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 finan	6 (ASC 958), not to re public exhibition, educ	port in its reven	ch in furtheran		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items	.6 (ASC 958), to report	t in its revenue s	tatement and		
(	i) Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$	
(i	i)Assets included in Form 990, Part X				<b>▶</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:			or financial gair		
а	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$	
b	Assets included in Form 990, Part X				<b>&gt;</b> \$	

 $\boldsymbol{d}$  Equipment .

		Ourseinstiens Ma	sintsining Cal		. C At. 11	1:-4	! T			. 046	Cincilen	A /		1)	Page Z
		Organizations Ma													
3		the organization's acq (check all that apply)	uisition, accessior	n, and other	records,		any of	the fo	llowing t	hat are a	significan	it use of it	s collec	tion	
а	Ш	Public exhibition				d	Ш	Loan	or excha	ange prog	ırams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4	Provid Part X	e a description of the o	organızatıon's col	lections and	d explain h	how the	y furtl	ner the	e organız	ation's e	xempt pur	pose in			
5		the year, did the orga to be sold to raise fur									nılar	□ <b>Y</b> €	es [	N•	0
Pai	rt IV	<b>Escrow and Cust</b>	odial Arrange	ments.											
		Complete if the org X, line 21.	ganization answ	vered "Yes	" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an am	ount on	Form 9	990,	Part ———
1a		organization an agent ed on Form 990, Part )		an or other	ıntermedi	ary for	contri	bution	s or othe	er assets	not	□ <b>Y</b> €	es [	ן אי	0
	TE 1117		Book VIII		. b . bl 6-1		4 - l- l -			<u> </u>		Amount			_
b		s," explain the arrange	ement in Part XIII	and comple	ete the fol	llowing	table			1c		Amount			_
c c	-	ning balance								1d					_
d		ons during the year								1e					_
e •		outions during the year	r							1f					_
f	_	g balance													_
2a	Did the	e organization include	an amount on Fo	rm 990, Pa	rt X, line 2	21, for (	escrow	or cu	istodial a	ccount lia	ability?	. 🗆 Y	es [	<b>⊐</b> м	D
b	If "Yes	s," explain the arrange	ement in Part XIII	Check her	e ıf the ex	kplanati:	on has	been	provide	d in Part 1	XIII	. $\square$			
Pa	rt V	Endowment Fund													
		Complete if the org	ganization answ							ears back	(d) Three	years back	(e) Fou	ır voor	-c book
1a	Reginnii	ng of year balance .		(a) Curre	iit yeai	( <b>D</b> ) P	rior yea	<del>"  </del>	(C) TWO y	ears back	(a) Tillee	years back	(e) FOC	л уеаг	S Dack
	-	utions													
		estment earnings, gair	ns and losses					-+							
		or scholarships	·		+			_							
e	Other e	xpenditures for facilitie													
		strative expenses .													
		ear balance													
2		e the estimated percei	ntage of the curre	nt vear end	l balance	/line 1c	ı colu	mn (a	)) held a	<u> </u>					
a		designated or quasi-e	-	ine year ene	a balance	(11110 10	, colu	· · · · · · · · · · · · · · · · · · ·	)) Held d	3					
ь		nent endowment ►													
		prarily restricted endov	wment >												
С		ercentages on lines 2a,		ld equal 10	Ω%										
За		ere endowment funds				on that	are h	eld an	d admini	stered fo	r the				
		zation by			<b>5</b>									Yes	No
	(i) uni	related organizations										3	a(i)		
	` '	lated organizations .										<u> </u>	a(ii)		
		s" on 3a(11), are the rel	-		•			? .					3b		
4		be in Part XIII the inte			n's endov	vment f	unds								
Pai	rt VI	Land, Buildings,			" on For	OOO	Dowt	T\ /  -	no 110	Coo For	000	Dort V III	22.10		
	Descrin	Complete if the ord	(a) Cost or oth		(b) Cost						depreciation		(d) Book		
	2 230119		(investme		`		(	,	`		,		. , =		
1 ~	Land						-	39,027							39,027
	Land .							55,370			371,60	1			193,769
0	Building	, s					30	,./0	-		3/1,00	-			193,709

103,928

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

11,066

243,862

92,862

Part VII	Investments—Other Securities.	Dowt IV.	111	. Coo Form 000 I	) V	lina 10
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	(b) Book value	ne III	(c) Metho Cost or end-of	d of va	aluation
	l derivatives					
(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 990,	Part I\/ li	ne 11c	See Form 990	Part \	/ line 13
	(a) Description of investment	raiciv, ii	iie IIC	(b) Book value	(c)	Method of valuation
					Cost	or end-of-year market value
(1)						
(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' on Form 990, I	Part IV, lıı	ne 11d	. See Form 990, Par	t X, lır	ne 15
(1)	(a) Description					(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.				<b>•</b>	
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lıı	ne 11e	or 11f.See Form	990, I	Part X, line 25. <b>(b)</b> Book value
<b>1. (1)</b> Federal	income taxes					(b) book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )			•		34
•	or uncertain tax positions. In Part XIII, provide the text of the footno		_			_

Schedule D (Form 990) 2019

Part XI

2

b

2e

Page 4

2,365,341

2,365,341

1,676

21,980

2.191.086

2,169,106

3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )	4b				
c	Add lines <b>4a</b> and <b>4b</b>	· ·			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	

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

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,170,782

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

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

Donated services and use of facilities . . . Other (Describe in Part XIII ) . . . . . . Add lines 2a through 2d . .

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 . .

3

Return Reference

See Additional Data Table

5

Part XIII Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

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

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

Explanation

5

1,676

21.980

2e

3

4c

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019

### **Additional Data**

**Software ID:** 19009920 **Software Version:** 2019v5.0

EIN: 91-0267959

Name: INTL BROTHERHOOD OF TEAMSTERS LOCAL 38

## Supplemental Information

Return I	Reference	Explanation
Part X FIN48 F	Footnote	Income Tax Status General Teamsters Union Local No 38 is exempt from federal income taxes under Internal Revenue Code Section 501(c)(5) and, therefore, has made no provision for f ederal income taxes in the accompanying financial statements. During the years ended Decem ber 31, 2019 and 2018, the Local Union recorded no unrelated business income and recognize d no income tax related interest or penalties. The Local Union accounts for tax positions in accordance with FASB Accounting Standards Codification Topic 740, Income Taxes. With few exceptions, the Local Union is subject to federal and state income tax examinations by tax authorities for the prior three years. Management has reviewed the Local Union's tax positions and determined there were no uncertain tax positions as of December 31, 2019 and 20.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Purchases of property and equipment \$818 Change in payroll tax withholding \$858

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

DLN: 93493179008030 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INTL BROTHERHOOD OF TEAMSTERS LOCAL 38 91-0267959 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Funds donated for charitable, political, or scholarship purposes are approved by the Executive Board

(6)

Return Reference

Grants are Used

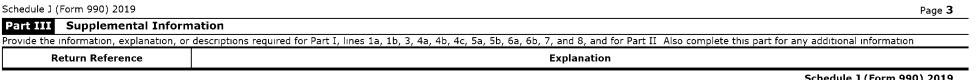
Grantmaker's Description of How

Explanation

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49317	79008	030
Schedule J (Form 990)		Col	mpensati	ion Information	OI	MB No	1545-0	0047
		For certain Officer		rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa nization answ	ated Employees /ered "Yes" on Form 990, Part IV	, line 23.	20	119	•
Б			▶ Attach	to Form 990. instructions and the latest inform		Open		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov</u>	/ <u> </u>	mistructions and the latest mion	ilation.		ectio	
	ne of the organiza	ation TEAMSTERS LOCAL 38			Employer identifica	tion nu	ımber	
	E BROTTLERHOOD OF	TEMISTERS EOCHE 30			91-0267959			
Pa	rt I Questi	ons Regarding Compensati	on					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		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 initiative Personal services (e.g., maid, chauf				
	L Discretion	ary spending account	ш	Personal services (e g , maid, chaul	rreur, cher)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20 127	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on th	ie Iar			
3		if any, of the following the filing o EO/Executive Director Check all t		ed to establish the compensation of the	he			
				CEO/Executive Director, but explain i	ın Part III			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensa	ition committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-contr	ol payment?			4a		No
ь		r receive payment from, a supplei		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equity	·-based comper	nsation arrangement?		4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part		t III						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) (	raanizatione	must complete lines 5-0				
5			_	the organization pay or accrue any				
		ontingent on the revenues of						
а	The organization	٦٦				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	1 <sup>?</sup>				6a		
b	Any related orga					<b>6</b> b		
-	•	6a or 6b, describe in Part III	A long 4 1 1	Management	ن			
7	payments not d	escribed in lines 5 and 6? If "Yes,"	' describe in Pa		α	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	iction Act Notice, see the Insti	uctions for Fo	orm 990. Cat No. 5	50053T Schedule 3	(Forn	1 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Steven Chandler 100,050 (i) 1,783 8,008 23,256 18,692 151,789 Secretary-Treas (ii)

			Schedule	J (Form 990) 2019



efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493179008030
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No 1545-0047  2019 Open to Public Inspection
<b>ฟลาทอ</b> l <b>Brthอเจร</b> INTL BROTHERHOO	āM호ation DD OF TEAMSTERS LOCAL 38	Employer identif	fication number
Return Reference	e O, Supplemental Information  Explanation		
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE MEMBERS ARE EMPLOYEES OF VARIOUS EMPLOYERS THAT ARE SIGNAL WITH THE ORGANIZATION	ATORY TO VARIOUS LA	ABOR AGREEMENTS

990 Schedule O, Supplemental Information

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

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

Return Explanation
Reference

l	Form 990,	A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BOARD FOR APPROVAL PRIOR TO FILI
	Part VI, Line	NG QUESTIONS ARE DIRECTED TO THE FIRM PREPARING THE FORM 990 AND ALL QUESTIONS ARE ANSWER
	11b Form	ED AND UNDERSTOOD BEFORE THE FORM IS FILED
l	990 Review	
ı	Process	

Return Reference Explanation

Form 990. REQUIRED TO DISCLOSE TO SECRETARY-TREASURER ANY CONFLICT OF INTEREST THAT OCCURS

1 01111 000,	I WE WOUNDED TO DISCUSSE TO SESSIE IT WE NOON ENTRY CONTRICT OF INTEREST THAT COURSE
Part VI, Line	
12c	
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

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

Return Explanation
Reference

Available

Form 990, Part VI, Line	DETAILED INFORMATION IS AVAILABLE THROUGH THE FORM LM-2 WHICH IS FILED ANNUALLY WITH THE DEPARTMENT OF LABOR
19 Other	
Organization	
Documents	
Publicly	

SCHEDULE R
(Form 990)

As Filed Data Related
Complete if the ord

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

Department of the Treasury

INTL BROTHERHOOD OF TEAMSTERS LOCAL 38

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

Schedule R (Form 990) 2019

**Employer identification number** 

DLN: 93493179008030 OMB No 1545-0047

> Open to Public Inspection

							91-0	267959				
Part I Identification of Disregarded Entities. Complete	e if the organ	nization answe	red "Ye:	s" on Form !	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary activ	/ity	(c) Legal domici or foreign c	le (state	(d) Total inco	ome	<b>(e)</b> End-of-year as	ssets	(f Direct coi enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year		ete if the orgai	nızatıon	answered "	Yes" on F	orm 990	, Part I	V, line 34 be	ecause	e it had one or	more	
(a) Name, address, and EIN of related organization		<b>(b)</b> ary activity	Legal do	(c) omicile (state lign country)	Exempt Co	i) de section		(e) charity status ion 501(c)(3))	D	(f) Direct controlling entity	Section (13) co ent Yes	512(b) ntrolled ity?
(1)INTL BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE NW	PARENT ORG	GANIZATION OF DNS		DC	501(C)(5)				N/4		Tes	No
WASHINGTON, DC 20001 53-0215427									N/A			

Cat No 50135Y

/a\		(b)	(c)	(d)	(e)	(f)	(g)	/	h)	(i)	1	(j)	(1
(a) Name, address, and EIN of related organization			Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income	Share of	Disprop	ertionate itions?	Code V-UB amount in be 20 of Schedule K- (Form 1065	Gen ox mai pai	eral or naging rtner?	Perce owne
					514)			Yes	No	1	Yes	s No	
											+		
											+		
											_		
									1		- 1		l
Identification of Related Organ because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part I	V, lın	e 34	
		a corporati		st during th	(d) t controlling Ty entity (C o	(e)	(f) Share of total	Share	(g) e of end- year assets	-of- Perc	V, lin (h) entage		ection 13) coi
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	(i fection 13) cor entit Yes
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	ection 13) cor enti
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	ection 13) cor enti
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	ection 13) cor enti
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	ection 13) cor enti
because it had one or more related  (a)  Name, address, and EIN of	d organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	( <b>h)</b> entage	s s	ection 13) cor enti

(1)INTL BROTHERHOOD OF TEAMSTERS

(2)INTL BROTHERHOOD OF TEAMSTERS

Schedule R (Form 990) 2019					
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Ye	s No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	No		
<b>b</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)		1f	No		
g Sale of assets to related organization(s)		<b>1</b> g	No		
h Purchase of assets from related organization(s)		1h	No		
i Exchange of assets with related organization(s)		1i	No		
j Lease of facilities, equipment, or other assets to related organization(s)		1j	No		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		1k	No		
l Performance of services or membership or fundraising solicitations for related organization(s)		11	No		

e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	<b>1</b> g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	<b>1</b> i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l 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

f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
P	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

**(b)** Transaction

type (a-s)

р

(c) Amount involved

709

469,208

Cash disbursed

Cash disbursed

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

1r Yes

(d) Method of determining amount involved

Schedule R (Form 990) 2019

No

(a) Name of related organization

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

was not a related organization. See instructions regarding exercision for certain investment partnerships																			
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets  (h) Disproprtio allocation		(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		h) (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership	
			514)	Yes	No	<u> </u>		Yes	No		Yes	No							
												П							
				_					_	Schedul	e R (Form	1990	)) 2019						

