DLN: 93493232013300 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable Teamsters Chauffeurs Helpers and Delivery Drivers Union Local No 690 □ Address change 91-0436980 ☐ 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 1912 North Division Street ☐ Amended return (509) 455-9410 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Spokane, WA $\,\,$ 99207 $\,$ G Gross receipts \$ 2,653,485 Name and address of principal officer H(a) Is this a group return for Val Holstrom ☐Yes **☑**No subordinates? 1912 North Division Street H(b) Are all subordinates Spokane, WA 99207 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www teamsterslocal690 org L Year of formation 1917 M State of legal domicile **K** Form of organization \square Corporation \square Trust ewline <math>
ewline
olimits Association ewline
olimits Other Summary 1 Briefly describe the organization's mission or most significant activities To organize and represent employees in represented industries, including trucking 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) . 6 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 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,096,233 2,283,951 Ravenua 9 Program service revenue (Part VIII, line 2g) . 228,786 356,135 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,910 3,716 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,994 9,683 2,334,923 2,653,485 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). 22,490 16,915 49,236 45,722 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,094,749 1,195,791 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) . 1,145,235 1,221,519 2,311,710 2,479,947 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 23,213 173,538 Assets or d Balances Beginning of Current Year End of Year 938,882 1,133,834 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 96,354 117,768 22 Net assets or fund balances Subtract line 21 from line 20 . 842,528 1,016,066 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 2020-07-14 Signature of officer Sign Here Val Holstrom Secretary-Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-06-25 P00542597 Paid self-employed Firm's name > SCHOEDEL & SCHOEDEL CPAS PLLC Firm's EIN ▶ 91-0614823 Preparer Use Only Firm's address ▶ 422 W RIVERSIDE AVE STE 1420 Phone no (509) 747-2158 SPOKANE, WA 992010395 ✓ 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)

orm	990 (2019)				Page 2
Pa	rt III Statem	ent of Program Service Ac	complishments		
	Check If	Schedule O contains a response of	note to any line in this Part III .		🗸
1		the organization's mission	·		
vario	us employment fi	elds, including, but not limited to,	s Union, Local 690 (Local 690) is a la the transportation industry The loca s and provides various programs for	al promotes employment of union	
2	Did the organiza	ation undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Schedule	0		
3	Did the organiza	ation cease conducting, or make si	gnificant changes in how it conducts	, any program	
					☐ Yes ☑ No
		e these changes on Schedule O			
4	Section 501(c)(nplishments for each of its three larger required to report the amount of greervice reported		
4a	(Code See Additional Date) (Expenses \$ ta	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
40	Total program	service expenses	·		

or X as applicable

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 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 🛸 . . Yes 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 6 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,"

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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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11a

11b

11c

11d

11e

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

No Nο

Nο No Nο Yes

Yes

Yes

Yes

No

Nο

No

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

No

Nο

Form **990** (2019)

orm	990 (2019)			Page 4
Par	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
		\Box		

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

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

Yes

Yes Form **990** (2019)

9 0

1c

No

	990 (2019)			Page 5
Pa	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	<u> </u>
	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
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		i
f	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	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.			
	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			
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	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	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
	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	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O	16		No
	· • • • • • • • • • • • • • • • • • • •			

orm	990 (2019)			Page (
Pai	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	•	onse to	lines
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	1		
	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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			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		
114	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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		No
b	Other officers or key employees of the organization	15b		No
	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
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?	1.51		
6-		16b		
	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records The Organization 1912 North Division Street Spokane, WA 99207 (509) 455-9410			

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

...

- 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

(A) Name and title	(B) Average hours per week (list any hours	,	ne bo	ox, u n of tor/t	t ch unle: ficei rust	ss pers and a ee)	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) Val Holstrom Secretary-Treasurer	40 00	X		x				103,557	0	41,088
(2) Matthew Tanner President	1 00 1 00	X		х				5,220	0	0
(3) Carol Stone Vice President	1 00	Х		x				5,220	0	0
(4) Rıcardo Lopez Recording Secretary	1 00	X		х				5,220	0	0
(5) Matt Sturgell Trustee	1 00	X						5,220	0	0
(6) Todd Curtis Trustee	1 00	х						5,220	0	0
(7) Jocelyn Cook Trustee	1 00	х						5,220	0	0
(8) Taj Wilkerson Trustee	40 00	Х						91,972	0	41,088
										Form 990 (2019)

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) (E) (F) Position (do not check more Name and title Average Reportable Reportable Estimated

	hours per week (list any hours for related	C		n off or/ti	ficer ruste	and a		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	amount of other compensation from the organization and
		Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated eniptovee	Former	MISC)	MISC)	related organizations
1		1			1 1					

1b Sub-Total										

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII, Section	Α.		▶□			
d = /				[226 940	0	02.47/

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII, Section	Α		▶			
d Total (add lines 1b and 1c)				▶	226,849	0	82,176

1b 9	Sub-Total						•				
c 1	c Total from continuation sheets to Part VII, Section A										
d 7	otal (add lines 1b and 1c)						▶		226,849	0	82,176
2	Total number of individuals (including			e liste	ed a	bove	e) who	rece	eived more than	\$100,000	

					l							
1b :	b Sub-Total											
c ·	c Total from continuation sheets to Part VII, Section A											
d.	Total (add lines 1b and 1c)						▶		226,849	0	82,176	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	∍) who	rece	eived more than	\$100,000		

c ·	Sub-Total	0		82,176
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 ► 1			<u> </u>
			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			

c T	Fotal (add lines 1b and 1c)	0		82,176
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 ▶ 1	•		
			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	Yes	No No

d	Total (add lines 1b and 1c)	0		82,176
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			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

2	of reportable compensation from the organization ► 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			NI-
		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

	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	_		_		
	managar	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			
Se	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation					

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	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							
Se	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.							

	Individual		4	No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization of 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)	(0	•				
	Name and business address	Description of services	Comper	nsation				

S	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)	(B)		(C)			
	Name and business address	Description of services		Compensation			
Reid	McCarthy Ballew & Leahy LLP	Legal		123,128			

Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the organization.		sation
(A) Name and business address	(B) Description of services	(C) Compensation
Reid McCarthy Ballew & Leahy LLP	Legal	123,128
100 W Harrison St Ste N300 Seattle, WA 98119		

Form **990** (2019)

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 ▶ 1

		(2019)	- f D						Page 9
Part	VIII	 '		a respo	onse or note to anv	line in this Part VIII			🗆
		Check if Sched	aute o contains	<u> </u>	sise of flote to diff	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	a Federated campa	aigns	1a			revenue		512 - 514
ints unts	ı	b Membership dues	s	1 b	2,283,951				
Gra mo		c Fundraising even	its	1c					
ifts, lar A		d Related organiza	tions	1 d					
niga Bila		e Government grants	(contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contribution and similar amounts	ons, gifts, grants,						
		above		1f	<u> </u>				
	9	g Noncash contributio lines 1a - 1f \$	ons included in	1 g					
Con		h Total. Add lines :	1a-1f		•	2,283,951			
					Business Code	2,203,931			1
	2a	Assessments and fee	s		561499	356,135	356,135		
된									
Program Service Revenue	ь	•							
ĵ.	c								
Pr VIC	Ĭ				-				
ν Σ	d								
grai	e								
Pro									
		All other program							
		Total. Add lines 2 Investment income			356,135	1	T		<u> </u>
	s	sımılar amounts) .			•	3,716	5		3,716
		Income from invest		-		-			
	51	Royalties	(ı) Re		(II) Personal	<u>' </u>			
	_	_			(ii) rersonar	1			
		Gross rents Less rental	6a			-			
	D	expenses	6Ь						
	С	Rental income or (loss)	6c						
	d	Net rental income				-			
			(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	ь	Less cost or	7b]			
		other basis and sales expenses	, ,						
	С	Gain or (loss)	7c						
	d	Net gain or (loss)				1			
<u>a</u>	8a	Gross income from fu (not including \$	indraising events of						
e)		contributions reported See Part IV, line 18							
Other Revenue	L .	Less direct expen		8a 8b		-			
er	l	: Net income or (los				J			
					<u> </u>]			
	9a	Gross income from See Part IV, line 19		9a					
	ь	Less direct expen	ses	9b		1			
	c	: Net income or (los	ss) from gaming	activit	iles •	_			
	102	aGross sales of inve	entory, less						
		returns and allowa	ances	10a					
	Ь	Less cost of good	s sold	10 b					
	С	Net income or (los Miscellaneo		inven	Business Code	T			
	11	•aAffiliate reimburs			56149 ⁴	9 8,149	8,149		
	ь	Miscellaneous			90009	9 1,534	1,534		
	c	:							
				_					
		All other revenue							
		Total. Add lines 1			•	9,683	3		
	12	Total revenue. S	ee instructions			2,653,485	365,818		0 3,716
									Form 990 (2019)

Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organizati	ons must complete col	umn (A)
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
	nclude amounts reported on lines 6b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations and estic governments. See Part IV, line 21	9,437			
	nts and other assistance to domestic individuals. See	7,478			
	nts and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, lines 15				
4 Bene	efits paid to or for members	45,722			
	pensation of current officers, directors, trustees, and employees	140,097			
defir	pensation not included above, to disqualified persons (as led under section 4958(f)(1)) and persons described in on 4958(c)(3)(B)				
7 Othe	er salaries and wages	606,850			
8 Pens	sion plan accruals and contributions (include section 401 and 403(b) employer contributions)	210,914			
9 Othe	er employee benefits	166,001			
	oll taxes	71,929			
•	for services (non-employees)	1 -,- 2			
	` ` ` ` ` ` `				
	agement	148,081			
-		13,330			
	ounting	13,330			
	bying				
	essional fundraising services See Part IV, line 17				
	stment management fees				
(A)	er (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	3,649			
	ertising and promotion	50,952			
. 3 Offic	e expenses	47,074			
. 4 Info	rmation technology	32,906			
. 5 Roya	alties				
. 6 Occi	ıpancy	47,497			
L 7 Trav	el	165,201			
	nents of travel or entertainment expenses for any ral, state, or local public officials .				
L 9 Conf	erences, conventions, and meetings	21,802			
0 Inte	rest				
1 Payr	nents to affiliates	602,795			
22 Dep	reciation, depletion, and amortization	7,018			
23 Insu	rance	3,048			
misc exce	er expenses Itemize expenses not covered above (List itelianeous expenses in line 24e If line 24e amount iteds 10% of line 25, column (A) amount, list line 24e itenses on Schedule O)				
•	ployment funding (MRP	42,242			
b Eq	uipment leases and ma	29,897			
c Or	ganizing	4,481			
d Me	mberships and subscri	1,281			
e All	other expenses	265			
25 Tota	al functional expenses. Add lines 1 through 24e	2,479,947			
repo	t costs. Complete this line only if the organization rted in column (B) joint costs from a combined sational campaign and fundraising solicitation				
	ck here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

2 3

4

Assets

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B)

End of year

Beginning of year

400 1

2

3 4

5

6 7

8

9

10c

11

12

13

14

15

16

17

18

19

20 21

22 23

24

25

26

27

28

29

30

31

32

33

96.354

842,528

842,528

938.882

32,833

371.211

938,882

96.354

534,438

Page **11**

400

739,945

35,951

357.538

1,133,834

117,768

117.768

1,016,066

1,016,066

1,133,834

Form 990 (2019)

Cash-non-interest-bearing .

9	
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	

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

114,364

78,413

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 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 . . .

Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D b Less accumulated depreciation

Investments—publicly traded securities .

10a Investments—program-related See Part IV, line 11

10b Investments—other securities See Part IV, line 11 . Intangible assets . . Other assets See Part IV, line 11 . . .

11 12 13 14 15 16

17 Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable .

19 Deferred revenue . . 20 Tax-exempt bond liabilities .

21 Liabilities 22

Escrow or custodial account liability Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties

23

24 25 Complete Part X of Schedule D 26

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, Total liabilities. Add lines 17 through 25 . .

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

Organizations that follow FASB ASC 958, check here ▶

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

Software ID:

Name: Teamsters Chauffeurs Helpers and

Delivery Drivers Union Local No 690

Form 990, Part III, Line 4a:

Form 990 (2019)

industries, including trucking

Local 690 promotes employment of union members, organizes employees, settles grievances and negotiates labor contracts for the benefit of employees in represented

Software Version: **EIN:** 91-0436980

SCHEDULE C

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493232013300

☐ Yes

☐ No

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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

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

If "Yes," describe in Part IV

(Proxy Tax) (see separate instructions), then

● Section 501(c)(4), (5), or (6) organizations. Complete Part III	
Name of the organization	Employer identification number
Feamsters Chauffeurs Helpers and	
Polygony Drayore Union Local No 600	l

Tea	me of the organization amsters Chauffeurs Helpers and livery Drivers Union Local No 690	Employer id 91-0436980	entifi	cation num	ıber	
Par	rt I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 orga	nizat	ion.		_
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (s "political campaign activities")	see instruction	s for	definition of		
2	Political campaign activity expenditures (see instructions)	>	\$_			0
3	Volunteer hours for political campaign activities (see instructions)		_			0
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$_			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ No	
4a	Was a correction made?			□ v	□ N-	

art	I-C Complete if the organization is exempt under section 501(c), except section 50	L(c)(3	3).	
L	Enter the amount directly expended by the filing organization for section 527 exempt function activities	>	\$	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt			
1	function activities	•	\$	0

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? □ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-0 25 Louisiana Avenue NW 1,629 International Brotherhood of Teamsters Washington, DC 20001 DRIVE 3 5

Part I-A, Line 1

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
activi		Yes	No	4	Amour	ıt
1	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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>	7		
c	Media advertisements?			7		
d	Mailings to members, legislators, or the public?			Τ		_
е	Publications, or published or broadcast statements?		1			
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?			Τ		_
i	Other activities?			Τ		
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l			
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	.(c)(5), c	or sect	ion		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) P answered "Yes."	art III-A				
1	Dues, assessments and similar amounts from members	1			2,2	283,85
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		2a	_			
b		2b				
c		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 do the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	oes 4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5	+			
	art IV Supplemental Information					
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group listructions), and Part II-B, line 1. Also, complete this part for any additional information	st), Part II	-A, lines	s 1 an	d 2 (se	
11135	Return Reference Explanation					

the contributions to the DRIVE Program

Political activity is funded by contributions to the International Brotherhood of Teamsters DRIVE Program

Local Union 690 collects voluntary contributions from the membership and employees of the Local and remits

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493232013300

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Team	ne of the organization sters Chauffeurs Helpers and			Employer identification nu	ımber
	ery Drivers Union Local No 690			91-0436980	
Par	Organizations Maintaining Donor Advi			Accounts.	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, (a) Donor advised		(b) Funds and other acc	
_	Total number at end of year	(a) Donor advised	Turius	(b) runus and other acc	Journes
	Aggregate value of contributions to (during year)				
	· · · · · · · · · · · · · · · · · · ·			_	
	Aggregate value of grants from (during year)				
′	Aggregate value at end of year		<u>_</u>		
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		held in donor adv	_	es 🗌 N
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			onferring impermissible	es 🗆 N
ari	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV,	line 7.		
	Purpose(s) of conservation easements held by the orga				
	Preservation of land for public use (e.g., recreation			nistorically important land area	a
	Protection of natural habitat	, –		ertified historic structure	
	Preservation of open space				
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contri	bution in the form	n of a conservation Held at the End of t	he Year
	Total number of conservation easements		1	2a	iic reur
	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified histori	c structure included in (a)		2c	
	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not o	on a historic	2d	
	Number of conservation easements modified, transferre tax year •	d, released, extinguished, oi	r terminated by th	ne organization during the	
	Number of states where property subject to conservation	n easement is located >			
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ection, handling of	f violations,	□No
	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations,	and enforcing con	nservation easements during t	he year
	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and e	enforcing conserva	ation easements during the ye	ear
	Does each conservation easement reported on line 2(d)	above satisfy the requireme	ents of section 170	0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(II)?				□No
	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 organization			
irt	Organizations Maintaining Collections Complete of the organization answered "Ye			r Similar Assets.	
	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 finar	public exhibition, education,	, or research in fui		ks of
	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
(i	Revenue included on Form 990, Part VIII, line 1			▶ \$	
•	Assets included in Form 990, Part X			\$	
	If the organization received or held works of art, historication following amounts required to be reported under SFAS:				
1	Revenue included on Form 990, Part VIII, line 1	110 (ASC 550) relating to the	CJG ILGIIIS	> \$	

d Equipment .

Sche	dule D (Form 990) 2019												Page 2
Par	: IIII Organizations Maintaining Col	lections c	of Art, Hi	stori	cal Tr	easu	res, o	r Other	Similar A	Assets	(conti	nued)	
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other	records, c	heck a	any of	the fol	lowing 1	hat are a	significani	t use of	ıts colle	ection	
а	Public exhibition			d		Loan	or exch	ange pro	grams				
b	☐ Scholarly research			е		Other							
С	Preservation for future generations												
4	Provide a description of the organization's col Part XIII	lections and	l explain ho	ow the	y furth	er the	organı	zation's e	xempt pur	pose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								nılar	П	Yes	□ N	0
Pai	Complete if the organization answ X, line 21.		" on Form	า 990,	, Part	IV, lıı	ne 9, o	r report	ed an am				
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other	ıntermedıa	ry for	contrib	utions	s or oth	er assets	not	\Box	Yes	□ N	0
													_
b	If "Yes," explain the arrangement in Part XIII	and comple	ete the follo	owing	table					Amoun	it		_
c	Beginning balance							1c					_
d	Additions during the year							1d					_
е	Distributions during the year							1e					_
f	Ending balance							1f					_
2a	Did the organization include an amount on Fo	orm 990, Par	rt X, line 2:	1, for e	escrow	or cu	stodial a	ccount li	ability?	. 🗆 ,	Yes	\square N	0
ь	If "Yes," explain the arrangement in Part XIII									_			
	rt V Endowment Funds.						p						
	Complete if the organization answ	vered "Yes	" on Form	n 990,	, Part	IV, lıı	ne 10.						
		(a) Currer	nt year	(b) Pr	rior yea	r ((c) Two y	ears back	(d) Three	years bac	k (e) F	our yea	rs back
1a	Beginning of year balance					_							
b	Contributions					_							
	Net investment earnings, gains, and losses					_							
d	Grants or scholarships												
	Other expenditures for facilities and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curre	ent year end	l balance (line 1g	, colur	nn (a)) held a	s					
а	Board designated or quasi-endowment >												
ь	Permanent endowment ▶												
С	Temporarily restricted endowment ▶												
-	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100	0%										
За	Are there endowment funds not in the posses			n that	are he	eld and	d admin	stered fo	r the				
	organization by									_		Yes	No
	(i) unrelated organizations				•						3a(i)		
	(ii) related organizations									L	3a(ii)		
b	If "Yes" on 3a(II), are the related organization					•				. [3b		
4	Describe in Part XIII the intended uses of the		n's endowr	ment f	unds								
Pal	t VI Land, Buildings, and Equipmed Complete if the organization answ		" on Form	990	Dart	T\/ lu	no 112	See Fo	rm 990 E	Dart Y	lına 16	٦	
	Description of property (a) Cost or oth (investment)	her basıs	(b) Cost of						depreciation	are A,		ook valu	e
1	Land												
	Land												
b	Buildings					6 622			22 27				22 260

57,732

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

12,591

35,951

45,141

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 99	O Doet IV le	no 11h	. Soo Form 000 I) n + V	lina 12	
	(a) Description of security or category (including name of security)	(b) Book value	ile III	(c) Metho Cost or end-of-	d of valu	ıatıon	
(1) Financia	I derivatives			Cost of end-of		arket va	iue
(2) Closely-(3)Other	held equity interests	357,538			С		
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
		▶ 357,538					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part IV, lı	ne 11c	. See Form 990,	Part X,	line 13	
	(a) Description of investment			(b) Book value		or end-of	of valuation f-year market
(1)						val	ue
(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), Part IV, lın	ie 11d	See Form 990, Par	t X, lıne	15	
(1)	(a) Description					(b) E	Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, col (B) line 15)				•		
Part X) Part IV lin	ne 11e	or 11f See Form	990 Pa	art X li	ne 25
1.	(a) Description of liab		ic iic	01 111.000 101111	<i>550,</i> 10		b) Book value
(1) Federal	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)					Г		
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the foot	note to the or	ganızat	ion's financial state	nents th	nat repo	rts the
	's liability for uncertain tax positions under FIN 48 (ASC 740) Che						_

4b

2a

2b

2c 2d

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

2h h 2c

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2d 2e 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

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

3 4

Schedule D (Form 990) 2019

Part XI

4

b

5

Part XIII

Return Reference

Add lines 4a and 4b .

5 Part XII

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

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

2 а

3

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

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

Explanation

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

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

Schedule D (Form 990) 2019

4c

1

2e 3

4c

5

Page 4

2,653,485

2,653,485

2,479,947

2,479,947

2,479,947

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

Schedule D (Fo	orm 990) 2019		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2019

DLN: 93493232013300 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 Teamsters Chauffeurs Helpers and 91-0436980 Delivery Drivers Union Local No 690 Part I **General Information on Grants and Assistance** 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

Page **2**

Schedule I (Form 990) 2019

(2) (3)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2019

Part IV

Return Reference Part I, Line 2

Explanation

provide a report on how the funds are used

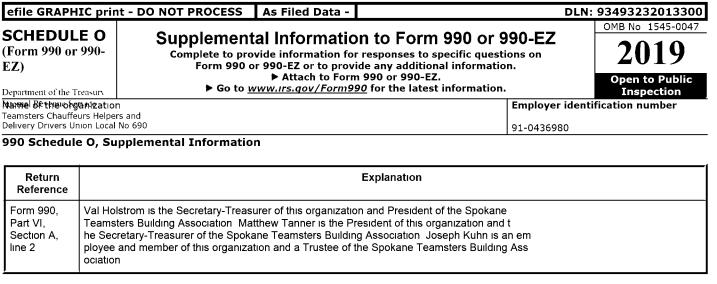
(4)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(5)

The executive board must approve all grant requests. The organization provides only very small grants (normally less than \$1,000). The executive board considers each grant request on its own merits. Only grants providing a positive impact to the community are considered for funding. Once the grant is given, the recipient is asked to

(6) (7)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Local 690 is a labor union with dues paying members. Any person is eligible to membership in this organization upon compliance with the requirements of the Constitution of the International Brotherhood of Teamsters and the rulings of the General Executive Board. Each person upon becoming a member thereby pledges his honor, to faithfully observe the Constitution and laws of the International Brotherhood of Teamsters, and the Bylaws and laws of his Local Union, to comply with all rules and regulations for the government of the International Union and his Local Union, to faithfully perform all duties assigned to him to the best of his ability and skill, to conduct himself or herself at all times in such a manner as not to bring reproach upon the Union, to take affirmative part in the business and activities of the Union and accept and discharge his responsibilities during any authorized strike or lockout, that he will not divulge to nonmembers the private business of the Union unless authorized to reveal the same, to never knowingly harm a fellow member, to never discriminate against a fellow worker on account of race, color, religion, sex, age, physical disability, sexual orientation, or national origin, to refrain from any conduct that would interfere with the Union's performance of its legal contractual obligations, and at all times to bear true and faithful allegiance to the International Brotherhood of Teamsters and this Local Union.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section A,
Inne 7a

Local 690 is a labor union with dues paying members. Members in good standing have the rig
ht to elect officers and trustees to the organizations governing body (known as the execut
ive board) at regularly scheduled elections. Officers and trustees are elected every three
vears. The next regularly scheduled election is December of 2021

Return Explanation Reference

Form 990. Local 690 does not have any committees that have authority to act on behalf of the governing body Part VI,

Section A.

990 Schedule O, Supplemental Information

line 8b

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 11b	The Form 990 was prepared under the guidance of Local 690's management by the independent accounting firm SCHOEDEL & SCHOEDEL, Certified Public Accountants, PLLC Draft copies of L ocal 690's financial statements and Form 990 were reviewed for accuracy and completeness by Local 690's Secretary-Treasurer All questions, concerns or issues raised by the Secretary-Treasurer were addressed and any necessary revisions were made to the Form 990. The revised Form 990 was then provided to the Executive Board for its review and approval. All additional questions, concerns or issues raised by the Executive Board were addressed and any necessary revisions were made to the Form 990. The final version of the Form 990 was reviewed, approved for filling by the Executive Board.

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C.
The organization's governing documents, financial statements and Form 990 are available to the public upon written request by contacting the Local at 1912 North Division Street, S pokane, WA 99207

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493232013300 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Teamsters Chauffeurs Helpers and Delivery Drivers Union Local No 690 91-0436980 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary acti	vity	(c) Legal domic or foreign o	ıle (state	(d) Total inco	ome	(e) End-of-year as	ssets	(f) Direct cont entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	is. Compl	ete if the orga	nızatıon	answered '	'Yes" on F	orm 990	, Part I	V, line 34 be	ecause	e it had one or r	nore	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co) de section		(e) charity status on 501(c)(3))	D		(g Section (13) cor enti	512(b) ntrolled ty?
(1)Spokane Teamsters Building Association 1912 North Division Street Spokane, WA 99207 51-0184392	organization	office space to ns providing on members		WA	501(c)(2)				Helpen	ters Chauffeurs s and Delivery s Union Local No 690	Yes Yes	No

(a)		(b)	(c)	(d)	(e)	(f)	(g)	1 4	h)	(i)	1	(j)	(
(a) Name, address, and EIN of related organization	f	Primary activity	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	rtionate tions?	Code V-UB amount in b 20 of Schedule K- (Form 1065	[Gen ox mai pai	ieral or naging rtner?	Perce
					514)			Yes	No	1	Yes	s No	1
												+	
												+	
							-				+		
		1	1				1	1	1				
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) of end- year assets	-of- Perc	V, lin (h) entage		(ı Section (13) coi
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((I Section 13) cor enti Yes
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile 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) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile 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) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile 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) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile 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) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile 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) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti

Schedule R (Form 990) 2019		Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	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)	1 g	\neg	No
h Purchase of assets from related organization(s)	1h	\neg	No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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
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	1 p	\rightarrow	No
q Reimbursement paid by related organization(s) for expenses	1 q	\neg	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)									
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
f o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
${f r}$ Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
(a) (b) Name of related organization Transatype (:	ction Amount involved Method of determining amount involved								

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 exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	total end-of-year	(h) Disproprtionat allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No		
													_	
													_	
Schedule R (Form 990) 2019														

Schedule R (Fo	rm 990) 2019	Pag	ge 5						
Part VII	Supplemental Information								
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)							
Return Reference		Explanation							