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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2015 cale	ndar year, or tax year beginning , 2015, and ending	9		, 20	
В	Check if	applicable	C Name of organization Teamsters Local Union No. 597		D Employ	er identification	number
	Address		Doing business as			03-0122468	
$\overline{\Box}$	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/sur	te	E Telepho	ne number	
\exists	Initial reti	-	149 Quarry Hill Road	ŀ		802-476-4159	
Ξ		n/terminated	Charles and the second				
=			South Barre, Vermont 05670		G Gross re	eceints \$	807,209
H	Amended			Walls this a or		subordinates? Ye	
ш	Applicati	on pending	149 Quarry Hill Road, South Barre, Vermont 05670			es included? Ye	
_			☐ 501(c)(3)			a list (see instructi	
누	Website:	npt status		⊣		·	0320
<u>J</u>			Corporation			of legal domicile	VT
K	art			OII	1 W State	or regar dornione	V I
		Summ	escribe the organization's mission or most significant activities: To organization	nizo workor	s and to	sacura improve	nd warne
4	!	•					u wayes,
õ		hours, wo	orking conditions and other economic advantages through organizing, nego	tiations and	collectiv	e bargaining.	
Activities & Governance		Ob I. Ab	is box ▶☐ if the organization discontinued its operations or disposed o	f more then	250/ of	ita not aposta	
Š					1	113 1161 055615.	_
Ğ	1		of voting members of the governing body (Part VI, line 1a)		3	1	
S	1		of independent voting members of the governing body (Part VI, line 1b)				0
jŧį	1		mber of individuals employed in calendar year 2015 (Part V, line 2a)		5		14
ξ			mber of volunteers (estimate if necessary)		6		0
⋖			related business revenue from Part VIII, column (C), line 12		7a	,	0
	b	Net unre	lated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Y	0
		^	to an and sweets (Dart VIIII line 416)				
ne ne	8		tions and grants (Part VIII, line 1h)		13,450		0
Revenue	9	•	service revenue (Part VIII, line 2g)		797,031	ļ	803,069
	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		7,212		4,140
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		817,693		807,209
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		. 0		0
	l l		paid to or for members (Part IX, column (A), line 4)		. 0		0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		433,325		381,732
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	Albana da Managara	0	No. 1 Company of the Assessment	0 PROBLEM RECORD
ă	· b		draising expenses (Part IX, column (D), line 25) ▶	THE THE T		ACTUAL NAME OF STREET	
ш	''		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		403,184		341,664
	18		penses. Add lines 13-17 (must equal Part IX, column (A) line 25)		836,509		723,396
	19	Revenue	less expenses. Subtract line 18 from line 12		(18,816)		83,813
Net Assets or	82		420° UN 90 2016 16° 16°	eginning of Cu		End of Y	
Sset	20		sets (Part X, line 16)		367,203		446,083
F A	21		pilities (Part X, line 26)		6,948		2,015
			ts or fund balances. Subtract line 21 from line 20, U		360,255		444,068
_	art II		ture Block			~ -	
			iry, I declare that I have examined this return, including accompanying schedules and stater lete Declaration of preparer (other than officer) is based on all information of which preparer			my knowledge an	d belief, it is
	ue, correct	t, and comp	lete pecialation of preparer (officer than officer) is based on an information of which preparer	nas any known			
		1	eggy			u	
	gn	Sign	nature of officer	Dat		1 11	
He	ere		TONX St. Hilaire		6-	6-16	
		1 (e or print name and title			T	
P	aid	Print/Ty	pe preparer's name Preparer's signature Da	9-21	Check		0201
	repare	r	Thechar (108) 67	1 00/6	self-em	ployed 73/	39/
	se Onl	1	name Accounting Office of Michael P. Ross	Firm	's EIN ▶	30-0293	272
		Firm's a	address ► 34 Salem Street, Suite 201, Reading, MA 01867	Pho	ne no	781-942-5	800
Ma	ay the IF	RS discus	s this return with the preparer shown above? (see instructions)		<u> </u>		s 🗌 No
Fo	r Paperv	vork Redu	iction Act Notice, see the separate instructions. Cat N	o. 11282Y		Form	990 (2015)

00	1. 0./2015) Page 2
om 99 Part	s (Error)
ait	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Allows the Organization to negotiate contracts, arbitrate cases and conduct all other necessary activities to ensure proper working
	conditions and economic advantages for the membership and to carry-on organizing activities to attract new members.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
74	(Code:/ (Experiese #
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$nocluding grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

rart	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	No
•	complete Schedule A	1	ł	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	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	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (continued)	-		, ago
_			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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? If "Yes," complete Schedule J	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		· ✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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,	30		*
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
				

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		711 CO 10 11 17 17 17 17 17 17 17 17 17 17 17 17	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	√	acoustre.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	Carried Street		
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 <i>e-file</i> (see instructions)	2b		
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-tile</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: N/A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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	-	✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	2004	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	SHIP ST	1 4€
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		到蓝	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	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	Proceedings.	er aconser
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		262	
_	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		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\rightarrow	*
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
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	a 35/95 (121/3)	√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		√
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- merekia	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Form 99	90 (2015)	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>
Secti	on 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 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.	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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 /
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 🗸
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4
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 ✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a	The governing body?	8a 🗸
9	Each committee with authority to act on behalf of the governing body?	8b ✓ 9 ✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)
		Yes No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a ✓ 10b
11a		11a 🗸
b		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a
С		12c
13 14 15	Did the organization have a written whistleblower policy?	13 / 14 /
a b		15a 🗸
16a	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	
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	16a
Soot:	organization's exempt status with respect to such arrangements?	16b
Secti	List the states with which a copy of this Form 990 is required to be filed None	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s only)
19	Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	est policy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords ►
	Mr. Tony St. Hilaire, 149 Quarry Hill Road, South Barre, Vermont 05670 (802)476-4159	

Part VII	Compensation of Officers, Directors,	Trustees,	, Key Employees	Highest (Compensated	Employee :	s, and
	Independent Contractors						

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee.
(A)	(B)			Pos	C) sition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	hours per officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William Kelly										
149 Quarry Hill Road, South Barre, Vermont				✓				98,576	0	48,802
(2) Tony St. Hilaire	ļ									
Same as above				✓				103,876	0	48,802
(3) Steven Graves				,						
Same as above				✓		-	-	929	0	0
(4) Wendell Barney	ļ			١,			,			_
Same as above			_	✓		-	✓	300	.0	0
(5) Chris Myott	 			/					_ ;	_
Same as above				~	-	-	-	1,068	0	0
(6) Steven LeClair				1		ł				
Same as above	<u> </u>	 -		V	├		-	1,118	0	0
(7) Curtis Clough	 	}		1						
Same as above		<u> </u>		•				509	0	0
(8) Chad Bassett	 			1	ĺ			300		0
Same as above	1		-	•			├	300	0	U
(9)	 									
(10)										·
(11)								-		
(12)										
(13)										
(14)										

	, (A) Name and title	(B) Average hours per	box, office	unles	Pos eck s pe l a d	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)			,									
(17)												
(18)							_					
										· •		
									<u> </u>		-	
											_	
											-	 -
(25)						_				-		
1b	Sub-total								206,676		0	97,604
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>	206,676		0	97,604
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$10	00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc						mp	loyee, or high	est compe	nsated	here are a least of the least o
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole c	com	per	nsatio					
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	lividua 	
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
					_							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	M. Take	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
Suit Alt	72-400	Check if Schedule C	contains a re	esponse or note t			(C)	L.]		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514		
nts nts	1a	Federated campaigns	3 1 :	a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u>1</u> 1	b						
s, G	С	Fundraising events .								
Sift ar	d	Related organizations	3 <u>1</u> 0	d _						
S, C	е	Government grants (con	ntributions) 1	е						
ioi S	f	All other contributions, g								
돌		and similar amounts not inc	luded above 1	f						
a di	g	Noncash contributions include	ded in lines 1a-1f.	\$						
a C	h_	Total. Add lines 1a-1	f							
ne				Business Code						
Ven	2a	Dues and Assessment	s		803,069					
Program Service Revenue	b									
	С									
Ser	d									
Ē	е									
g	f	All other program ser	vice revenue .							
7	g	Total. Add lines 2a-2			803,069	遊問了學院則		第四周的第三人		
	3	Investment income								
		and other similar amo	•		4,140					
	4	Income from investmen	t of tax-exempt	bond proceeds ►						
	5	Royalties		<u> </u>				The state of the local 150 mg age.		
			(i) Real	(II) Personal						
	6a	Gross rents								
	b	Less: rental expenses		_						
	С	Rental income or (loss)								
	d	Net rental income or	}	<u> </u>				All Cy seems to the seems that the		
	7a	Gross amount from sales of	(i) Securities	(II) Other						
	İ	assets other than inventory								
	b	Less. cost or other basis				Total Telephone				
	ļ	and sales expenses .								
	С	Gain or (loss)								
	d	Net gain or (loss) .		. <u> </u>	2060 W. 121 2 12 W. W.	To a construct the same by the same states and	W. P. Or . Institution in Confession of the Local States	attributed to the second of the color of the colorest		
ø.										
Ž	8a	Gross income from fu	undraising							
Š		events (not including \$								
æ		of contributions report								
Other Revenue	1			a						
₹	b	Less: direct expenses		b						
	C	Net income or (loss) f			Marino Control day 1 12 Tr. 1811 III	学学者がデスープを	, प्राम्यकार स्टार्ट का व्यवस्था	Company and the very secure.		
	9a	Gross income from ga								
				-						
	Ь	Less: direct expense:		b						
	C	Net income or (loss) to			Manager & States of States	The state of the s				
	10a	Gross sales of in					THE TOWN OF THE THE			
	İ .	returns and allowanc		а						
	b	Less: cost of goods s		b			E PROPERTY OF THE PARTY OF THE			
	С	Net income or (loss)			Riskingstown . The Life Atom		This was contact.	Strategies and the strategies		
		Miscellaneous F	Revenue	Business Code						
	11a				ļ <u></u>	1				
	b			.			ļ			
	С			-		ļ	ļ . .			
	d	All other revenue .			-	e englant e table at la seteman	Separation and the contract of	lend to the second and the second second second		
	е	Total. Add lines 11a-		•		The state of the s	Ment and			
	12	Total revenue. See i	nstructions.		807 209	1	1	1		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)		

	Check if Schedule O contains a response or note to any line in this Part IX							
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	206,676						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	32,108 70,839						
9	Other employee benefits	59,820		,				
10	Payroll taxes	12,289						
11	Fees for services (non-employees):							
	Management							
b	Legal							
c	Accounting	5,000						
d	Lobbying	3,425						
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees		and the state of t	A VINE CAS COURS OF A				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
Ū	(A) amount, list line 11g expenses on Schedule O)	3,021						
12	Advertising and promotion							
13	Office expenses	19,206						
14	Information technology							
15	Royalties							
16	Occupancy	10,687						
17	Travel	24,997						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	8,698			<u> </u>			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	23,284						
23	Insurance	4,462						
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.)							
а	Por Conito Tox	176,197	AND THE PROPERTY OF THE PROPER	<u>। प्रतास्ति स्वास्ति स्वास्ति ।</u>	Buch Co. see with you have a mine to him of			
b	Assessments	2,225	"	-				
C	Contributions	5,277						
d	Steward Dues and Expense	38,218						
e	All other expenses See Schedule Attached	16,967						
25	Total functional expenses. Add lines 1 through 24e	723,396						
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)	7.25,000						

P	art X	Balance Sheet				
	•	Check if Schedule O contains a response or note to any lin	e in this Pa	art X		<u> ,</u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments		309,805	2	387,139
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers,	directors,			
		trustees, key employees, and highest compensated er Complete Part II of Schedule L	nployees.		5	
	6	Loans and other receivables from other disqualified persons (as defined un-	der section			
5	0	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' organizations (see instructions). Complete Part II of Schedule L	oloyers and beneficiary		6	
ets	7	Notes and loans receivable, net			7	
Assets	7	Inventories for sale or use			8	
1	8 9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
	,00	other basis. Complete Part VI of Schedule D	213,818			
	b	Less: accumulated depreciation 10b	154,874		10c	58,944
	11	Investments—publicly traded securities		37,330	11	30,344
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets	·	14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		367,203	16	446,083
\neg	17	Accounts payable and accrued expenses		6,948	17	2,015
	18	Grants payable		18	-,	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedu	ule D .		21	
S	22	Loans and other payables to current and former officers,			ELECTION OF THE STATE OF	
Liabilities		trustees, key employees, highest compensated employee				
iak		disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relaparties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D	TIE FAIL A		25	
	26	T		C 048		2015
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶		6,948	20 ###	2,015
S		complete lines 27 through 29, and lines 33 and 34.	(t) and			
Š	27	Unrestricted net assets		360,255	27	444,068
ala	28	Temporarily restricted net assets	• •	300,233	28	444,008
8	29	Permanently restricted net assets			29	
or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶				
Ē	i	complete lines 30 through 34.				
Ö .	30	Capital stock or trust principal, or current funds		challed the second of the second	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other fu		7	32	
e	33	Total net assets or fund balances		360,255	33	444,068
Z	34	Total liabilities and net assets/fund balances		367,203		446,083

_	-4	$\boldsymbol{\alpha}$
Page		_

Oilli 33	2010/			i ago i
Part	XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u> 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		807,209
2	Total expenses (must equal Part IX, column (A), line 25)	2		723,396
3	Revenue less expenses. Subtract line 2 from line 1	3		83,813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		360,255
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		444,068
Part	XII Financial Statements and Reporting	,		
	Check if Schedule O contains a response or note to any line in this Part XII			🗆
				Yes No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight		
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	1
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın in		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	TO STATE OF THE PARTY OF THE PA	CONTRACTOR OF THE P.
	the Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form	990 (2015)
				,

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

• 56	ection out (c)(3) organizations	that have NOT liled Form 5766 (election	m under section 50	I(II)) Complete Fart II-B Do I	iot complete Fart II-A
If the d	organization answered "Yes	s," on Form 990, Part IV, line 5 (Proxy	/ Tax) (see separa	te instructions) or Form 990	-EZ, Part V, line 35c (Proxy
Tax) (s	ee separate instructions), t	hen			
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ider	ntification number
	ters Local Union No. 597			(a) a i i a a a a di a a 507 a	03-0122468
		e organization is exempt und			organization.
1	•	the organization's direct and indire	•	· ·	•
2)
3	Volunteer hours				
Part	Complete if the	e organization is exempt und	er section 501	(c)(3)	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			Yes No
4a	_				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			▶ \$	
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2			
4	- -	n file Form 1120-POL for this year			
5		ses and employer identification nui			
	. ,	ents. For each organization listed,			
		ontributions received that were pro fund or a political action committe			
	as a separate segregated	Tund of a pointed action committee	je (i AO). li additio	Thai space is ficeded, prov	The information in activ.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
(0)					
(2)					
(3)					
(5)					
(4)					
\T)					
(5)					
(6)					

o.	•	2

Pa	irt II-A	Complete if the organization section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under	
A	Check I	Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's						
		name, address, EIN, expe					•	
В	Check I	► ☐ if the filing organization c			trol" provisions	apply.		
			bying Expendit			(a) Filing	(b) Affiliated	
		(The term "expenditures" r				organization's totals	group totals	
1		lobbying expenditures to influenc						
		lobbying expenditures to influenc	_		g)			
		lobbying expenditures (add lines	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
		exempt purpose expenditures .						
		exempt purpose expenditures (ac		•				
	f Lobby	ying nontaxable amount. Enter nns.	the amount to	rom the following	table in both			
	If the a	amount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	t is:			
	Not ov	er \$500,000	20% of the ar	nount on line 1e.				
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.			
		1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.			
		17,000,000	\$1,000,000.					
	_	roots nontaxable amount (enter 2	-					
		act line 1g from line 1a. If zero or	*					
		act line 1f from line 1c. If zero or l	•			() = 4700		
	,	re is an amount other than zero	_	•	•		☐ Yes ☐ No	
	repor	ting section 4911 tax for this year		<u> </u>				
	(Sor	ne organizations that made a se See th	ection 501(h) ele e separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five columi	ns below.	
		Lobbyin	g Expenditures	During 4-Year Av	veraging Period			
	Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2	a Lobby	ying nontaxable amount						
		ying ceiling amount 6 of line 2a, column (e))						
	c Total	lobbying expenditures						
	d Grass	roots nontaxable amount						
		roots ceiling amount 6 of line 2d, column (e))						
	f Grass	roots lobbying expenditures						

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed l	Form	5768		
For e	ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(8)		(b)	
	and the second of the second o	/es	No	A	nount	t
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:					
a b	Volunteers?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i j	Other activities?	發		este suprisor	entern.	%38. Y-449
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
d	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)(5 501(c)(6).	o), C	r se	ction		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		1
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."				line (3, is
1 2	Dues, assessments and similar amounts from members	of	1			
a b	Current year		2a 2b			
с 3	Total		2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	ıg	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions), and Part II-B, line 1. Also, complete this part for any additional information.	list); Par	t II-A, li	nes 1	and
		. 				

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Name o	the organization		Employer identification number
Teams	ters Local Union No. 597		03-0122468
Par		rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '		
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
·	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	·	
U	only for charitable purposes and not for the benef		
	· ·	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
Par			tes No
Fai	Complete if the organization answered '	'Vos" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreat		a historically increases to ad anno
	· · · · · · · · · · · · · · · · · · ·	_	a certified historic structure
	Protection of natural habitat	U Preservation of	a certified historic structure
_	Preservation of open space	ald a gualified consequence contribute	n in the form of a concentation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contributio	Held at the End of the Tax Year
	•		
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in		1 1
_	4		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	linated by the organization during the
_	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy requipolations, and enforcement of the conservation ea		
•			
6	Staff and volunteer hours devoted to monitoring, inspect	ling, nandling of violations, and enforcing c	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspectin \$ \Begin{align*} \Delta & &	g, nandling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
_			
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		ancial statements that describes the
Dow	organization's accounting for conservation easeme		Other Similar Assets
Pari	<u> </u>		Other Similar Assets.
	Complete if the organization answered '		
та	If the organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ucation, or research in furtherance of
	public service, provide the following amounts relati	•	
	(i) Revenue included on Form 990, Part VIII, line 1		\$ > \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these ite	ems:
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
h	Assets included in Form 990 Part X		b •

P	а	a	e	1	2

Part	III Organizations Maintaining Co	llections of Art,	Histor	ical Treasures	, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and other				significant use of its
а	☐ Public exhibition			Loan or exchang		
b	Scholarly research		е 🗌	Other		
С	☐ Preservation for future generations					
4	Provide a description of the organization's XIII.					
5	During the year, did the organization solid					
	assets to be sold to raise funds rather than		as par	of the organizat	ion's collection?	· U Yes No
Part	Escrow and Custodial Arrange Complete if the organization ans		Гана	OOO Dowt IV Ivo	a O ar rapartad an a	mount on Form
	990, Part X, line 21.	swered tes on	roin:	990, Part IV, III	e 9, or reported an a	inount on Point
	Is the organization an agent, trustee, cus	stodian or other ii	ntermed	iary for contribut	tions or other assets	not
ι α	included on Form 990, Part X?			-		
b	If "Yes," explain the arrangement in Part X	III and complete t	he follov	ving table:		
		,				Amount
С	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					
b Pari	If "Yes," explain the arrangement in Part X Endowment Funds.	III, Check here if t	ne expi	ination has been	provided on Part XIII	· · · · <u>U</u>
Par	Complete if the organization ans	swered "Yes" on	Form	990 Part IV line	- 1∩	
			(b) Prior ye			ck (e) Four years back
1a	Beginning of year balance	,				
b	Contributions				•	
	Net investment earnings, gains, and losses					
d	Grants or scholarships					-
	Other expenditures for facilities and					
	programs			1		
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the c	•	alance (I	ine 1g, column (a	i)) held as	
а	Board designated or quasi-endowment					
b	Permanent endowment ▶ 9	6				
С	Temporarily restricted endowment	% 				
3a	The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the pos			on that are held	and administered for t	the
Ja	organization by:	330331011 01 1110 01	garnzan	on that are note	and administrated for	Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organ					. 3b
4	Describe in Part XIII the intended uses of t	he organization's	endown	nent funds.		
Part				-		
	Complete if the organization ans	swered "Yes" on	Form 9	990, Part IV, line	e 11a. See Form 9 <u>9</u> 0), Part X, line 10.
	Description of property	(a) Cost or other b (investment)	asıs (b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			1,500		1,500
b	Buildings			117,896	94,270	23,626
c	Leasehold improvements					
d	Equipment			43,700	34,038	9,662
е	Other	<u> </u>		50,722	26,566	24,156
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, I	Part X, c	olumn (B), line 10)c.) ▶	58,944

Part VII	Investments—Other Secu Complete if the organizatio		orm 990 Part IV II	ne 11h See Form	a QQN Part Y line 12
	(a) Description of security or of (including name of secu	category	(b) Book value	(c) Me	thod of valuation I-of-year market value
(1) Financial	derivatives				
	neld equity interests				
			-		
(A)					
(B)				 	
(C)			-		
(D) (E)			-		···.
(F)			 	+	
(G)				+	
() (H)					
	b) must equal Form 990, Part X, col. (B) line	12.) ▶	· · · · · · · · · · · · · · · · · · ·		
Part VIII	Investments—Program Ro Complete if the organization	elated.	orm 990, Part IV, III	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investr	nent	(b) Book value	, ,	thod of valuation I-of-year market value
(1)					
(2)					.,,
(3)					
(4)				<u> </u>	
(5)					
(6)				<u> </u>	
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line	131			
Part IX	Other Assets.			0.3500.8700.8400.83	
T dit ix	Complete if the organizatio	n answered "Yes" on Fo	orm 990, Part IV, III	ne 11d. See Form	990, Part X, line 15.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Pa	rt X col (R) line 15)		>	
Part X	Other Liabilities. Complete if the organizatio line 25.		orm 990, Part IV, lii		e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)			1000		
(7)					
(8)				44 15	
(9)					
	b) must equal Form 990, Part X, col. (B) line				
	r uncertain tax positions. In Part XII is liability for uncertain tax positions				

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	807,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		007,203
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	807,209
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	27.13	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	807,209
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	723,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	723,396
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	723,396
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Teamsters Local Union No. 597	03-0122468
Part VI, Line 15(a) and (b). All Officers and Executive Board Members are elected to their respective po	ositions by the general membership
of Teamsters Local Union No. 597. These general elections are held every three (3) years unless a Special Election is agreed to by the	
general membership. The compensation of each Officer and Executive Board Members is determined by the By-Laws of the Local Union	
and not by any one individual.	
Part VI, Section C, Line 19 The Executive Board of Teamsters Local Union No. 597 meets on a month!	y basis to review the financial activity
of the Local Union and to discuss matters relative to the general membership. The Secretary/Treasurer reports to the general membership	
of the Local Union on a regular basis the financial status of the Local Union as required by the Local Union's By-Laws and the Teamsters	
International Constitution. The Local Union makes available to its general membership, upon request for review, any governing document	
or policy as required by its By-Laws, the U.S. Department of Labor and the Internal Revenue Service.	
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