

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TEAMSTERS FOR A DEMOCRATIC UNION

Number and street (or P. O. box, if mail is not delivered to street address)Room/suite
PO Box 10128

City or town, state or province, country, and ZIP or foreign postal code
Detroit, MI 48210

D Employer identification number
38-2303810

E Telephone number
(313) 842-2600

F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: <http://www.tdu.org>

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(5) (insert no. ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 125,099

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	84,659
	2	Program service revenue including government fees and contracts	2	6,847
	3	Membership dues and assessments	3	26,613
	4	Investment income	4	6,980
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6b	0
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	125,099
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	65,596
Net Assets	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	2,725
	15	Printing, publications, postage, and shipping	15	6,946
	16	Other expenses (describe in Schedule O)	16	10,274
	17	Total expenses. Add lines 10 through 16	17	85,541
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,558
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	201,316
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	240,874

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2020)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	211,846	22	275,791
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	2,859	24	3,540
25 Total assets	214,705	25	279,331
26 Total liabilities (describe in Schedule O).	13,389	26	38,457
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,316	27	240,874

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?
Organization of Teamsters for mutual support.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Educational literature and publications on Federal and state legal rights, internal union policy and activity workplace issues.
(Grants \$) If this amount includes foreign grants, check here

☐

29 Publisher of Convoy Dispatch newspaper. Provides timely information and educational content to Teamsters union members. Published nine times a year.
(Grants \$) If this amount includes foreign grants, check here

☐

30 Annual convention, workshops, educational sessions. Highest organizational body, elects leadership.
(Grants \$) If this amount includes foreign grants, check here

☐

31 Other program services (describe in Schedule O)
If this amount includes foreign grants, check here

☐

32 Total program service expenses (add lines 28a through 31a)

☐

28a

29a

30a

31a

32

0

28a29a30a31a32

0

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kenneth Paff	3	2,185	0	0
National Organizer				
Dave Bernt	1	0	0	0
Board Member				
Eugene Braswell	1	0	0	0
Board Member				
Frank Halstead	1	0	0	0
Board Member				
Brooke Reeves	1	0	0	0
Board Member				
Dan Campbell	1	0	0	0
Board Member				
Willie Hardy	1	0	0	0
Board Member				
John Palmer	1	0	0	0
Board Member				
Emily Butt	1	0	0	0
Board Member				
Kristen Jefferson	1	0	0	0
Board Member				
Gabriella Killpack	1	0	0	0
Board Member				
Nick Perry	1	0	0	0
Board Member				
Bryan Trafford	1	0	0	0
Board Member				
Julian Tysh	1	0	0	0
Board Member				
Sean Williams	1	0	0	0
Board Member				
Gina Alvarez	1	0	0	0
Board Member				
Cory Levesque	1	0	0	0
Board Member				
Jerry Yarbrough	1	0	0	0
Board Member				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed.		
42a	The organization's books are in care of Michael Merriweather Telephone no. (313) 842-2600 Located at 7437 Michigan Ave Detroit, MI ZIP + 4 48210		
		Yes	No
b	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:	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI	Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer	2021-11-15				
	Kenneth T Paff National Organizer	Date				
Paid Preparer Use Only	Print/Type preparer's name Alan Jacobson		Preparer's signature	Date 2021-11-10	Check ☐ if self-employed	PTIN P01615058
	Firm's name ▶ Alan Jacobson				Firm's EIN ▶	
	Firm's address ▶ 14500 Rosemont Detroit, MI 48223				Phone no. (313) 303-1472	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

[Return to Form](#)

Software ID: 20012124

Software Version: v1.00

Form 990-EZ, Special Condition Description:

Special Condition Description

2020**Open to Public
Inspection****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.****► Attach to Form 990 or 990-EZ.****► Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury

Name of the organization

TEAMSTERS FOR A DEMOCRATIC UNION

Employer identification number

38-2303810

Return Reference	Explanation
Form 990- EZ, Part I, Line 16	Telephone, Supplies, Services Charges and Miscellaneous Expenses
Form 990- EZ, Part II, Line 24	Description;EOY Amount^Accounts Receivable;2415 Salvage Value of Furniture and Fixtures;1125^Total;3540^
Form 990- EZ, Part II, Line 26	Accounts Payable

Additional Data

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Software ID: 20012124

Software Version: v1.00

TY 2020 IRS 990 e-File Render

Name: TEAMSTERS FOR A DEMOCRATIC UNION

EIN: 38-2303810

Software ID: 20012124

Software Version: v1.00

Explanation: Not all information needed for preparation of forms available at the time of original deadline.