

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

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

C Name of organization: MINNESOTA TEAMSTERS SERVICE BUREAU. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 3001 UNIVERSITY AVENUE SE 307. Room/suite. City or town, state or province, and ZIP or foreign postal code: MINNEAPOLIS, MN 55414

D Employer identification number: 41-1513000. E Telephone number: (612) 676-3700. G Gross receipts \$ 1,175,498

F Name and address of principal officer: KERRY-ANN SAMUDA, 3001 UNIVERSITY AVENUE SE 307, MINNEAPOLIS, MN 55414

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? Yes. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.MNTSB.ORG

K Form of organization: Corporation

L Year of formation: 1985. M State of legal domicile: MN

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various financial and organizational metrics with columns for Prior Year and Current Year.

Part II 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.

|                               |  |                      |                    |   |                   |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer<br>KERRY-ANN SAMUDA EXECUTIVE DIRECTOR        |                      | Date<br>2025-11-13 |   |                   |
|                               | Type or print name and title                                       |                      |                    |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date<br>2025-11-13 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00294068 |
|                               | Firm's name CLIFTONLARSONALLEN LLP                                 |                      |                    | Firm's EIN 41-0746749                           |                   |
|                               | Firm's address 220 S 6TH STREET SUITE 300<br>MINNEAPOLIS, MN 55402 |                      |                    | Phone no. (612) 376-4500                        |                   |

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2024)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MISSION OF THE MINNESOTA TEAMSTERS SERVICE BUREAU IS TWOFOLD; (1) TO ASSIST IN RAISING THE QUALITY OF LIFE OF THE TEAMSTERS UNION MEMBERSHIP THROUGH DEVELOPMENT OF A SUPPORTIVE ATMOSPHERE IN WHICH MEMBERS FEEL COMFORTABLE IN ASKING FOR ASSISTANCE TO ADDRESS DEVELOPING OR EXISTING PROBLEMS IN THEIR LIVES AND (2) ADMINISTERING GRANTS FROM THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT, AND OTHER AGENCIES, TO PROVIDE SERVICES TO DISLOCATED AND INCUMBENT WORKERS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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?  Yes  No  
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 \$ **690,570** including grants of \$ **0**) (Revenue \$ **0**)  
 THE DISLOCATED WORKER PROGRAM SERVES INDIVIDUALS WHO HAVE LOST THEIR JOB THROUGH NO FAULT OF THEIR OWN. THE PROGRAM PROVIDES CAREER COUNSELING, RESUME ASSISTANCE, JOB SEARCH WORKSHOPS, SUPPORT SERVICES, FUNDING FOR CREDENTIAL AND NON-CREDENTIAL TRAINING, AND JOB PLACEMENT SERVICES TO ASSIST PARTICIPANTS TO BECOME RE-EMPLOYED. A TOTAL OF 375 INDIVIDUALS WERE SERVED IN 2024. OF THOSE SERVED, 219 WERE EXITED COUNTING TOWARDS PERFORMANCE GOALS FOR THE YEAR, WITH 159 OF THESE COUNTED AS SUCCESSFUL EXITS FOR A PLACEMENT RATE OF 72%. THE TOTAL NUMBER OF PARTICIPANTS SERVED DECREASED BY 20% IN 2024.

**4b** (Code: ) (Expenses \$ **347,058** including grants of \$ **14,940**) (Revenue \$ **117,168**)  
 THE FAMILY SERVICES PROGRAM PROVIDES EMPLOYEE ASSISTANCE SERVICES TO 33,000 MEMBERS OF PARTICIPATING UNION LOCALS WITHIN TEAMSTERS JOINT COUNCIL 32. FREE CONFIDENTIAL SERVICES TO THIS GROUP INCLUDE: OUTREACH AND INFORMATION REGARDING AVAILABLE SERVICES; ADVOCACY, CASE MANAGEMENT, REFERRAL AND FOLLOW UP SERVICES; EMERGENCY FINANCIAL ASSISTANCE, AND FINANCIAL AND LEGAL COUNSELING; AS WELL AS SUBCONTRACTED PROFESSIONALLY TRAINED STAFF COVERING MENTAL HEALTH RELATIONSHIP, AND CHEMICAL DEPENDENCY ISSUES. IN ADDITION, FAMILY SERVICES PROVIDES INFORMATION, REFERRALS, AND SCREENING FOR FINANCIAL ASSISTANCE TO PARTICIPANTS IN OUR DISLOCATED WORKER PROGRAM. A TOTAL OF 298 INDIVIDUALS WERE SERVED IN 2024 THROUGH THE FAMILY SERVICES PROGRAM.

**4c** (Code: ) (Expenses \$ including grants of \$ **0**) (Revenue \$ **0**)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** **1,037,628**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

| Part IV Checklist of Required Schedules (continued) |  | Yes | No  |
|---|--|-----|-----|
| <b>22</b>   | 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? <i>If "Yes," complete Schedule I, Parts I and III</i>   | 22  | Yes |
| <b>23</b>   | 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  |
| <b>24a</b>  | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>  | 24a | No  |
| <b>b</b>  | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |
| <b>c</b>  | 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 |     |
| <b>d</b>  | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |
| <b>25a</b>  | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   | 25a | No  |
| <b>b</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 | No  |
| <b>26</b>   | 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? <i>If "Yes," complete Schedule L, Part II</i>   | 26  | No  |
| <b>27</b>   | 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, Part III</i> | 27  | No  |
| <b>28</b>   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |
| <b>a</b>  | 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>b</b>  | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>   | 28b | No  |
| <b>c</b>  | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  | 28c | No  |
| <b>29</b>   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | 29  | No  |
| <b>30</b>   | 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  |
| <b>31</b>   | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  | 31  | No  |
| <b>32</b>   | 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  |
| <b>33</b>   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33  | No  |
| <b>34</b>   | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  | 34  | Yes |
| <b>35a</b>  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | No  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 35b |     |
| <b>36</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 36  | No  |
| <b>37</b>   | 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? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  | No  |
| <b>38</b>   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38  | Yes |

**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

|           |  | Yes | No  |
|-----------|--|-----|-----|
| <b>1a</b> | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 1a  | 2   |
| <b>b</b>  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | 1b  | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c  | Yes |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question ID, question text, and response fields. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, 12a-12b Section 4947(a)(1) non-exempt charitable trusts, and 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

|  |    |    |
|--|----|----|
| 15 Is the organization subject to the section 7500 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  | 15 | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.  | 16 | No |
| 17 <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | 17 |    |

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

**Section 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 . . . . .<br>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. | 1a 10 |     |    |
| b Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b 10 |     |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2     |     | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .   | 3     |     | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4     |     | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5     |     | No |
| 6 Did the organization have members or stockholders? . . . . .  | 6     |     | No |
| 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    |     | No |
| 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:   |       |     |    |
| a The governing body? . . . . .   | 8a    | Yes |    |
| b Each committee with authority to act on behalf of the governing body? . . . . .   | 8b    |     | 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 |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|  |     | Yes | No |
|--|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? . . . . .   | 10a |     | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   | 10b |     |    |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | 11a | Yes |    |
| b Describe on 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 | Yes |    |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12b | Yes |    |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .   | 12c | Yes |    |
| 13 Did the organization have a written whistleblower policy? . . . . .   | 13  |     | No |
| 14 Did the organization have a written document retention and destruction policy? . . . . .  | 14  | Yes |    |
| 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?  |     |     |    |
| a The organization's CEO, Executive Director, or top management official . . . . .   | 15a | Yes |    |
| b Other officers or key employees of the organization . . . . .<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 15b | Yes |    |
| 16a 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? . . . . . | 16b |     |    |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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:  
KERRY-ANN SAMUDA 3001 UNIVERSITY AVE SE SUITE 307 MINNEAPOLIS, MN 55414 (612) 676-3700

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TOM ERICKSON<br>BOARD PRESIDENT    | 10.00<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) KRIS KNIGHT<br>BOARD CO-CHAIR      | 5.00<br>5.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) BRIAN ALDES<br>BOARD CO-CHAIR      | 5.00<br>5.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) MIKE DEBUCK<br>BOARD MEMBER        | 5.00<br>5.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) LYNDON JOHNSON<br>BOARD MEMBER     | 5.00<br>5.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) NATHANIEL COCHRANE<br>BOARD MEMBER | 5.00<br>5.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) PAUL MCCULLEN<br>BOARD MEMBER      | 5.00<br>5.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) TIM WILCHER<br>BOARD MEMBER        | 5.00<br>5.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |



|          |   |          |    |
|----------|---|----------|----|
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | No |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII **Statement of Revenue**

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

|   | (A)<br>Total revenue | (B)<br>Related or exempt function revenue | (C)<br>Unrelated business revenue | (D)<br>Revenue excluded from tax under sections 512 - 514 |
|---|----------------------|---|-----------------------------------|---|
| <b>1a</b> Federated campaigns . . . . .<br>78,538   |                      |   |                                   |   |
| <b>1b</b> Membership dues . . . . .   |                      |   |                                   |   |
| <b>1c</b> Fundraising events . . . . .  |                      |   |                                   |   |
| <b>1d</b> Related organizations . . . . .   |                      |   |                                   |   |
| <b>1e</b> Government grants (contributions) . . . . .<br>794,028  |                      |   |                                   |   |
| <b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .<br>171,444 |                      |   |                                   |   |
| <b>g</b> Noncash contributions included in lines 1a - 1f:\$   |                      |   |                                   |   |
| <b>h Total.</b> Add lines 1a-1f . . . . .   | 1,044,010            |   |                                   |   |

| Program Service Revenue                     | Business Code | (A)<br>Total revenue | (B)<br>Related or exempt function revenue | (C)<br>Unrelated business revenue | (D)<br>Revenue excluded from tax under sections 512 - 514 |
|---|---------------|----------------------|---|-----------------------------------|---|
| <b>2a</b> DIRECTORSHIP FEES                 | 561300        | 117,168              | 117,168                                   |                                   |   |
|   |               |                      |   |                                   |   |
|   |               |                      |   |                                   |   |
|   |               |                      |   |                                   |   |
|   |               |                      |   |                                   |   |
|   |               |                      |   |                                   |   |
| <b>f</b> All other program service revenue. |               |                      |   |                                   |   |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |               | 117,168              |   |                                   |   |

|   |        |  |  |        |
|---|--------|--|--|--------|
| <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . | 14,020 |  |  | 14,020 |
| <b>4</b> Income from investment of tax-exempt bond proceeds                                     |        |  |  |        |
| <b>5</b> Revenues   |        |  |  |        |

|  |   |                |               |         |   |  |        |
|--|---|----------------|---------------|---------|---|--|--------|
|  |   | (i) Real       | (ii) Personal |         |   |  |        |
| <b>6a</b> Gross rents  | <b>6a</b>   |                |               |         |   |  |        |
|  | <b>b</b> Less: rental expenses                        | <b>6b</b>      |               |         |   |  |        |
|  | <b>c</b> Rental income or (loss)                      | <b>6c</b>      |               |         |   |  |        |
| <b>d</b> Net rental income or (loss)   |   |                |               |         |   |  |        |
|  |   | (i) Securities | (ii) Other    |         |   |  |        |
| <b>7a</b> Gross amount from sales of assets other than inventory   | <b>7a</b>   |                | 300           |         |   |  |        |
|  | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>      |               | 0       |   |  |        |
|  | <b>c</b> Gain or (loss)                               | <b>7c</b>      |               | 300     |   |  |        |
| <b>d</b> Net gain or (loss)  |   |                |               | 300     |   |  | 300    |
| <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                |               |         |   |  |        |
|  | <b>b</b> Less: direct expenses                        | <b>8b</b>      |               |         |   |  |        |
|  | <b>c</b> Net income or (loss) from fundraising events |                |               |         |   |  |        |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                |               |         |   |  |        |
|  | <b>b</b> Less: direct expenses                        | <b>9b</b>      |               |         |   |  |        |
|  | <b>c</b> Net income or (loss) from gaming activities  |                |               |         |   |  |        |
| <b>10a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                |               |         |   |  |        |
|  | <b>b</b> Less: cost of goods sold                     | <b>10b</b>     |               |         |   |  |        |
|  | <b>c</b> Net income or (loss) from sales of inventory |                |               |         |   |  |        |
| <b>11a</b>   | Business Code   |                |               |         |   |  |        |
| <b>b</b>   |   |                |               |         |   |  |        |
| <b>c</b>   |   |                |               |         |   |  |        |
| <b>d</b> All other revenue   |   |                |               |         |   |  |        |
| <b>e Total.</b> Add lines 11a-11d  |   |                |               |         |   |  |        |
| <b>12 Total revenue.</b> See instructions  |   |                | 1,175,498     | 117,168 | 0 |  | 14,320 |

Form 990 (2024)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                              |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 14,940                | 14,940                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. |                       |                                 |  |                             |

|   |           |           |        |   |
|---|-----------|-----------|--------|---|
| <b>4</b> Benefits paid to or for members . . . . .  |           |           |        |   |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 117,518   | 100,110   | 17,408 |   |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |           |           |        |   |
| <b>7</b> Other salaries and wages . . . . .   | 295,209   | 295,209   |        |   |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 3,000     | 2,866     | 134    |   |
| <b>9</b> Other employee benefits . . . . .  | 92,846    | 87,901    | 4,945  |   |
| <b>10</b> Payroll taxes . . . . .   | 29,016    | 27,580    | 1,436  |   |
| <b>11</b> Fees for services (non-employees):  |           |           |        |   |
| <b>a</b> Management . . . . .   |           |           |        |   |
| <b>b</b> Legal . . . . .  |           |           |        |   |
| <b>c</b> Accounting . . . . .   |           |           |        |   |
| <b>d</b> Lobbying . . . . .   |           |           |        |   |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |           |           |        |   |
| <b>f</b> Investment management fees . . . . .   |           |           |        |   |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 81,178    | 72,038    | 9,140  |   |
| <b>12</b> Advertising and promotion . . . . .   |           |           |        |   |
| <b>13</b> Office expenses . . . . .   | 55,268    | 48,877    | 6,391  |   |
| <b>14</b> Information technology . . . . .  | 16,495    | 13,517    | 2,978  |   |
| <b>15</b> Royalties . . . . .   |           |           |        |   |
| <b>16</b> Occupancy . . . . .   | 79,436    | 72,814    | 6,622  |   |
| <b>17</b> Travel . . . . .  | 1,297     | 1,151     | 146    |   |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |           |           |        |   |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |           |           |        |   |
| <b>20</b> Interest . . . . .  |           |           |        |   |
| <b>21</b> Payments to affiliates . . . . .  |           |           |        |   |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 16,290    | 14,456    | 1,834  |   |
| <b>23</b> Insurance . . . . .   | 7,973     | 7,075     | 898    |   |
| <b>24</b> 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.)                                       |           |           |        |   |
| <b>a</b> PARTICIPANT SUPPORT  | 306,155   | 270,841   | 35,314 |   |
| <b>b</b> MISCELLANEOUS EXPENSE  | 8,001     | 5,648     | 2,353  |   |
| <b>c</b> EQUIPMENT LEASES   | 2,968     | 2,605     | 363    |   |
| <b>d</b>  |           |           |        |   |
| <b>e</b> All other expenses   |           |           |        |   |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 1,127,590 | 1,037,628 | 89,962 | 0 |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |           |           |        |   |

Part X **Balance Sheet**

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

|   | (A)<br>Beginning of year |          | (B)<br>End of year |
|---|--------------------------|----------|--------------------|
| <b>1</b> Cash-non-interest-bearing . . . . .  | 399,972                  | <b>1</b> | 226,443            |
| <b>2</b> Savings and temporary cash investments . . . . .   | 252,464                  | <b>2</b> | 591,676            |
| <b>3</b> Pledges and grants receivable, net . . . . .   | 206,416                  | <b>3</b> | 56,559             |
| <b>4</b> Accounts receivable, net . . . . .   |                          | <b>4</b> |                    |
| <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% |                          | <b>5</b> |                    |

|                                    |  |  |                                       |           |            |           |
|------------------------------------|--|--|---------------------------------------|-----------|------------|-----------|
| <b>Assets</b>                      | controlled entity or family member of any of these persons   |  |                                       |           |            |           |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  |                                       |           | <b>6</b>   |           |
|                                    | <b>7</b>   | Notes and loans receivable, net  |                                       |           | <b>7</b>   |           |
|                                    | <b>8</b>   | Inventories for sale or use  |                                       | 330       | <b>8</b>   |           |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges  |                                       | 40,885    | <b>9</b>   |           |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>                            | 214,529   |            |           |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>                            | 195,196   | <b>10c</b> |           |
|                                    | <b>11</b>  | Investments—publicly traded securities   |                                       |           | <b>11</b>  |           |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11   |                                       |           | <b>12</b>  |           |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11  |                                       |           | <b>13</b>  |           |
|                                    | <b>14</b>  | Intangible assets  |                                       |           | <b>14</b>  |           |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11   |                                       | 197,295   | <b>15</b>  |           |
|                                    | <b>16</b>  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   |                                       | 1,112,985 | <b>16</b>  |           |
|                                    | <b>Liabilities</b>   | <b>17</b>  | Accounts payable and accrued expenses |           | 84,698     | <b>17</b> |
|                                    |  | <b>18</b>  | Grants payable                        |           |            | <b>18</b> |
|                                    |  | <b>19</b>  | Deferred revenue                      |           |            | <b>19</b> |
| <b>20</b>                          |  | Tax-exempt bond liabilities  |                                       |           | <b>20</b>  |           |
| <b>21</b>                          |  | Escrow or custodial account liability. Complete Part IV of Schedule D  |                                       |           | <b>21</b>  |           |
| <b>22</b>                          |  | 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 |                                       |           | <b>22</b>  |           |
| <b>23</b>                          |  | Secured mortgages and notes payable to unrelated third parties   |                                       |           | <b>23</b>  |           |
| <b>24</b>                          |  | Unsecured notes and loans payable to unrelated third parties   |                                       | 250,000   | <b>24</b>  |           |
| <b>25</b>                          |  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                    |                                       | 198,823   | <b>25</b>  |           |
| <b>26</b>                          |  | <b>Total liabilities.</b> Add lines 17 through 25  |                                       | 533,521   | <b>26</b>  |           |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |                                       |           |            |           |
|                                    | <b>27</b>  | Net assets without donor restrictions  |                                       | 546,739   | <b>27</b>  |           |
|                                    | <b>28</b>  | Net assets with donor restrictions   |                                       | 32,725    | <b>28</b>  |           |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |                                       |           |            |           |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds   |                                       |           | <b>29</b>  |           |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund  |                                       |           | <b>30</b>  |           |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |                                       |           | <b>31</b>  |           |
|                                    | <b>32</b>  | <b>Total net assets or fund balances</b>   |                                       | 579,464   | <b>32</b>  |           |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b>  |  | 1,112,985                             | <b>33</b> |            |           |

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Part XI Reconciliation of Net Assets

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

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,175,498 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,127,590 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1  | <b>3</b>  | 47,908    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | <b>4</b>  | 579,464   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0         |
| <b>10</b> | <b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 627,372   |

Part XII Financial Statements and Reporting

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

Check if Schedule O contains a response or note to any item in this Part VII . . . . .

- 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," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled 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?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

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Form 990 (2024)

**Additional Data**

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**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (MINNESOTA TEAMSTERS SERVICE BUREAU) and Employer identification number (41-1513000)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .   | 2,950,447 | 2,270,537 | 1,738,737 | 1,732,528 | 1,044,010 | 9,736,259 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 2,950,447 | 2,270,537 | 1,738,737 | 1,732,528 | 1,044,010 | 9,736,259 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 9,736,259 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4. . . . .   | 2,950,447 | 2,270,537 | 1,738,737 | 1,732,528 | 1,044,010 | 9,736,259                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .  | 184       | 123       | 222       | 2,650     | 14,020    | 17,199                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .  |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .  |           | 1,104     |           | 2,883     |           | 3,987                    |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 9,757,445                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |           |           |           |           | <b>12</b> | 978,271                  |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 99.780 %                            |
| <b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 99.930 %                            |
| <b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

Schedule A (Form 990) 2024

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |

|           |   |  |  |  |  |  |
|-----------|---|--|--|--|--|--|
| <b>4</b>  | tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |  |  |  |  |  |
| <b>5</b>  | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |  |  |  |
| <b>6</b>  | <b>Total.</b> Add lines 1 through 5   |  |  |  |  |  |
| <b>7a</b> | Amounts included on lines 1, 2, and 3 received from disqualified persons  |  |  |  |  |  |
| <b>b</b>  | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. |  |  |  |  |  |
| <b>c</b>  | Add lines 7a and 7b. . . .  |  |  |  |  |  |
| <b>8</b>  | <b>Public support.</b> (Subtract line 7c from line 6.)  |  |  |  |  |  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .  |          |          |          |          |          |           |
| <b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

- 19a** **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- b** **33 1/3% support tests-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

Schedule A (Form 990) 2024

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                              |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>  |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |

|            |   |            |  |  |
|------------|---|------------|--|--|
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | <b>3c</b>  |  |  |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | <b>4a</b>  |  |  |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | <b>4b</b>  |  |  |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | <b>4c</b>  |  |  |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | <b>5a</b>  |  |  |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | <b>5b</b>  |  |  |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   | <b>5c</b>  |  |  |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   | <b>6</b>   |  |  |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .   | <b>7</b>   |  |  |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | <b>8</b>   |  |  |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | <b>9a</b>  |  |  |
| <b>b</b>   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | <b>9b</b>  |  |  |
| <b>c</b>   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | <b>9c</b>  |  |  |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   | <b>10a</b> |  |  |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  | <b>10b</b> |  |  |

Schedule A (Form 990) 2024

Part IV Supporting Organizations (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on 11a above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                                  | <b>11c</b> |    |

Section B. Type I Supporting Organizations

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | <b>2</b> |    |

Section C. Type II Supporting Organizations

| Yes | No |
|-----|----|
|-----|----|

|  |          |  |  |
|--|----------|--|--|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |  |  |
|--|----------|--|--|

**Section D. All Type III Supporting Organizations**

|   |          | Yes | No |
|---|----------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | <b>2</b> |     |    |
| <b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   | <b>3</b> |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

**a**  The organization satisfied the Activities Test. Complete **line 2** below.

**b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.

**c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | <b>2a</b> |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | <b>2b</b> |     |    |

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

|  |           |  |  |
|--|-----------|--|--|
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                          | <b>3a</b> |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. | <b>3b</b> |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>  |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |

|   |          |  |              |
|---|----------|--|--------------|
| <b>e Discount</b> claimed for blockage or other factors<br>(explain in detail in <b>Part VI</b> ):  |          |  |              |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b> |  |              |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b> |  |              |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b> |  |              |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b> |  |              |
| <b>6</b> Multiply line 5 by 0.035   | <b>6</b> |  |              |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b> |  |              |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b> |  |              |
| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> |  |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |  |              |

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   |           | Current Year |
|--|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2024 from Section C, line 6  | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   | <b>10</b> |              |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2024 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions. |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2024:  |                             |  |   |
| <b>a</b> From 2019. . . . .  |                             |  |   |
| <b>b</b> From 2020. . . . .  |                             |  |   |
| <b>c</b> From 2021. . . . .  |                             |  |   |
| <b>d</b> From 2022. . . . .  |                             |  |   |
| <b>e</b> From 2023. . . . .  |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2024 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2019 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2024 from Section D, line 7:<br>\$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |

|  |  |  |  |
|--|--|--|--|
| <b>b</b> Applied to 2024 distributable amount  |  |  |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |  |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. |  |  |  |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.                        |  |  |  |
| <b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.  |  |  |  |
| <b>8</b> Breakdown of line 7:  |  |  |  |
| <b>a</b> Excess from 2020. . . . .   |  |  |  |
| <b>b</b> Excess from 2021. . . . .   |  |  |  |
| <b>c</b> Excess from 2022. . . . .   |  |  |  |
| <b>d</b> Excess from 2023. . . . .   |  |  |  |
| <b>e</b> Excess from 2024. . . . .   |  |  |  |

Schedule A (Form 990) (2024)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference   | Explanation  |
|--|--|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | MISC INCOME - 2021 AMOUNT: \$ 1,104. 2023 AMOUNT: \$ 2,883. 2024 AMOUNT: \$ 0. |

Schedule A (Form 990) 2024

Additional Data

Return to Form

Software ID:  
Software Version:

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization MINNESOTA TEAMSTERS SERVICE BUREAU

Employer identification number 41-1513000

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization MINNESOTA TEAMSTERS SERVICE BUREAU

Employer identification number 41-1513000

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

|            |                                   |                            |   |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$ RESTRICTED              | <input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small>                                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><small>(Complete Part II for noncash contributions.)</small> |

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

|  |  |
|--|--|
| Name of organization<br>MINNESOTA TEAMSTERS SERVICE BUREAU | Employer identification number<br>41-1513000 |
|--|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |

|                              |  |  |                      |
|------------------------------|--|--|----------------------|
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            |  | \$   |                      |

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

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|  |  |
|--|--|
| Name of organization<br>MINNESOTA TEAMSTERS SERVICE BUREAU | Employer identification number<br>41-1513000 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

|                                       |                     |  |                                     |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |

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**Additional Data**

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**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (MINNESOTA TEAMSTERS SERVICE BUREAU) and Employer identification number (41-1513000)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
3b Table with Yes/No columns
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) (Rev. 1-2025)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| <b>(1)</b> Financial derivatives . . . . .                                |                |  |
| <b>(2)</b> Closely-held equity interests . . . . .                        |                |  |
| <b>(3)</b> Other _____  |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| <b>(1)</b>   |                |  |
| <b>(2)</b>   |                |  |
| <b>(3)</b>   |                |  |
| <b>(4)</b>   |                |  |
| <b>(5)</b>   |                |  |
| <b>(6)</b>   |                |  |
| <b>(7)</b>   |                |  |
| <b>(8)</b>   |                |  |
| <b>(9)</b>   |                |  |
| <b>Total.</b> (Column (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, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| <b>(1)</b>   |                |
| <b>(2)</b>   |                |
| <b>(3)</b>   |                |
| <b>(4)</b>   |                |
| <b>(5)</b>   |                |
| <b>(6)</b>   |                |
| <b>(7)</b>   |                |
| <b>(8)</b>   |                |
| <b>(9)</b>   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
|                                 |                |

(1) General income taxes

|  |               |
|--|---------------|
| LEASE LIABILITY  | 21,539        |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | <b>21,539</b> |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 1-2025)

Schedule D (Form 990) (Rev. 1-2025)

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

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 1,126,034 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 20,000    |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | -69,464   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | -49,464   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 1,175,498 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 0         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 1,175,498 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 1,078,126 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 20,000    |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | -69,464   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -49,464   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 1,127,590 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 0         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 1,127,590 |

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

| Return Reference  | Explanation  |
|-------------------|--|
| PART IV, LINE 1B: | THE ORGANIZATION IS CUSTODIAN FOR VARIOUS MEMORIAL FUNDS THAT ARE HELD IN SAFEKEEPING FOR THE BENEFIT OF OTHERS. THE FUNDS ARE NOT REPORTED IN THE ORGANIZATION'S FORM 990 OR AUDITED FINANCIAL STATEMENTS EXCEPT FOR ANY UNDISTRIBUTED AMOUNTS AT YEAR-END.   |
| PART X, LINE 2:   | THE INTERNAL REVENUE SERVICE (IRS), IN A LETTER DATED JULY 16, 1993, REAFFIRMED THAT THE SERVICE BUREAU IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). HOWEVER, TAXES WOULD BE COMPUTED ON NET INCOME EARNED, IF ANY, FROM SOURCES UNRELATED TO |

TAXES WOULD BE COMPUTED ON NET INCOME EARNED, IF ANY, FROM SOURCES UNRELATED TO THE SERVICE BUREAU'S EXEMPT PURPOSE. THE SERVICE BUREAU FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE SERVICE BUREAU HAS NO UNCERTAIN TAX POSITIONS.

|  |                       |
|--|-----------------------|
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  | LEASE BUYOUT -69,464. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | LEASE BUYOUT -69,464. |

Schedule D (Form 990) (Rev. 1-2025)

**Additional Data**

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**Software ID:**  
**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization MINNESOTA TEAMSTERS SERVICE BUREAU

Employer identification number 41-1513000

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Row 1: FINANCIAL ASSISTANCE, 129, 14,940.

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: ALL EXPENSES HAVE TO BE APPROVED. GRANTS ARE TRACKED AND MONITORED ACCORDING TO WHICH PROJECT IT RELATES TO. THE DATA COMPLIANCE SPECIALIST MONITORS WHETHER GRANT FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE TERMS OF EACH GRANT CONTRACT.

Additional Data

Return to Form

Software ID: Software Version:

**efile Public Visual Render** | **ObjectID: 202503219349317550 - Submission: 2025-11-17** | **TIN: 41-1513000**

**SCHEDULE O**  
**(Form 990)**  
 (Rev. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization  
 MINNESOTA TEAMSTERS SERVICE BUREAU

**Employer identification number**  
 41-1513000

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 8B  | NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.   |
| FORM 990, PART VI, SECTION B, LINE 11B | THE EXECUTIVE DIRECTOR WILL REVIEW THE FORM 990 DOCUMENTS WITH THE BOARD OF DIRECTORS AT THE QUARTERLY BOARD MEETING TO BE HELD VIRTUALLY WHEN THE DOCUMENTS ARE READY IN 2025.   |
| FORM 990, PART VI, SECTION B, LINE 12C | ALL SIGNIFICANT NEW ACTIVITIES ARE DISCUSSED AT THE MANAGEMENT LEVEL TO DETERMINE ANY OBVIOUS CONFLICTS OF INTEREST (COI). STAFF MEMBERS ARE POLLED WHEN DEEMED NECESSARY. ALL STAFF ARE SUBJECT TO THE COI STANDARDS AND ARE ROUTINELY SELF-REGULATED EXCEPT WHERE NOTED ABOVE. THE EXECUTIVE DIRECTOR AND ONE OR MORE MEMBERS OF THE BOARD OF DIRECTORS CONSTITUTE THE REVIEW PANEL SHOULD AN ACTUAL COI OCCUR. ALL STAFF ARE PROHIBITED FROM PARTICIPATING IN ANY ACTIVITIES THAT PRESENT A COI. |
| FORM 990, PART VI, SECTION B, LINE 15  | FOR ALL STAFF, ON AN ANNUAL BASIS, THE EXECUTIVE DIRECTOR REVIEWS AREA AND NATIONAL COST OF LIVING DATA TO DETERMINE POTENTIAL INCREASE. S/HE PRESENTS THAT TO A BOARD CO-CHAIR TO DETERMINE AN APPROPRIATE RANGE OF INCREASE. S/HE THEN DETERMINE WHAT INCREASE, IF ANY, THE ORGANIZATION'S FINANCIAL SITUATION CAN SUPPORT. A FINAL RECOMMENDATION IS PRESENTED TO THE SAME CO-CHAIR FOR APPROVAL OR REJECTION. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.                            |
| FORM 990, PART VI, SECTION C, LINE 19  | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  |

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

**Additional Data**

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**Software Version:**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization MINNESOTA TEAMSTERS SERVICE BUREAU

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1513000

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . . | 1a  | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                 | 1b  | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                               | 1c  | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                      | 1d  | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | 1e  | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | 1f  | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | 1g  | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | 1h  | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | 1i  | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                      | 1j  | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                    | 1k  | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | 1l  | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | 1m  | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | 1n  | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | 1o  | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                      | 1p  | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                      | 1q  | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                   | 1r  | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                 | 1s  | No |

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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
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