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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

2009

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTHERN CALIFORNIA DISTRICT COUNCIL OF Doing Business As			<b>D</b> Employer identification number 94-0722837	
	Number and street (or P.O. box if mail is not delivered to street address) 4780 CHABOT DRIVE			Room/suite 200	E Telephone number (925) 469-6800
	City or town, state or country, and ZIP + 4 PLEASANTON, CA 94588-3370				
	<b>F</b> Name and address of principal officer: OSCAR DE LA TORRE 4780 CHABOT DRIVE, SUITE 200, PLEASANTON, CA 94588			<b>G</b> Gross receipts \$ 4,206,530.	
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>J</b> Website: ► N/A			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► LABOR UNION			<b>L</b> Year of formation: 1954 <b>M</b> State of legal domicile: CA		

## Part I Summary

<b>Activities &amp; Governance</b>  1 Briefly describe the organization's mission or most significant activities: TO ESTABLISH CENTRAL REPRESENTATIVE BODIES; TO UNITE MEMBERS FOR THE PURPOSE OF IMPROVING ECONOMIC ADVANTAGES AND TO PROMOTE THE EDUCATION AND SOCIAL AWARENESS OF ITS MEMBERSHIP.		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of employees (Part V, line 2a)	5	33
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-95,696.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-95,696.
<b>Prior Year</b> <b>Current Year</b>		
8 Contributions and grants (Part VIII, line 1h)	4,053,260.	
9 Program service revenue (Part VIII, line 2g)	3,747,629.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302,160.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,642.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,359,062.	
<b>Revenue</b>		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,716,875.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses, Part IX, column (D), line 25		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,596,583.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,313,458.	
19 Revenue less expenses. Subtract line 18 from line 12	1,045,604.	
<b>Expenses</b>		
20 Total assets (Part X, line 16)	16,543,936.	
21 Total liabilities (Part X, line 26)	4,380,248.	
22 Net assets or fund balances. Subtract line 21 from line 20	12,163,688.	
<b>Net Assets or Fund Balances</b>		
<b>RECEIVED</b> NOV 19 2010 IRS-9 OGDEN, UT		

## 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

Sign Here

Signature of officer

11/12/10

Date

OSCAR DE LA TORRE, BUSINESS MANAGER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Bruce J. Davis</i>	Date 11/11/10	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P01030374
Firm's name (or yours if self-employed), address, and ZIP + 4 ► MILLER, KAPLAN, ARASE & CO., LLP 180 MONTGOMERY STREET, SUITE 1840, SAN FRANCISCO, CA 94104-4233		EIN ► 95-2036255	Phone no. ► 415-956-3600	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

Form 990 (2009)

## Part III Statement of Program Service Accomplishments

1	Briefly describe the organization's mission:  TO ESTABLISH CENTRAL REPRESENTATIVE BODIES; TO UNITE MEMBERS FOR THE PURPOSE OF IMPROVING ECONOMIC ADVANTAGES AND TO PROMOTE THE EDUCATION AND SOCIAL AWARENESS OF ITS MEMBERSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4d Other program services. (Describe in Schedule O )**

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

#### 4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .

12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . .	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	38	X

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	7
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a	
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter.	10a	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a 7	
b	Enter the number of voting members that are independent . . . . .	1b 0	
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 X	
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 X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4 X	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5 X	
6	Does the organization have members or stockholders? . . . . .	6 X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b X	
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 . . . . .	9a X	

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

	Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11 X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c X
13	Does the organization have a written whistleblower policy? . . . . .	13 X
14	Does the organization have a written document retention and destruction policy? . . . . .	14 X
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 X
b	Other officers or key employees of the organization . . . . .	15b X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b X

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► DAVID GEORGE, 4780 CHABOT DRIVE, SUITE 200, PLEASANTON, CA 94588-3322 (925) 469-6800	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated person			
OSCAR DE LA TORRE									
BUSINESS MANAGER	40.00			X			95,831	94,231	56,606
DAVID GEORGE									
SECRETARY-TREASURER	2.00			X			33,400	113,035	49,190
DAVID GORGAS									
VICE PRESIDENT	2.00			X			21,815	107,751	46,323
RANDY LEMOINE									
AUDITOR	2.00			X			14,543	122,820	47,647
JOSE MORENO									
BUSINESS MANAGER	40.00			X			178,847	63,811	48,422
DOYLE RADFORD									
PRESIDENT	2.00			X			33,400	108,910	48,489
SAMUEL ROBINSON									
E. BOARD MEMBER	2.00			X			21,815	84,760	42,414
DUANE ZWINGMAN									
AUDITOR	2.00			X			45,117	0	0
HARRY C. HARRIS									
E. BOARD MEMBER	2.00			X			21,815	97,675	44,610
RAYMOND RECINOS									
E. BOARD MEMBER	2.00			X			14,543	103,262	44,323
BRUCE RUST									
E. BOARD MEMBER	2.00			X			21,815	86,689	42,742
GARY ALAMEDA									
AUDITOR	2.00			X			14,543	103,246	44,320
JAMES HOMER									
AUDITOR	2.00			X			7,272	48,771	19,991
WILBERT LUCAS									
AUDITOR	2.00			X			7,272	103,966	43,206
VICTOR PARRA									
AUDITOR	2.00			X			7,272	130,520	47,720
KENNETH LUSBY									
SERGEANT AT ARMS	2.00			X			7,272	23,090	29,457

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
PAUL SUPTON									
LEGAL COUNSEL	40.00			X			147,078.	0	49,300.
FAUSTO GUZMAN									
BUSINESS AGENT	40.00				X		97,181.	0	34,539.
CEDRIC PORTER									
BUSINESS AGENT	40.00				X		180,416.	2,600	46,596.
BRUCE WIBBEN									
BUSINESS AGENT	40.00				X		110,048.	0	36,726.
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
1b Total							1,081,295	1,395,137	822,621.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 4

	Yes	No
3	X	
4	X	
5	X	

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## 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.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

## Part VIII Statement of Revenue

94-0722837

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . . 1b Membership dues . . . . . 1c Fundraising events . . . . . 1d Related organizations . . . . . 1e Government grants (contributions) . . . . . 1f All other contributions, gifts, grants, and similar amounts not included above . . . . . g Noncash contributions included in lines 1a-1f \$ . . . . . h Total. Add lines 1a-1f . . . . . ► 0.				
Program Service Revenue		Business Code			
	2a MEMBERSHIP DUES AND ASSESSMENTS	900099	3,747,629.	3,747,629.	
	b				
	c				
	d				
	e				
	f All other program service revenue . . . . .		3,747,629.		
	g Total. Add lines 2a-2f . . . . . ►				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). . . . . ► 191,280. 4 Income from investment of tax-exempt bond proceeds . . . . . ► 0. 5 Royalties . . . . . ► 0. 6a Gross Rents . . . . . 200,342. b Less: rental expenses . . . . . 378,036. c Rental income or (loss) . . . . . -177,694. d Net rental income or (loss) . . . . . ► -177,694. -95,696. -81,998. 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) . . . . . d Net gain or (loss) . . . . . ► 0. 8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . . a b Less: direct expenses . . . . . b c Net income or (loss) from fundraising events . . . . . ► 0. 9a Gross income from gaming activities. See Part IV, line 19 . . . . . a b Less: direct expenses . . . . . b c Net income or (loss) from gaming activities . . . . . ► 0. 10a Gross sales of inventory, less returns and allowances . . . . . a b Less: cost of goods sold . . . . . b c Net income or (loss) from sales of inventory . . . . . ► 0. Miscellaneous Revenue	Business Code			
	11a REFUNDS AND REIMBURSEMENTS	900099	54,645.	54,645.	
	b OTHER INCOME	900099	12,634.	12,634.	
	c				
	d All other revenue . . . . .		67,279.		
	e Total. Add lines 11a-11d . . . . . ►		3,828,494.	3,814,908.	-95,696.
	12 Total Revenue. See instructions . . . . . ►				109,282

Form 990 (2009)

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0 .			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0 .			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0 .			
4 Benefits paid to or for members . . . . .	0 .			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	852,494 .	<b>501(c)(5) organization electing not to complete</b>	<b>columns (B), (C) and (D).</b>	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0 .			
7 Other salaries and wages . . . . .	757,574 .			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	122,185 .			
9 Other employee benefits . . . . .	98,445 .			
10 Payroll taxes . . . . .	109,792 .			
11 Fees for services (non-employees):				
a Management . . . . .	10,057 .			
b Legal . . . . .	202,330 .			
c Accounting . . . . .	78,128 .			
d Lobbying . . . . .	0 .			
e Professional fundraising services See Part IV, line 17	0 .			
f Investment management fees . . . . .	0 .			
g Other . . . . .	36,137 .			
12 Advertising and promotion . . . . .	0 .			
13 Office expenses . . . . .	84,408 .			
14 Information technology. . . . .	0 .			
15 Royalties. . . . .	0 .			
16 Occupancy . . . . .	170,304 .			
17 Travel . . . . .	0 .			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0 .			
19 Conferences, conventions, and meetings . . . . .	162,071 .			
20 Interest . . . . .	0 .			
21 Payments to affiliates . . . . .	0 .			
22 Depreciation, depletion, and amortization . . . . .	93,674 .			
23 Insurance . . . . .	34,472 .			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEVERANCE BENEFITS	152,987 .			
b AUTO EXPENSES	8,717 .			
c TAXES AND LICENSES	12,775 .			
d GIFT AND AWARDS	39,735 .			
e CHARITABLE & CIVIC DONATIONS	102,250 .			
f All other expenses	1,601 .			
25 Total functional expenses. Add lines 1 through 24f	3,130,136 .			
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,295,892	1	522,591.
	2 Savings and temporary cash investments	7,850,560.	2	9,301,241.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,660,440.		
	b Less: accumulated depreciation	1,324,826.	10c	4,335,614.
	11 Investments - publicly traded securities	454,080.	11	478,570.
	12 Investments - other securities. See Part IV, line 11	2,459,845.	12	2,482,071.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16,543,936.	16	17,120,087.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,343,840.	23	2,308,489.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,036,408.	25	2,019,314.
	26 Total liabilities. Add lines 17 through 25	4,380,248.	26	4,327,803.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	12,163,688.	32	12,792,284.
	33 Total net assets or fund balances	12,163,688.	33	12,792,284.
	34 Total liabilities and net assets/fund balances	16,543,936.	34	17,120,087.

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other MODIFIED CASH  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
2b Were the organization's financial statements audited by an independent accountant? . . . . .  
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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  
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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**Supplemental Financial Statements****2009**Open to Public  
InspectionName of the organization NORTHERN CALIFORNIA DISTRICT COUNCIL OF  
LABORERSEmployer identification number  
94-0722837**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Year</b>
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i)	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$
(ii)	Assets included in Form 990, Part X . . . . . ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$
b	Assets included in Form 990, Part X . . . . . ► \$

**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 <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,466,298			1,466,298
b Buildings . . . . .		3,263,696	626,125		2,637,571
c Leasehold improvements . . . . .		287,803	198,832		88,971
d Equipment . . . . .		274,101	196,384		77,717
e Other . . . . .		368,542	303,485		65,057
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .			►		4,335,614

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other AFL-CIO HOUSING TRUST	2,217,199.	FMV
MCMORGAN INSTL. REAL ESTATE FD	264,872.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ►	2,482,071.	

**Part IX Other Assets. See Form 990, Part X, line 15.**

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities. See Form 990 Part X line 25**

Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
Federal income taxes	
SEVERANCE BENEFIT OBLIGATIONS	1,994,984.
SECURITY DEPOSITS	21,538.
PAYROLL WITHHOLDINGS & OTHERS	2,792.
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,019,314.

3. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that describes the accounting for uncertain tax positions.

2. FIN 48 Footnote. In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2
3	'Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3
4	Net unrealized gains (losses) on investments . . . . .	4
5	Donated services and use of facilities . . . . .	5
6	Investment expenses . . . . .	6
7	Prior period adjustments . . . . .	7
8	Other (Describe in Part XIV.) . . . . .	8
9	Total adjustments (net). Add lines 4 through 8 . . . . .	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV.) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV.) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

## Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV | Supplemental Information (continued)**

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Schedule D (Form 990) 2009

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PAGE 18

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
InspectionName of the organization  
LABORERS

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

Employer identification number  
94-0722837**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

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

Schedule J (Form 990) 2009

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the notes on row (ii). Do not list any individuals that are not listed on Form 990 Part VII.

The sum of columns (B) through (E) constitutes one Form 900 Part VII line 12.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
OSCAR DE LA TORRE	95,831. 94,231.			19,744. 25,561.	2,825. 8,476.	118,400. 128,268.	
DAVID GEORGE	33,400. 113,035.			5,678. 32,210.	0. 11,302.	39,078. 156,547.	
DAVID GORGAS	21,815. 107,751.			3,709. 31,312.	0. 11,302.	25,524. 150,365.	
RANDY LEMOINE	14,543. 122,820.			2,472. 33,873.	0. 11,302.	17,015. 167,995.	
JUJOSE MORENO	178,847. 63,811.			39,946. 0.	8,476. 0.	227,269. 63,811.	
DOYLE RADFORD	33,400. 108,910.			5,678. 31,509.	0. 11,302.	39,078. 151,721.	
HARRY C. HARRIS	97,675. 14,543.			3,709. 29,599.	0. 11,302.	25,524. 138,576.	
RAYMOND RECINOS	103,262. 21,815.			30,549. 3,709.	2,472. 0.	17,015. 145,113.	
BRUCE RUST	86,689. 14,543.			27,731. 30,546.	0. 11,302.	125,722. 145,094.	
GARY ALAMEDA	103,246. 180,416.			39,062. 0.	7,534. 0.	227,012. 0.	
CEDRIC PORTER	2,600. 147,078.			37,998. 0.	11,302. 0.	196,378. 0.	
PAUL SUPTON	0. 7,272.						
WILBERT LUCAS	103,966. 7,272.			1,236. 30,668.	0. 11,302.	8,508. 145,936.	
WVICTOR PARRA	130,520. 0.			1,236. 35,182.	0. 11,302.	8,508. 177,004.	

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J (Form 990) 2009

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization  
**LABORERS**

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

Employer identification number  
**94-0722837**

ATTACHMENT 1

**PART VI, 6**

THE DELEGATES OF THE AFFILIATED LOCAL UNIONS ELECT THE GOVERNING BOARD OF  
THE ORGANIZATION.

**PART VI, 7A**

THE DELEGATES OF THE AFFILIATED LOCAL UNIONS ELECT THE GOVERNING BOARD OF  
THE ORGANIZATION.

**PART VI, 7B**

ALL DECISIONS WITH THE EXCEPTION OF RECURRING EXPENSES ARE SUBJECT TO  
APPROVAL BY THE DELEGATES OF THE AFFILIATED LOCAL UNIONS.

**PART VI, 11A**

THE ORGANIZATION'S CPA PREPARES THE FORM 990 WHICH IS THEN REVIEWED BY  
THE BUSINESS MANAGER AND SUBMITTED TO THE PRESIDENT FOR REVIEW AND  
SIGNATURE. AFTER FILING FORM 990, COPIES OF THE FORM ARE AVAILABLE TO  
THE EXECUTIVE BOARD UPON REQUEST.

**PART VI, 12C**

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ETHICS AND  
DISCIPLINARY PROCEDURE THAT IS PART OF THE CONSTITUTION BY WHICH OUR  
ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN  
CONTACT THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICA ("THE LIUNA,"  
AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) INSPECTOR

Name of the organization LABORERS	NORTHERN CALIFORNIA DISTRICT COUNCIL OF	Employer Identification number 94-0722837
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ATTACHMENT 1 (CONT'D)

GENERAL WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, THE ETHICAL PRACTICES CODE, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE ADOPTED BY THE LIUNA GENERAL EXECUTIVE BOARD. THE ETHICAL PRACTICES CODE EXPLAINS THE DISCIPLINARY PROCEDURE THAT MUST BE FOLLOWED WHEN NECESSARY AND THE INDEPENDENT OFFICERS WHO ARE ENTRUSTED TO ENFORCE THE CODE.

THE U.S. DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST. THIS INFORMATION IS OPEN TO THE PUBLIC.

**PART VI, 15A & 15B**

OFFICERS COMPENSATION IS DETERMINED AT THE OFFICER AND DELEGATE MEETING ONE MONTH PRIOR TO THE ELECTION OF THE OFFICERS.

**PART VI, 19**

THE CONSTITUTION (GOVERNING DOCUMENT) AND ETHICS AND DISCIPLINARY PROCEDURE (CONFLICT OF INTEREST POLICY) IS AVAILABLE THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS, ONLINE PUBLIC DISCLOSURE ROOM. THE INFORMATION IS FILED UNDER LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, WHO FILES THE INFORMATION ON BEHALF OF ALL AFFILIATED ORGANIZATIONS. IN ADDITION, THE ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM.

## Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
- Attach to Form 990.
- See separate instructions.

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**NORTHERN CALIFORNIA DISTRICT COUNCIL OF  
LABORERS**

1

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

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

Schedule B (Form 990) 2009

**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.)

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate situation?	(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
Yes	No	Yes	No						

**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.)

2

**Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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?**

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .**
- b Gift, grant, or capital contribution to other organization(s) . . . . .**
- c Gift, grant, or capital contribution from other organization(s) . . . . .**
- d Loans or loan guarantees to or for other organization(s) . . . . .**
- e Loans or loan guarantees by other organization(s) . . . . .**
- f Sale of assets to other organization(s) . . . . .**
- g Purchase of assets from other organization(s) . . . . .**
- h Exchange of assets . . . . .**
- i Lease of facilities, equipment, or other assets to other organization(s) . . . . .**
- j Lease of facilities, equipment, or other assets from other organization(s) . . . . .**
- k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .**
- l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .**
- m Sharing of facilities, equipment, mailing lists, or other assets . . . . .**
- n Sharing of paid employees . . . . .**
- o Reimbursement paid to other organization for expenses . . . . .**
- p Reimbursement paid by other organization for expenses . . . . .**
- q Other transfer of cash or property to other organization(s) . . . . .**
- r Other transfer of cash or property from other organization(s) . . . . .**

**2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.**

(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved
(1) NCDCL ORGANIZING DEPARTMENT	Q	4,475,957.
(2) LABORERS' LOCAL UNION 67	Q	549,321.
(3) LABORERS' LOCAL UNION 294	Q	529,532.
(4) LABORERS' LOCAL UNION 297	Q	173,229.
(5) LABORERS' LOCAL UNION 1130	Q	360,714.
(6) LABORERS' LOCAL UNION 139	Q	436,247.

**Schedule R (Form 990) 2009**

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.

Schedule R (Form 990) 2009

**Continuation Sheet for Schedule R (Form 990)**

► Attach to Form 990 to list additional information for Schedule R (Form 990). Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

► **See Instructions for Schedule R (Form 990).**

Name of filing organization NORTHERN CALIFORNIA DISTRICT COUNCIL OF

**SCHEDULE R-1**  
(Form 990)

Department of the Treasury

Name of filling or  
T. A. BOERS

## Continuation of Identification of Disregarded Entities

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

Schedule R-1 (Form 990) 2009

## **Part II Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LABORERS' LOCAL 261 3271 18TH STREET	94-0402185 SÁN FRANCISCO, CA 94110	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 270 509 EMORY STREET	94-0577470 SÁN JOSÉ, CA 95110	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 291 4174 REDWOOD HIGHWAY	94-0577469 SÁN RAFAEL, CA 94913	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 294 5431 EAST HEDGES AVENUE	94-0577476 FRESNO, CA 93727	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 166 8400 ENTERPRISE WAY, ROOM 103, OAKLAND, CA 94621	94-0577612	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 297 117 PÁJARO STREET	94-2174680 SALINAS, CA 93901	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 304 29475 MISSION BOULEVARD	94-0613585 HAYWARD, CA 94544	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 324 611 BERRÍELLES STREET	94-0401878 MÁRTINEZ, CA 94553	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 389 300 7TH AVENUE	94-0374996 SÁN MATEO, CA 94401	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 886 8400 ENTERPRISE WAY, ROOM 110, OAKLAND, CA 94621	94-0865160	LABOR UNION CA	501 (C) 5		N/A
LABORERS' LOCAL 1130 2549 YOSEMITE BLVD., SUITE K, MODESTO, CA 95353	94-0454376	LABOR UNION CA	501 (C) 5		N/A
LABORERS INT'L UNION OF HCL 905 16TH STREET NW	53-0088501 WASHINGTON, DC 20006	INTL UNION DC	501 (C) 5		N/A
NCDCCL PAC 4780 CHABOT DRIVE, SUITE 200, PLEASANTON, CA 94588	80-0043857 POLITICAL CA	527			N/A

Schedule R-1 (Form 990) 2009

## Continuation of Identification of Related Organizations Taxable as a Partnership

### Part III

Schedule R-1 (Form 990) 2009

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**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)**

(A) Name of other organization	(B) Transaction type (b-r)	(C) Amount involved
(7) LABORERS' LOCAL UNION 185	Q	1,610,221.
(8) LABORERS' LOCAL UNION 261	Q	1,033,181.
(9) LABORERS' LOCAL UNION 270	Q	1,461,207.
(10) LABORERS' LOCAL UNION 291	Q	325,082.
(11) LABORERS' LOCAL UNION 304	Q	1,774,314.
(12) LABORERS' LOCAL UNION 324	Q	888,282.
(13) LABORERS' LOCAL UNION 389	Q	493,148.
(14) LABORERS' LOCAL UNION 73	Q	465,694.
(15) NCDCL POLITICAL ACTION COMMITTEE	Q	124,332.
(16) LABORERS' LOCAL UNION 185	R	98,806.
(17) LABORERS' LOCAL UNION 304	R	99,361.
(18) LABORERS' LOCAL UNION 261	R	68,836.
(19) LABORERS' LOCAL UNION 270	R	90,249.
(20)		
(21)		
(22)		
(23)		
(24)		

## Part VI Continuation of Unrelated Organizations Taxable as a Partnership

Schedule B-1 (Form 990) 2009

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  
**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization LABORERS	Employer identification number 94-0722837
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 4780 CHABOT DRIVE, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PLEASANTON, CA 94588-3370	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► DAVID GEORGE,

Telephone No ► 925 469-6800 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0121. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year \_\_\_\_\_ or  
►  tax year beginning 01/01/2009, and ending 12/31/2009.

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NORTHERN CALIFORNIA DISTRICT C LABORERS</b>		<b>Employer Identification number</b> <b>94-0722837</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4780 CHABOT DRIVE, SUITE 200</b>		<b>For IRS use only</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PLEASANTON, CA 94588-3370</b>		

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **DAVID GEORGE**,  
Telephone No. ► **925 469-6800** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0121**. If this is for the whole group, check this box.  If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/2010**

5 For calendar year **2009**, or other tax year beginning **01/01/2009** and ending **12/31/2009**

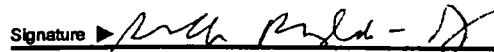
6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> <b>\$</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> <b>\$</b>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> <b>\$</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►   
**MILLER, KAPLAN, ARASE & CO., LLP**  
**180 MONTGOMERY STREET, SUITE 1840**  
**SAN FRANCISCO, CA 94104-4233**

Title ► **CPA**

Date ► **8/13/10**

Form 8868 (Rev. 4-2009)