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Return of Organization Exempt From Income Tax

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

A F	or the	2010 calendar year, or tax year beginning 07/01, 2010, and ending		/30 , 20 11
		C Name of organization	D Employer identifica	ation number
Всы	eck dapp	DISTRICT COUNCIL 16	94-0433050	6
	Addres			
X	Name (Number and street (or B.O. havif mailie not delivered to street address) Room/suite	E Telephone number	
	instel r	elun 2705 CONSTITUTION DRIVE	(925) 245-1	080
-	Termin	City or town, state or country, and ZIP + 4		
	Amend	LIVERMORE, CA 94551-9206	G Gross receipts \$	13,854,683.
	Applica		H(a) is this a group return affiliates?	n for Yes X No
_] pendin	2705 CONSTITUTION DRIVE, LIVERMORE,, CA 94551-920	6 H(b) Are all affiliates incli	uded? Yes No
$\overline{}$	Fax-exe	empt status 501(c)(3) X 501(c) (5) ◀ (Insert no) 4947(a)(1) or 527	If "No," attach a list	(see instructions)
		e: ► N/A	H(c) Group exemption nu	ımber 🕨
		<u>, </u>	formation 1934 M State	of legal domicile CA
Pa	_	Summary		
- 4		Briefly describe the organization's mission or most significant activities	_	
		opp coupping o		
92				
īğ				
Activities & Governance	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more that		
ő				7.
95 S		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		0.
itie		Total number of individuals employed in calendar year 2010 (Part V, line 1a)	· · · · · · · · · · · · · 	73.
ctiv			· · · · · · · · · · · · 	0.
⋖	0	Total number of volunteers (estimate if necessary)		0.
'	/a	Total gross unrelated business revenue from Part VIII, column (C), line 12	 	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
		O and the second constant (Book) (III) has a few	Filor real	Current real
e	8	Contributions and grants (Part VIII, line 1h)	10,300,700.	12,728,729.
Revenue	9	Program service revenue (Part VIII, line 2g)	134,108.	128,917.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,630,426.	997,037.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,065,234.	13,854,683.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,003,234.	13,034,003.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)	7,692,924.	7,351,870.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,032,324.	7,331,670.
ens	1	Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	4 264 050	<u> </u>
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,264,859.	5,225,218.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), ine 25)	11,957,783.	12,577,088.
	19_	Revenue less expenses Subtract line 18 from line 12	107,451.	1,277,595.
s or		Total assets (Part X line 16) S JAN 8 0 2012	Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	18,644,475.	19,953,063.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	20,929.	1,450.
		Net assets or fund balances Subtract line 21 from line 2000000000000000000000000000000000000	18,623,546.	19,951,613.
Pa	art II	Signature Block		ada a and balad at a take
Un	der per rrect. a	naities of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is baser on all information of which preparer has an	is, and to the best of my knowl y knowledge	eoge and belief, it is true,
		1 5/11-011	11-1	,
	Sign	Hayles (Mayle)		'2
۲	lere	Signature of officer Duc Man	/Card Date T	_
		Douglas E. Christopher Bus. Mgr.	Secty- Tre	<u> 25. </u>
		Type or prior name and title	1	LOTIN
D - 1		Prut/Type preparer's name Preparer's signature Date	Check if self-	PTIN
Pai		L'ATHEMAR GARANES /OFFICE	employed ▶	P00350865
	parer e Only	Firm's name MILLER, RAPLAN, ARASE & CO., LLP		-2036255
	_	Firm's address ▶ 180 MONTGOMERY STREET, SUITE 1840, SAN FRANCISCO, CA 94104-4233	Phone no 41.	5-956-3600
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions)	<u></u>	X Yes No

08-05130

rm 990				94-0433056		Page 2
art III	Statement of	of Program Service A nedule O contains a re	ccomplishments esponse to any question in th	s Part III		· [X]
	fly describe the o	organization's mission: O				
the p	orior Form 990 o			ring the year which were		s X No
Dıd serv	the organization	cease conducting, o	r make significant changes	in how it conducts, any pro		s X No
Des Sec	cribe the exemp tion 501(c)(3) ai	nd 501(c)(4) organizat	its for each of the organizati	on's three largest program s trusts are required to report program service reported		nd
a (Cod	de:) (Expenses \$	including grants of	\$)(Reve	nue \$)
						<u>-</u>
				· · · · · · · · · · · · · · · · · · ·		
						
b (Co	de [.]) (Expenses \$	including grants o	\$)(Reve	nue \$)
_						
	 -				<u></u>	· <u></u>
			· · · · · · · · · · · · · · · · · · ·			
	<u></u>					
10 (00	.do:	\/Expanses \$	including grants of) (Reve	nue ¢	
			molecumy grants or			/
	· · · · · · · · · · · · · · · · · · ·					
						
	ner program ser	vices. (Describe in Sch including gr)(Revenue \$		

Part	Checklist of Required Schedules		1	
			Yes	No
	ls' the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
	complete Schedule A	1		- <u>X</u>
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		Х
_	Part III	5		
	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	6		х
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		'	
	complete Schedule D, Part N	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		3 200	
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	1		Х
	complete Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
р	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406	x	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-4	 	
a	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and $N \cdot \cdot$	14b		x
1 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145	<u> </u>	
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			\vdash
. 0	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and V	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		L

Part	Checklist of Required Schedules (continued)			
24	Did the executation result was then CE 000 of exects and other applicance to governments and executations		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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		 -
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			İ
	through 24d and complete Schedule K. If "No," go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
С	to defease any tax-exempt bonds?	24c		ĺ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254	_	\vdash
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	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	200		\vdash
20	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,			
21	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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	1	Х
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,			1
	IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			1
	Part V, line 2			
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	<u> </u>	_
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	<u> </u>	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	
		For	กษษบ	(2010

	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response to any question in this Part V	• • •		<u> </u>
4 - 5-4-	the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 18		Yes	No
	the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
	the organization comply with backup withholding rules for reportable payments to vendors and			
	table gaming (gambling) winnings to prize winners?	1c	x	
	the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	ments, filed for the calendar year ending with or within the year covered by this return . 2a 73			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did t	he organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If "Ye	es," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a At ar	by time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial			٠
acco	unt)?	4a		Х
	es," enter the name of the foreign country:			
	nstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			Х
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ.
	s," to line 5a or 5b, did the organization file Form 8886-T?	36		
	the organization have annual gross receipts that are normally greater than \$100,000, and did the nization solicit any contributions that were not tax deductible?	6a		x
	es," did the organization include with every solicitation an express statement that such contributions or	-		
	were not tax deductible?	6ь		
	nizations that may receive deductible contributions under section 170(c).	-		
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	services provided to the payor?	7a		
	es," did the organization notify the donor of the value of the goods or services provided?	7b		L
c Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
•	ired to file Form 8282?	7c		
	es," indicate the number of Forms 8282 filed during the year			-
	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? assoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 h		
	inizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	nization, have excess business holdings at any time during the year?	8		
_	nsoring organizations maintaining donor advised funds.			
-	the organization make any taxable distributions under section 4966?	9a		
	the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	ion 501(c)(7) organizations. Enter			
a Initia	ition fees and capital contributions included on Part VIII, line 12			
b Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
	tion 501(c)(12) organizations. Enter.			
	ss income from members or shareholders			
	s income from other sources (Do not net amounts due or paid to other sources]
	nst amounts due or received from them)	40-		}
	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		+
	es," enter the amount of tax-exempt interest received or accrued during the year	1		
	e organization licensed to issue qualified health plans in more than one state?	13a		
	e organization licensed to issue qualified health plans in more than one state?	· • •		†
	er the amount of reserves the organization is required to maintain by the states in which			
	organization is licensed to issue qualified health plans			
	er the amount of reserves on hand			
	the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
b If "Y			990	

	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	or cha	ow, a ange	s in
04	Check if Schedule O contains a response to any question in this Part VI	• • •	• •	X
Sect	on A. Governing Body and Management		Yes	No
4	Enter the south or of realize members of the povernor hady at the and of the tay year.	7	165	140
1a b	Enter the number of voting members of the governing body at the end of the tax year	d		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
2	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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1 -	Х	X
6	Does the organization have members or stockholders?	6		ļ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	X	
	of the governing body?		$\frac{\lambda}{X}$	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		Х	
a	The governing body?		-	-
b	Each committee with authority to act on behalf of the governing body?	8b		
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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		2.)	
0000	On Direction () mo doctor. Broquette mis-matter about points of the mis-matter about points		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	. 1.7.		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	Х	
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	. 11a		Х
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	. :
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	. 12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this is done	. 12c	X	
13	Does the organization have a written whistleblower policy?	. 13	X	<u> </u>
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?	1		
а	The organization's CEO, Executive Director, or top management official		7	-
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		1	
	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			ł
5	the organization's exempt status with respect to such arrangements?	. 16t		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\bigcup \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(available for public inspection. Indicate how you make these available. Check all that apply. Own website. X Upon request	3)s on	y)	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in policy, and financial statements available to the public.	terest		
20	State the name, physical address, and telephone number of the person who possesses the books and records o	f the		
	State the name, physical address, and telephone number of the person who possesses the books and records o organization: DOUGLAS CHRISTOPHER, 2705 CONSTITUTION DRIVE, LIVERMORE, CA 94	551-	9206	
	925-245-1080			
JSA 1042 1 0	00	For	m 990	(201
•	29644I F173 V 10-8.2 08-05130			PAGE

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

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

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

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee	nstitutional trustee	Officer	a Key employee	a Highest compensated to employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DOUGLAS CHRISTOPHER BM/SEC-TREASURER	40.00			х				191,684.	0.	62,670
(2) JOHN PAPA WARDEN/BUS. AGENT	40.00			X				112,281.	3,360	52,846
(3)LES PROTEAU PRESIDENT	40.00			Х				131,091.	0.	54,767
(4) JOHN SHERAK FLOOR COVERER/E-BOARD	40.00			х				144,268.	0.	50,955
(5)CHRIS CHRISTOPHERSEN PAINTER E-BOARD	40.00			х				138,524	0	56,324
(6) JAMES HEWETT BUSINESS REP/VICE PRESIDENT	40.00			х				131,091	0	54,767
7) JAMES RUIGOMEZ DRYWALL FINISHER/E-BOARD	40.00			х		ļ		112,281	. 0	52,814
(8) FERNANDO GONZALEZ TRUSTEE CHAIRMAN	1.00			х				683	245	0
(9)NICK WILDE TRUSTEE	1.00			х				683	735	0
(10)ROBERT RINGOR TRUSTEE	1.00			х				489	. 0	0
(11)TROY NOTRANGELO TRUSTEE	1.00			х				552	. 0	0
(12)MARK SHELLEY GLAZIER/E-BOARD	40.00			х				120,951	. 0	55,552
(13)MICHAEL WEST DIRECTOR OF COMMUNICATION	40.00					х		132,133	. 0	56,975
(14)HAYDEN BLAYLOCK BUSINESS REP	40.00					х		131,091	. 0	54,767
(15)STEPHEN HUCKABY BUSINESS REP	40.00					Х		120,591		55,552
(16)JOHN HUGHES ORGANIZER	40.00					x		120,591		

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	yΕπ	plo	yee	es,	and I	ligl	hest Compensat	ed Employ	ees (co	ontinued	Page (1)
(A)	(B) (C)							(D) (E)		(F)		(F)
· Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee P or director		Officer		a Highest compensated at employee	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	ition ted ons	amo comp fro orga and	mated ount of ther ensation m the nization related nizations
(17)RONALD KESSLER BUSINESS REP	40.00					х		120,591.		0.		53,79
(18)VINCENT ECHEVERRIA FMR TTE-BM/ST ASST	40.00						х	118,955.		0.		44,26
(19)ARTHUR HOPKINS FMR TTE/BUS AGENT	40.00						х	120,121.		0.		48,55
(20)	<u> </u> 											
(21)												
(22)												
(23)												
(24)				- 								
(25)												
(26)												
(27)												
(28)												-,
1b Sub-total			• •				•	1,948,651	. 4	,340.	8:	LO,345
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)					٠.		▶	1,948,651		,340	8:	10,345
2 Total number of individuals (including but not reportable compensation from the organization)		those 2		d a	bov	e) wh	ο τε	eceived more than	\$100,000 ir	1		
3 Did the organization list any former offi	cer, direct	or o	r tru	ıste	e,	key (emp	oloyee, or highes	st compens	ated		Yes N
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the											3	Х
the organization and related organizations individual	greater t	han S	\$15C	0,00)0?	<i>lf</i> "γ	es,	" complete Sched	dule J for	such	4	х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\	accrue co	mpei	nsatı	on	fror	n any	ur ur	related organizati	on or indivi	dual	5	2
Section B. Independent Contractors	•											
1 Complete this table for your five highest compensation from the organization.	compensa	ited i	ndep	ene	den	t con	trac	ctors that receive	ed more tha	an \$10	00,000	of
(A) Name and business add	dress							(B) Description of se	ervices	c	(C) Compens	ation
ATTACHMENT 1	-						\blacksquare					
							#		_			
2 Total number of independent contractors (i more than \$100,000 in compensation from the compensation from				nıte	d t	o tho 1	se	listed above) who	received			

Pari	VIII	Statement of Revenue					
	•	•		(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 b	Federated campaigns	1a 1b	3			
fts,	C	Fundraising events	1c				
e e	d	Related organizations	1d				
Si El	е	Government grants (contributions)	1 e		1		
ig gr	f	All other contributions, gifts, grants,					
풀핑		and similar amounts not included above .	1f				
a Co	g	Noncash contributions included in lines 1a-1		0.	į		
	<u>h</u>	Total. Add lines 1a-1f	Business Code			, ,	
Program Service Revenue		ACCRECATED DURG & ACCRECATION	900099	11,519,064.	11,519,064.		
é	2 a	MEMBERSHIP DUES & ASSESSMENTS	900099	592,500.	592,500.		
8	b	"GO FUND" ASSISTANCE FROM IUPAT	900099	302,417.	302,417.		
ΕŠ	C	ORGANIZING ASSISTANCE FROM IUPAT AFFILIATED ORGANIZATION RENTAL	900099	314,748.	314,748.		
Š	d	AFFILIATED ORGANIZATION RENTAL	900099	314,740.	311,710.		
yrar	е						-
où l	f	All other program service revenue Total. Add lines 2a-2f		12,728,729.			
	<u>g</u>			22,720,720			<u> </u>
	3	Investment income (including dividendent similar amounts)		128,917.			128,917.
		Income from investment of tax-exemp		0,			
	4	Royalties · · · · · · · · · · · · · · · · · · ·		0.			
	5	(i) R					
		Const Boots	7,200.				
	6a	Gross Rents					1
	b	Less rental expenses	7,200.	, ,	* i		
	C di	Net rental income or (loss)		7,200.	7,200.		
		(ı) Sec					
	7 a	Gross amount from sales of assets other than inventory					
	ь			1 '	î		
	"	and sales expenses					
	_	Gain or (loss)					
	ď		. >	0.			
Ð	8 a		i i				
밅		events (not including \$					
Š		of contributions reported on line 1c)					
8	Ì	See Part IV, line 18	a				
Other Revenue	ь	Less direct expenses					
픙	1	Net income or (loss) from fundraising		٠ ٥.			
	9 a	Gross income from gaming activities See Part IV, line 19	, , a				
	Ь		í				
	C			0.		<u> </u>	
	10a		l l		,		
		returns and allowances	a				
	Ь						
	<u> </u>	: Net income or (loss) from sales of inv	entory ▶				
		Miscellaneous Revenue	Business Code				
	11a	LITIGATION SETTLEMENT INCOME	900099	1,400.	1,400.		
	ь	REIMBURSEMENTS AND REFUNDS	900099	988,437.	988,437.	ļ	
	c	·		ļ	<u> </u>		
	d						
	e						
	12	Total revenue. See instructions		13,854,683.	13,725,766.	L	128,917.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns zations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.		^	ļ
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	1			
	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	1,519,875.		}	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and			(5) organization elec	
	persons described in section 4958(c)(3)(B)	0.)	compl	ete columns (B), (C)	and (D).
7	Other salanes and wages	3,960,638.	_ -i		
	[<u> </u>
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	734,168.			
_	i	784,712.			
9	Other employee benefits	352,477.			
0	Payroll taxes	332,477.		<u> </u>	
1	Fees for services (non-employees)	0.			
	Management	309,577.			
þ	Legal	74,845.	*******		
	Accounting	74,843.			<u> </u>
	Lobbying	0.	· · · · · · · · · · · · · · · · · · ·	_=	
	Professional fundraising services See Part IV, line 17		66	*** **	
f	Investment management fees	0.			
g	Other	19,937.			
12	Advertising and promotion	2,600.			
13	Office expenses	169,695.			
14	Information technology	14,593.			
15	Royalties	0.			
16	Occupancy	451,141.	<u>-</u>		
17	Travel	58,802.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	68,747.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	429,677.			
23	Insurance	132,526.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f lf				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
-	DONATIONS	31,269.			
_	PUBLIC RELATIONS	83,401.	<u>-</u>		
	PER CAPITA TAXES	226,699.	· 		
	VOLUNTEER ACTION ACTIVITY	112,067.			
	MARKET RECOVERY SUBSIDY	2,948,199.			
		91,443.		 	
	f All other expenses	12,577,088.			
	Total functional expenses. Add lines 1 through 24f	22,0,,,000.			
26	Joint Costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational				
JSA	campaign and fundraising solicitation		· · · · · · · · · · · · · · · · · · ·		Form 990 (
	1 000				. 0 550 (

Pai	rt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	10,535,406.	2	10,325,854.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers,				
		employees, and highest compensated employe		_]		
		Schedule L		5		
	6	Receivables from other disqualified persons (as defined und	ier section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers	and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations	(see instructions)		6	
Assets	7	Notes and loans receivable, net			7	
\ss	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	10a 9,312,734.			-
	b	Less accumulated depreciation		5,728,156.	10c	5,309,840.
	11	Investments - publicly traded securities		709,133.	11	566,290.
	12	Investments - other securities. See Part IV, line 11		1,659,780.	12	3,739,079.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	_
	15	Other assets. See Part IV, line 11		12,000.	15	12,000.
	16	Total assets. Add lines 1 through 15 (must equal		18,644,475.	16	19,953,063.
	17	Accounts payable and accrued expenses		20,929.	17	1,450.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Payables to current and former officers,		-	-	-
혈		employees, highest compensated employees,				
<u>"</u>		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities. Complete Part X of Schedule D	-		25	
	26	Total liabilities. Add lines 17 through 25		20,929.	26	1,450.
		Organizations that follow SFAS 117, check here				
es		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets			27	
Sag	28	Temporarily restricted net assets			28	
뒫	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	eck here ► X and			-
ts	30	Capital stock or trust principal, or current funds .		1	30	
3Se	31	Paid-in or capital surplus, or land, building, or equ		31		
ĕ	32	Retained earnings, endowment, accumulated inc	•	18,623,546	. 32	19,951,613.
Ret	33	Total net assets or fund balances		18,623,546	. 33	19,951,613.
_	34	Total liabilities and net assets/fund balances		18,644,475		19,953,063.

Form **990** (2010)

Both consolidated and separate basis

Form 990 (2010)

3 a

3 b

issued on a separate basis, consolidated basis, or both

the Single Audit Act and OMB Circular A-133?

Separate basis

X Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

SCHEDULE D (Form 990) ·

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	STRICT COUNCIL 16	94-0433056
Pai		
ı eı	organizations Maintaining Donor Advised Funds of Other Similar Funds of organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete il tile
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	······
3	Aggregate contributions to (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 d	oper advised
•	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	
	·	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	nated 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, h	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	
_	(ı) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue at	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan organization's accounting for conservation easements.	cial statements that describes the
Ps	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
L E	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ei Oilillai Assets.
1.		rayanua statement and balance about
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance o
	public service, provide, in Part XIV, the text of the footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide the following amounts relating to these items	ucation, or research in furtherance of
	(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	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	_ ·
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

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

Schedule D (Form 990) 2010

Part	Organizations Maintainin	ng Collect	tions of	Art, Hi	istorica	Treasures	, or O	ther Similar As	sets (c	continued		
	Using the organization's acquisition collection items (check all that apply		on, and o	other re	ecords, o	heck any o	f the f	ollowing that are	a sigr	nificant us	e of	ıts
а	Public exhibition			d		Loan or ex	change	programs				
b	Scholarly research			е		Other						
С	Preservation for future get	nerations										
4	Provide a description of the organ		ollections	s and e	explain h	ow they fur	ther th	ne organization's	exemp	t purpose	≀n F	⊃art
	XIV.				•	_						
	During the year, did the organizatio	n solicit or	receive o	donatio	ns of art,	historical tr	easure	s, or other simila	r			
	assets to be sold to raise funds rath									Yes		No
Par		rrangeme	nts. Co	mplete	e if the o	rganization					/,	
	Is the organization an agent, truster included on Form 990, Part X?									Yes		No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:											
	c Beginning balance											
d	Additions during the year											
е	Distributions during the year						-					
	Ending balance											
	Did the organization include an am		orm 990,	Part X,	, line 21?				· · · [Yes		No
	b If "Yes," explain the arrangement in Part XIV.											
Par	t V Endowment Funds. Con									1		
		(a) Currei	nt year	(b) P	пог year	(c) Two ye	ears back	(d) Three year	s back	(e) Four y	ears b	oack
1a	Beginning of year balance									-		_ <u></u>
	Contributions											-
С	Net investment earnings, gains, and losses				. =			2		\$ \$:		
d	Grants or scholarships									-		
е	Other expenditures for facilities .											
	and programs			· · · · · · · · · · · · · · · · · · ·				r #_				
	Administrative expenses											
g	End of year balance							-				
2	Provide the estimated percentage				ld as.							
а	Board designated or quasi-endowr			%								
b	Permanent endowment ▶	%										
	Term endowment ▶	_%										
3 a	Are there endowment funds not in	the posse	ssion of	the org	anizatıor	that are he	ld and	administered for	the	-		
	organization by:										es/	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related or	-								3 b		
4	Describe in Part XIV the intended										_	
Pai	t VI Land, Buildings, and Eq	uipment.	See For	rm 990), Part X	, line 10.						
	Description of investment		(a) Cost of	or other bestment)	asis (b	Cost or other b		(c) Accumulated depreciation		(d) Book valu		
1 a	Land	<u> </u>				1,167,3				1,16	_	
b	Buildings	[7,178,4		3,199,240.		3,97		
С	Leasehold improvements					75,0		47,292				96.
d	Equipment	[800,		715,012				195.
	Other					91,2		41,350				43.
Tota	al. Add lines 1a through 1e. (Column	n (d) must	equal For	rm 990,	Part X, o	column (B), li	ne 10(<u>c)) ▶</u>		5,30		
			-						Sche	dule D (Fon	m 990)) 2010

29644I F173

Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<u> </u>
(A) NEW YORK LIFE ANNUITY	898,596.	FMV	
(B) MASS MUTUAL ANNUITY	218,334.	FMV	
(C) PACIFIC LIFE EXPLORER DEFERRED			
(D) ANNUITY	791,401.	FMV	
(E) WESTERN NATIONAL ANNUITY	822,783.	FMV	
(F) AMERICAN NATIONAL ANNUITY	504,836.	FMV	
(G) JACKSON NATIONAL ANNUITY	503,129.	FMV	
(H)			
(I) Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,739,079.		
Part VIII Investments - Program Related. See Fo		. 13	
(a) Description of investment type	(b) Book value	(c) Method of valuati	
(a) Description of investment type	(b) book value	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	- 45		
Part IX Other Assets. See Form 990, Part X, li		-	(h) Pook volue
(1)	Description		(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			(
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

2. FIN 48 (ASC 740) 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 (ASC 740).

JSA 0E1270 1 000 29644I F173

Part 2		iits	
1	10tal 10101100 (1 01111 000) 1 alt 1 inf oblainin (1 1/1 in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	13,854,683.
2		2	12,577,088.
3	Except of (deficit) for the year education and a first mine a first mi	3	1,277,595.
4	1101 311 California (100000) Cit in Countries	4	50,472.
5		5	
6		6	
7	- The period dejudentine	7	
8		8	50,472.
9	Total adjustments (net). And miss 4 thought 0	9	1,328,067.
10	Execute of (deficit) for the jour per detented interference of the second	0	1,320,007.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu		13,905,155.
1	Total revenue, gains, and other support per audited financial statements	1	13, 903, 133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a 50, 472	,	
a	The difficulties gains on investments	4	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIV.)	2e	50,472.
	Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2e from line 1	3	13,854,683.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a	Other (Describe in Part XIV)	-	
b	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,854,683.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements		12,577,088.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		· · · · · · · · · · · · · · · · · · ·
- а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c	7	
d	Other (Describe in Part XIV.)] <u></u> .	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	12,577,088
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	· · · · · · · · · · · · · · · · · · ·	_ •	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	12,577,088
Part	XIV Supplemental Information		
Part \	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part /, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also completed the distribution of the complete state of the comple	ete this i	
SEE	PAGE 5		
		-	
	·		
- -	·		

Part XIV Supplemental Information (continued)

PAT X, LINE 2:

THE DISTRICT COUNCIL HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD. MANAGEMENT BELIEVES THAT THE DISTRICT COUNCIL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. INFORMATION RETURNS FOR TAX YEARS FOR WHICH THE APPLICABLE STATUTES OF LIMITATION HAVE NOT EXPIRED ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

SCHEDULE J (Form 990) ·

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DISTRICT COUNCIL 16

Employer identification number 94-0433056

Part	Questions Regarding Compensation			
_	Obselvition and a series between the annual series and a		Yes	No
Ίа	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			
	First-class or charter travel Housing allowance or residence for personal use			i
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			İ
	Discretionary spending account	,		l
b	If any of the boxes on line 1a are 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	 1b		
2	explain			
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ĺ
	directors, trustees, and the Open Excounted birector, regarding the terms chesined in into the			
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.	-		
	Compensation committee Written employment contract	=	-	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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			÷ ,
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a	-	1
	Any related organization?	5 b		†
-	If "Yes" to line 5a or 5b, describe in Part III		ļ	1
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		[1
а	The organization?	6a	1	-
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.		 	1
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	7		
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		
For P	aperwork Reduction Act Notice, see the Instructions for Form 990.	ıle J (F	orm 99	0) 20

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

				Contraction College				í
		(b) Breakdown of W-2 affor		Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(r) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(l)-(l)(a)	Form 990-EZ
	5	191,684.			29,286.	33,384.	254,354.	0.
1 DOUGLAS CHRISTOPHER	: [0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	1		0.
	ξ	112,281.			30,160.	22,686.	165,127.	0.
2 JOHN PAPA	€ €	3,360			0	.0		0
	8	131,091.			30,160.	24,607.	185,858.	0
1 LES PROTEAU	€ €	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0.	0.	0.
	€	118,955.			20,675.	23,590.	163,220.	0
4 VINCENT ECHEVERRIA	€ €	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0.		0.
	ε	144,268.			21,736.	29,219.	195, 223.	0.
5 JOHN SHERAK	€ €	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	0	0.	 	0.
	ε	120,121.			21,736.	26,818.	168,675.	0
A ARTHUR HOPKINS	: 8	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	.0		0.
	€				14,604.	41,720.	194,848.	0
, CHRIS CHRISTOPHERSEN	:	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	0	0.	0.	0.
1	ε	131,091.			30,160.	24,607.	185,858.	0
A JAMES HEWETT	3	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0.		0.
1	8	112,281.			30,160.	22,654.	165,095.	0
9 JAMES RUIGOMEZ	9	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	0.	0		0.
1	ε	120,951.			29, 286.	26,266.	176,503.	0
10 MARK SHELLEY	€	0	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	.0	- 1	0
	3	132,133.	1		29, 286.	27,689.	189,108.	0
11 MICHAEL WEST	1	0	1	 	0	0.		0.
	8	131,091.			30,160.	24,607.	185,858.	0
12 HAYDEN BLAYLOCK	€	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	0.	0.	0.
	3	120,591.			29, 286.	. 26,266.	176,143.	0
13 STEPHEN HUCKABY	€ €	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	0	0		0.
	9	120,591.			29, 286.	26,459.	176,336.	0
14 JOHN HUGHES	€	0		 	0.	0.		0.
	ε	120,591.			29, 286.	24,506.	174,383.	.0
15 RONALD KESSLER	: 3	.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.	0	0.
	ε							
16	≣						Sche	Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010

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) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DISTRICT COUNCIL 16

Employer identification number 94-0433056

PART I AND PART III, LINE 1 - ORGANIZATION'S MISSION:

THE PURPOSE OF DISTRICT COUNCIL 16 IS TO FURTHER THE OBJECTIVES OF THE INTERNATIONAL UNION, ORGANIZE THE UNORGANIZED, TO BRING ABOUT HARMONY AND UNITY AMONG LOCAL UNIONS; TO ESTABLISH A MINIMUM RATE OF WAGES IN THE DISTRICT; TO ENFORCE A CODE OF WORKING RULES GOVERNING HOURS, WAGES AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT; TO ESTABLISH A HIGH PERFORMANCE/HIGH VALUE CULTURE AMONGST THE MEMBERSHIP AND TO CREATE A MARKETPLACE IN WHICH AN ATMOSPHERE OF LABOR/MANAGEMENT COOPERATION WILL ENHANCE PROSPERITY FOR UNION EMPLOYERS WHILE, AT THE SAME TIME, ENSURING JOB SECURITY, SAFETY, TRAINING AND EXCELLENT WAGES AND BENEFITS FOR OUR MEMBERS.

PART VI, LINE 6:

THE ORGANIZATION HAS 7,087 REGULAR, INDUSTRIAL, APPRENTICE, RETIREE AND LIFE MEMBERS.

PART VI, LINE 7A:

THE MEMBERS AS DESCRIBED IN THE RESPONSE TO LINE 6 ELECT ALL THE OFFICERS OF THE ORGANIZATION.

PART VI, LINE 7B:

THE DECISIONS OF THE OFFICERS ARE SUBJECT TO APPROVAL OF THE MEMBERS.

Employer identification number 94-0433056

PART VI, LINE 10A:

THE DISTRICT COUNCIL HAS 17 AFFILIATED LOCAL UNIONS IN NORTHERN CALIFORNIA AND NORTHERN NEVADA THAT ARE SUBJECT TO THE BYLAWS AND INTERNATIONAL GOVERNING BOARD CONSTITUTION.

PART VI, LINE 11B:

DISTRICT COUNCIL 16'S CPA PREPARES THE FORM 990 AND PRESENTS IT TO THE BUSINESS MANAGER. UPON HIS APPROVAL, HE WILL SIGN AND FILE. A COPY IS PRESENTED TO THE GOVERNING BOARD.

PART VI, LINE 12C:

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BUSINESS MANAGER/SECRETARY-TREASURER OR CHAIRMAN CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

PART VI, LINES 15A AND 15B:

SALARIES ARE DETERMINED BY THE CONSTITUTION AND BYLAWS.

PART VI, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ANNUALLY DISTRICT COUNCIL 16 FILES AN LM-2 (LABOR ORGANIZATION ANNUAL REPORT) WITH THE DEPARTMENT OF LABOR AND IT IS AVAILABLE ON THEIR WEBSITE.

Page 2

Name of the organization DISTRICT COUNCIL 16 Employer identification number 94-0433056

PART XI, LINE 5:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE NET UNREALIZED GAIN ON INVESTMENTS OF \$50,472.

PART XII, LINE 1:

THIS ORGANZATION IS ON THE MODIFIED CASH BASIS OF ACCOUNTING.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

WEINBERG ROGER & ROSENFELD 1001 MARINA VILLAGE PARKWAY, #200 ALAMEDA, CA 94501-1091

LEGAL FEES

197,111.

197,111.

TOTAL COMPENSATION

SCHEDULE R (Form 990)

DISTRICT COUNCIL 16

Name of the organization

Department of the Treasury Internal Revenue Service

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.

instructions.	
separate	
See :	
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	C

OMB No 1545-0047

Employer identification number Inspection

94-0433056

(g) Section 512(b)(13) controlled (f) Direct controlling entity? entity 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.) (f) Direct controlling (e) End-of-year assets (if section 501(c)(3)) Public chanty status (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Ü Primary activity (a)Name, address, and EIN of disregarded entity Name, address, and ElN of related organization Part II Part 1 ව Ξ (2) € (5) <u>(</u>

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

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Schedule R (Form 990) 2010

×

N/A

N/A

501(C)(5)

CA

LABOR UNION

ŝ

Yes

×

N/A

N/A

501(C)(5)

CA

LABOR UNION

94-3148839

---- SAN JOSE, CA 95125

94-1236926

CARPET, LINOLEUM, & SOFT TILE WORKERS 1237

7111 GOVERNORS CIRCLE (3) PAINTERS AND TAPERS 3

CARPET, LINOLEUM, 6 SOFT TILE WORKERS 12

2102 ALMADEN ROAD, STE. 106

SACRAMENTO, CA 95823

×

×

N/A

N/A

501(C)(5)

CA

LABOR UNION

N/A

N/A

501(C)(5)

CA

LABOR UNION

×

N/A

N/A

501(C)(5)

CA

LABOR UNION

94-0748033 - PETALUMA, CA 94952

1130 INDUSTRIAL AVENUE, UNIT 7

(4) PAINTERS AND TAPERS 83

8400 ENTERPRISE WAY, RM. 123

406 MAIN STREET, STE. 420 ---

(5) PAINTERS AND TAPERS 272

PAINTERS AND TAPERS 376

(9)

404 NEBRASKA STREET

PAINTERS AND TAPERS 487

5

7111 GOVERNORS CIRCLE

94-2861117 OAKLAND, CA 94621

×

NA

N/A

501(C)(5)

CA

LABOR UNION

×

N/A

N/A

501(C)(5)

CA

LABOR UNION

94-0925639 VALLEJO, CA 94590

94-0939977 WATSONVILLE, CA 95076

94-0748032 SACRAMENTO, CA 95823

SCHEDULE R (Form 990)

▶ Attach to Form 990.

Name of the organization Department of the Treasury Internal Revenue Service

DISTRICT COUNCIL 16

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Complete If the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

2010 Open to Public Inspection

Employer Identification number 94-0433056

Part 1	Identification of Disregarded Entities (Complete if the organization	answered "Yes" o	if the organization answered "Yes" on Form 990, Part IV, line 33.)	V, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)			-			
(3)						
(4)						
(5)						
(6)				,		
Part	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	ne organization an	swered "Yes" on F	orm 990, Part I	V, line 34 becaus	e it had

4 because it had	(5)
organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had attions during the tax year.)	3
vered "Yes" on Forn	-
ganization ansv	
(Complete if the or	
Identification of Related Tax-Exempt Organizations (Comone or more related tax-exempt organizations during the tax	
Part II	

(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	(g) Section 512(b)(13) controlled entity?	5)(13) 1
						Yes	No
(1) PAINTERS AND TAPERS 507 94-0748035 2102 ALMADEN ROAD, STE. 100 SAN JOSE, CA 95125	035 LABOR UNION	CA	501(C)(5)	N/A	N/A	^	×
(2) PAINTERS AND TAPERS 741 94-0748039 742-C ARNOLD DRIVE	+ -	CA	501(C)(5)	N/A	N/A		×
(3) PAINTERS AND TAPERS 913 94-0748029 555 DE HARO STREET, STE. 280B 3AN FRANCISCO, CA 94107	029 07 LABOR UNION	CA	501(C)(5)	N/A	N/A	^	×
(4) PAINTERS MIXED 294 94-0748030 4969 E. CLINTON AVENUE #117 ERESNO, CA 93727	1030 LABOR UNION	CA	501(C)(5)	N/A	N/A	^	×
(5) PAINTERS 6 ALLIED TRADES LOCAL 567 88-0039930 1619 HYMER AVENUE SPARKS, NV 89431	1930 LABOR UNION	NV	501(C)(5)	N/A	N/A	^	×
(6) GLAZIERS, ARCH. METAL & GLASS WORKER 767 94-1165073 7111 GOVERNORS CIRCLESACRAMENTO, CA 95823	1073 LABOR UNION	CA	501(C)(5)	N/A	N/A	~	×
(7) GLAZIERS, ARCH. METAL & GLASS WORKER 1621 94-1533756 2102 ALMADEN ROAD, STE. 104 SAN JOSE, CA 95125	1756 LABOR UNION	CA	501(C)(5)	N/A	N/A		×
To a contract to the last of the last of the last of the for Form 990					Schedul	Schedule R (Form 990) 2010) 2010 .

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

SCHEDULE R (Form 990)

DISTRICT COUNCIL 16

Name of the organization Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection

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

Employer Identification number 94-0433056

(f) Direct controlling entily 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.) (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity Part II (3) Part I 4 9 Ξ (2) (5)

(g) Section 512(b)(13) controlled å × × × × × entity? Yes (f) Direct controlling entity N/A N/A N/A N/A N/A (if section 501(c)(3)) Public charity status **e** N/A N/A N/A N/A δ (d) Exempt Code section 501(C)(5) 501(C)(5) 501(C)(5) 501(C)(5) 501(C)(3) Legal domicile (state or foreign country) 9 CACA S ВС CALABOR UNION LABOR UNION LABOR UNION LABOR UNION Primary activity CHARITY 8400 ENTERPRISE WAY, RM. 124 OAKLAND, CA 94621 94-0507786 94-0057785 -- OAKLAND, CA 94621 DES 35-0198600 WASHINGTON, DC 20006 32-0165331 LIVERMORE, CA 94551 555 DE HARO STREET, STE. 280A - SAN FRANCISCO, CA 94107 (a)
Name, address, and EIN of related organization (2) GLAZIERS, ARCH. METAL & GLASS WORKER 169 (4) INTN'L UNION OF PAINTERS 6 ALLIED TRADES GLAZIERS, ARCH. METAL & GLASS WORKERS 718 8400 ENTERPRISE WAY, RM. 118 ---(3) AUTO, MARINE 6 SPECIALTY PAINTERS WALTER CANTRELL SCHOLARSHIP FUND 2705 CONSTITUTION DRIVE 1750 NEW YORK AVE NW (3) (6)

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Schedule R (Form 990) 2010

Page 2

94-0433056

Schedule R (Form 990) 2010

(h) Percentage ownership (k) , Percentage ownership (I) General or managing Ŷ 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.) (g) Share of end-of-year assets partner? 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.) Yes (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total Income (h) Disproportorate effocatora? Ŷ Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) assets (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity (d)
Direct controlling lentity (c)
Legal
domicile
(state or
foreign (b)
Primary activity (a) (ame, address, and EIN of related organization (a) Name, address, and EIN related organization Part III Part IV (3) (1) (4) (5) (1) (<u>7</u> €, (S) 9 3 <u>(S</u>i

Schedule R (Form 990) 2010

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9

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Schedule R (Form 990) 2010 Method of determining Yes × × amount involved CASH PAID 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. CASH PAID CASH PAID CASH PAID 10 1p 19 £ a 4 2 79 10 + 무 * = 207,350. 170,000. 992,820 343,848 Amount involved 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? Transaction type (a-r) Q,R ĸ æ ĸ Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity..... Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. GLASS WORKERS 1621 ARCH. METAL & GLASS WORKERS 169 CARPET, LINOLEUM, & SOFT TILE WRKRS 1237 INT'L UNION OF PAINTERS & ALLIED TRADES Name of other organization پ Sharing of paid employees GLAZIERS, ARCH. METAL GLAZIERS, Gift, grant, E c Ξ **Б** — ಡ Ü **P** 0 ._ × о д σ 3 **1** 4 9 (6)

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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. Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionata allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1003)	Yes No
(1)							
(2)							
(3)							
(4)							
(5)							_ "
(9)							
<u>(a)</u>							_
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)			-				
(16)							
						Schedule R (Form 990) 2010	990) 2010

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Schedule R (Form 990) 2010

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

		_ <u></u>	<u></u>				
	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo					▶ [X]	
Do not comp	lete Part II unless you have already been gran	ited an aut	comatic 3-month extension on a prev	nously filed Fo	rm 8868	}	
a corporation 8868 to req Return for instructions)	ling (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition the file and of the to file any of the Transfers Associated With Certain Personal. For more details on the electronic filing of the	al (not aut forms liste I Benefit (is form, vis	comatic) 3-month extension of time and in Part I or Part II with the exception contracts, which must be sent to sit www.irs.gov/efile and click on e-file.	You can elect otion of Form the IRS in p	tronical 8870, l paper f	ly file Form Information ormat (see	
	tomatic 3-Month Extension of Time. On						
Part I only	n required to file Form 990-T and requesting porations (including 1120-C filers), partnersh te tax returns					▶ ☐	
Type or	Name of exempt organization			Employer iden	tification	number	
print	DISTRICT COUNCIL 16			94-04	33056	<u> </u>	
· File by the	Number, street, and room or suite no. If a P.O. box	k, see instruc	ctions				
due date for	2705 CONSTITUTION DRIVE						
filing your return See	Tim' See City, town or post office, state, and zip code For a foreign address, see instructions						
IIVERMORE, CA 94550-9206							
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)		. 01	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-B	Ĺ	02	Form 1041-A			08	
Form 990-E.	Z	03	Form 4720			09	
Form 990-P	F	04	Form 5227			10	
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06	Form 8870			12	
Telephon If the org If this is f	as are in the care of DOUGLAS CHRIST DOUGL	 business in ur digit Gro f it is for pa	oup Exemption Number (GEN)		 If th		
	e names and EINs of all members the extens						
until_ for the ►	est an automatic 3-month (6 months for a coronal coron	exempt or	ganization return for the organization			extension is	
	tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, che	ck reason Initial return	Final return			
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the tentative tax	, less any			
nonref	fundable credits. See instructions.			3a	\$		
	application is for Form 990-PF, 990-T, ated tax payments made. Include any prior yea				\$		
	ce Due. Subtract line 3b from line 3a. Include				 		
	ronic Federal Tax Payment System) See instru			_	\$		
	you are going to make an electronic fund		I with this Form 8868, see Form 8			879-EO for	
payment ins			2223, 330 . 3				
	ork Reduction Act Notice, see Instructions.			Fo	m 8868	(Rev 1-2011)	