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Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment 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)

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

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable		C Name of organization NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS				D Employer identification number 94-0722837	
Address change		Doing Business As				E Telephone number (925) 469-6800	
Name change		Number and street (or P O box if mail is not delivered to street address)				Room/suite 200	
Initial return		4780 CHABOT DR				G Gross receipts \$ 3,944,297.	
Terminated		City or town, state or country, and ZIP + 4 PLEASANTON, CA 94588-3370				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
Amended return		F Name and address of principal officer OSCAR DE LA TORRE 4780 CHABOT DR STE 200, PLEASANTON, CA 94588				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
Application pending		I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> (insert no) 4947(a)(1) or 527	J Website: ► N/A		H(c) Group exemption number ► 0121		
K Form of organization Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► LABOR UNION		L Year of formation 1954		M State of legal domicile CA			

Part I Summary

Activities & Governance	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		
Revenue	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 individuals employed in calendar year 2011 (Part V, line 2a)	5	22.
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-20,269.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-20,269.
		RECEIVED NOV. 21. 2012 R.S. OSC. UGDEN, UT	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,365,874.	3,560,908.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,572.	150,933.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1p)	-165,435.	-59,693.
		3,365,011.	3,652,148.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,807,939.	1,756,014.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,261,211.	1,118,542.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,069,150.	2,874,556.	
19 Revenue less expenses Subtract line 18 from line 12	295,861.	777,592.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	15,816,730.	16,845,362.
	21 Total liabilities (Part X, line 26)	2,682,493.	2,763,187.
	22 Net assets or fund balances Subtract line 21 from line 20	13,134,237.	14,082,175.

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 OSCAR DE LA TORRE, BUSINESS MANAGER	Date 11-12-12
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CATHERINE GARDNER	Preparer's signature Catherine G	Date 11/8/12	Check <input type="checkbox"/> if self-employed	PTIN P00350865
	Firm's name ► MILLER KAPLAN ARASE LLP			Firm's EIN ► 95-2036255	
	Firm's address ► 44 MONTGOMERY ST STE 3701, SAN FRANCISCO, CA 94104-4831			Phone no 415-956-3600	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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**4a** (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

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.

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 (see instructions)?

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

d 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

14 a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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)

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 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	
25 a	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	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	35a	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	
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	37	X
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	38	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		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	14
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c 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	22
b 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 (see instructions).</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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
b If "Yes," enter the name of the foreign country ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	1a 7	
b	material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1b 0	
2	Enter the number of voting members included in line 1a, above, who are independent	2 X	
3	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?	3 X	
4	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?	4 X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5 X	
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6 X	
7a	Did the organization have members or stockholders?	7a X	
b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b X	
8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a X	
a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8b X	
b	The governing body?	9 X	
9	Each committee with authority to act on behalf of the governing body?		
	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		

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13	Did the organization have a written whistleblower policy?	13 X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAVID GEORGE, 4780 CHABOT DR STE 200, PLEASANTON, CA 94588-3322 (925) 469-6800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated				
ATTACHMENT 1										
(1) OSCAR DE LA TORRE BUSINESS MANAGER	40.00			X			252,403.	113,523.	122,166.	
(2) DAVID GEORGE SECRETARY-TREASURER	2.00			X			33,400.	117,942.	67,185.	
(3) DAVID GORGAS VICE PRESIDENT	2.00			X			21,815.	107,230.	61,388.	
(4) DOYLE RADFORD PRESIDENT	2.00			X			33,400.	109,207.	64,914.	
(5) SAMUEL ROBINSON E. BOARD MEMBER	2.00			X			21,815.	80,560.	54,454.	
(6) HARRY C. HARRIS E. BOARD MEMBER	2.00			X			21,815.	102,107.	60,056.	
(7) BRUCE RUST E. BOARD MEMBER	2.00			X			21,815.	87,611.	56,287.	
(8) JAMES HOMER AUDITOR	2.00			X			21,815.	131,646.	67,736.	
(9) WILBERT LUCAS AUDITOR	2.00			X			21,815.	108,021.	61,593.	
(10) VICTOR PARRA AUDITOR	2.00			X			21,815.	135,564.	68,755.	
(11) KENNETH LUSBY SERGEANT AT ARMS	2.00			X			21,815.	18,645.	27,391.	
(12) PAUL SUPTON LEGAL COUNSEL	40.00			X			150,198.	0	66,076.	
(13) ANTHONY DIMAS BUSINESS AGENT	40.00				X		150,424.	0	66,135.	
(14) DAVE THOMAS BUSINESS AGENT	40.00				X		155,353.	0	67,417.	

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

1b Sub-total

949,698. 1,112,056. 911,553.

c Total from continuation sheets to Part VII, Section A

0 0 0

d Total (add lines 1b and 1c) ► 949,698. 1,112,056. 911,553.

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

4

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.

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ATTACHMENT 2		
		</td

Part VIII Statement of Revenue

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		0			
Program Service Revenue					
2 a MEMBERSHIP DUES AND ASSESSMENTS	Business Code				
	900099	3,560,908.	3,560,908.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		3,560,908.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		150,933.			150,933.
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6 a Gross rents	(i) Real	(ii) Personal			
	176,162.				
b Less rental expenses	292,149.				
c Rental income or (loss)	-115,987.				
d Net rental income or (loss)		115,987.		-20,269.	-95,718.
7 a 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			
8 a 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			
9 a 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			
10 a 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				
11 a REFUNDS AND REIMBURSEMENTS	900099	40,019.	40,019.		
b MISCELLANEOUS INCOME	900099	16,275.	16,275.		
c					
d All other revenue					
e Total. Add lines 11a-11d		56,294.			
12 Total revenue. See instructions		3,652,148.	3,617,202.	-20,269.	55,215.

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	859,150.			
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	501(c)(5) organization electing not to complete columns (B), (C) and (D).		
7 Other salaries and wages	567,965.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	172,580.			
9 Other employee benefits	69,752.			
10 Payroll taxes	86,567.			
11 Fees for services (non-employees)				
a Management	11,175.			
b Legal	187,959.			
c Accounting	56,401.			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	76,248.			
12 Advertising and promotion	0			
13 Office expenses	88,051.			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	107,702.			
17 Travel	43,518.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	87,884.			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	81,680.			
23 Insurance	19,350.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SEVERANCE BENEFITS	222,095.			
b TAXES AND LICENSES	1,171.			
c GIFT AND AWARDS	17,165.			
d CHARITABLE & CIVIC DONATIONS	92,745.			
e All other expenses	25,398.			
25 Total functional expenses. Add lines 1 through 24e	2,874,556.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)		0		

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	560,164	1	533,719.
	2 Savings and temporary cash investments	6,761,370	2	7,667,535.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,532,708.		
	b Less accumulated depreciation	10b 1,390,014.	10c 4,290,150.	4,142,694.
	11 Investments - publicly traded securities	512,418	11	552,364.
	12 Investments - other securities See Part IV, line 11	3,692,628	12	3,949,050.
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	15,816,730.	16	16,845,362.
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	807,879.	23	743,853.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,874,614.	25	2,019,334.
	26 Total liabilities. Add lines 17 through 25	2,682,493.	26	2,763,187.
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	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	13,134,237.	32	14,082,175.
	33 Total net assets or fund balances	13,134,237.	33	14,082,175.
	34 Total liabilities and net assets/fund balances	15,816,730.	34	16,845,362.

Part XI**Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,652,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,874,556.
3	Revenue less expenses Subtract line 2 from line 1	3	777,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,134,237.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	170,346.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,082,175.

Part XII**Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ 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?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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	2c	X
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	
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	3b	

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization LABORERS	NORTHERN CALIFORNIA DISTRICT COUNCIL OF	Employer identification number 94-0722837
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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 education)	<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	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► -----	2d
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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items	
a 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) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" 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

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

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

Description of property	(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.	781,056.	2,482,640.
c Leasehold improvements		196,442.	90,662.	105,780.
d Equipment		277,221.	270,841.	6,380.
e Other		329,051.	247,455.	81,596.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ► 4,142,694.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) AFL-CIO HOUSING TRUST	2,526,944.	FMV
(B) MCMORGAN INSTL. REAL ESTATE FD	332,250.	FMV
(C) UNITED LABOR BANK STOCKS	1,089,856.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	3,949,050.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

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

(a) Description	(b) Book value
(1)	
(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, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEVERANCE BENEFIT OBLIGATIONS	1,999,240.
(3) SECURITY DEPOSITS	20,094.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	2,019,334.

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)

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

SEE PAGE 5

Part XIV Supplemental Information (continued)**PART 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 RETURN FOR TAX YEARS FOR WHICH THE APPLICABLE STATUTES OF LIMITATION HAVE NOT EXPIRED ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

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.

2011

**Open to Public
Inspection**

Name of the organization

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

Employer identification number

LABORERS

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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

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 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 OSCAR DE LA TORRE	(i) 252,403. (ii) 113,523.	0	0	0	79,818. 29,516.	12,832.	345,053. 143,039.
2 DAVID GEORGE	(i) 33,400. (ii) 117,942.	0	0	0	8,684. 45,669.	12,832.	42,084. 176,443.
3 DAVID GORGAS	(i) 21,815. (ii) 107,230.	0	0	0	5,672. 42,884.	12,832.	27,487. 162,946.
4 DOYLE RADFORD	(i) 33,400. (ii) 109,207.	0	0	0	8,684. 43,398.	12,832.	42,084. 165,437.
5 SAMUEL ROBINSON	(i) 21,815. (ii) 80,560.	0	0	0	5,672. 35,950.	12,832.	27,487. 129,342.
6 HARRY C. HARRIS	(i) 102,107. (ii) 21,815.	0	0	0	5,672. 41,552.	12,832.	27,487. 156,491.
7 BRUCE RUST	(i) 87,611. (ii) 150,198.	0	0	0	5,672. 37,783.	12,832.	27,487. 138,226.
8 PAUL SUPTON	(i) 21,815. (ii) 131,646.	0	0	0	5,672. 49,232.	12,832.	27,487. 193,710.
9 JAMES HOMER	(i) 21,815. (ii) 108,021.	0	0	0	5,672. 43,089.	12,832.	27,487. 163,942.
10 WILBERT LUCAS	(i) 21,815. (ii) 135,564.	0	0	0	5,672. 50,251.	12,832.	27,487. 198,647.
11 VICTOR PARRA	(i) 150,424. (ii) 155,353.	0	0	0	53,303. 54,585.	12,832. 12,832.	216,559. 222,770.
12 ANTHONY DIMAS	(i) 0. (ii) 0.	0	0	0	0	0	0.
13 DAVE THOMAS	(i) 0. (ii) 0.	0	0	0	0	0	0.
14	(i) 0. (ii) 0.	0	0	0	0	0	0.
15	(i) 0. (ii) 0.	0	0	0	0	0	0.
16	(i) 0. (ii) 0.	0	0	0	0	0	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
LABORERS

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

Employer identification number
94-0722837

PART IV, LINES 12A AND 12B:

THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS WERE PREPARED
ON THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS
OF ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

PART VI, LINE 6:

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

PART VI, LINE 7A:

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

PART VI, LINE 7B:

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

PART VI, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

THE ORGANIZATION'S CPA PREPARES THE FORM 990 WHICH IS THEN REVIEWED BY
THE BUSINESS MANAGER AND SUBMITTED TO THE PRESIDENT FOR REVIEW AND

Name of the organization LABORERS	NORTHERN CALIFORNIA DISTRICT COUNCIL OF	Employer identification number 94-0722837
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SIGNATURE. AFTER FILING FORM 990, COPIES OF THE FORM ARE AVAILABLE TO THE EXECUTIVE BOARD UPON REQUEST.

PART VI, LINE 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 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, LINES 15A AND 15B:

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

PART VI, LINE 19:

THE CONSTITUTION (GOVERNING DOCUMENT) AND ETHICS AND DISCIPLINARY PROCEDURE (CONFLICT OF INTEREST POLICY) IS AVAILABLE THROUGH THE UNITED

Name of the organization LABORERS	NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS	Employer identification number 94-0722837
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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.

PART XI, LINE 5:

DURING 2011, THE ORGANIZATION HAD AN UNREALIZED GAIN OF INVESTMENTS OF \$170,346.

PART XII, LINE 1:

THE ORGANIZATION'S METHOD OF ACCOUNTING IS MODIFIED CASH BASIS.
THE ORGANIZATION'S METHOD OF ACCOUNTING IS MODIFIED CASH BASIS.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
OSCAR DE LA TORRE	
BUSINESS MANAGER	2.00
DAVID GEORGE	
SECRETARY-TREASURER	40.00
DAVID GORGAS	
VICE PRESIDENT	40.00
DOYLE RADFORD	
PRESIDENT	40.00
SAMUEL ROBINSON	
E. BOARD MEMBER	40.00
HARRY C. HARRIS	
E. BOARD MEMBER	40.00
BRUCE RUST	
E. BOARD MEMBER	40.00
JAMES HOMER	
AUDITOR	40.00
WILBERT LUCAS	

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

AUDITOR	40.00
VICTOR PARRA	
AUDITOR	40.00
KENNETH LUSBY	
SERGEANT AT ARMS	12.00

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WEINBERG, ROGER & ROSENFIELD 1001 MARINA VILLAGE PKWY STE 200 ALAMEDA, CA 94501-6430	LEGAL	179,297.
	TOTAL COMPENSATION	<u>179,297.</u>

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue ServiceName of the organization
LABORERS
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

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

LABORERS

► 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

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

LABORERS

OMB No 1545-0047
2011
Open to Public
InspectionName of the organization
NORTHERN CALIFORNIA DISTRICT COUNCIL OF
LABORERSEmployer identification number
94-0722837
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, 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) LABORER'S DISTRICT COUNCIL LLC 4780 CHABOT DR STE 200, PLEASANTON, CA 94588	04-3701099 PROPERTY RENTAL CA		-271,527.	4,184,612.	NCDCL
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

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

(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?
(1) NO CALIFORNIA SCHOLARSHIP FOUNDATION 4780 CHABOT DR STE 200, PLEASANTON, CA 94588	68-0319359 SCHOLARSHIP CA		501 (C) (3)	N/A	N/A	Yes X
(2) NO. CA. CONTRACT INTERPRETATION FUND 4780 CHABOT DR STE 200, PLEASANTON, CA 94588	30-0372958 CONTRACT INTR CA		501 (C) (5)	N/A	N/A	No X
(3) LABORERS' LOCAL 67 8400 ENTERPRISE WAY #119 OAKLAND, CA 94621	94-2891515 LABOR UNION CA		501 (C) (5)	N/A	N/A	Yes X
(4) LABORERS' LOCAL 73 2801 EAST MYRTLE ST STOCKTON, CA 95205	94-0577478 LABOR UNION CA		501 (C) (5)	N/A	N/A	No X
(5) LABORERS' LOCAL 139 81 BARRAM AVE SANTA ROSA, CA 95407	94-0733385 LABOR UNION CA		501 (C) (5)	N/A	N/A	Yes X
(6) LABORERS' LOCAL 185 1320 WEST NATIONAL DR SACRAMENTO, CA 95834	94-0402180 LABOR UNION CA		501 (C) (5)	N/A	N/A	No X
(7) LABORERS' LOCAL 261 3271 18TH ST SAN FRANCISCO, CA 94110	94-0402185 LABOR UNION CA		501 (C) (5)	N/A	N/A	Yes X

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Schedule R (Form 990) 2011

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SCHEDULE R
 (Form 990)

Related Organizations and Unrelated Partnerships
Department of the Treasury
Internal Revenue ServiceName of the organization
NORTHERN CALIFORNIA DISTRICT COUNCIL OF
LABORERS
 ▶ 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

2011Open to Public
InspectionName of the organization
NORTHERN CALIFORNIA DISTRICT COUNCIL OF
LABORERSEmployer identification number
94-0722837**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, 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 II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(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?
Yes	No					
(1) LABORERS' LOCAL 270 509 ENRY ST SAN JOSE, CA 95110	94-0577470	LABOR UNION	CA	501 (C) (5)	N/A	X
(2) LABORERS' LOCAL 291 4174 REDWOOD HWY SAN RAFAEL, CA 94913	94-0577469	LABOR UNION	CA	501 (C) (5)	N/A	X
(3) LABORERS' LOCAL 294 5431 E HEDGES AVE	94-0577476	LABOR UNION	CA	501 (C) (5)	N/A	X
(4) LABORERS' LOCAL 166 8400 ENTERPRISE WAY ROOM 103	94-0577612	LABOR UNION	CA	501 (C) (5)	N/A	X
(5) LABORERS' LOCAL 297 117 PANJARO ST	94-2174680	LABOR UNION	CA	501 (C) (5)	N/A	X
(6) LABORERS' LOCAL 304 29475 MISSION BLVD	94-0613585	LABOR UNION	CA	501 (C) (5)	N/A	X
(7) LABORERS' LOCAL 324 611 BERRILLÉSA ST	94-0401878	LABOR UNION	CA	501 (C) (5)	N/A	X

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

SCHEDULE R
 (Form 990)
Department of the Treasury
Internal Revenue ServiceName of the organization
LABORERS
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.

NORTHERN CALIFORNIA DISTRICT COUNCIL OF

LABORERS

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33
 ► See separate instructions.

Name of the organization
NORTHERN CALIFORNIA DISTRICT COUNCIL OF
LABORERS

OMB No 1545-0047

2011Open to Public
InspectionEmployer identification number
94-0722837
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, 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 II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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?
(1) LABORERS' LOCAL 389 300 7TH AVE SAN MATEO, CA 94401	94-0374996	LABOR UNION CA	501(C) (5)	N/A	N/A	Yes
(2) LABORERS' LOCAL 886 8400 ENTERPRISE WAY ROOM 110 OAKLAND, CA 94621	94-0865160	LABOR UNION CA	501(C) (5)	N/A	N/A	No
(3) LABORERS' LOCAL 1130 2559 YOSEMITE BLVD STE K MODESTO, CA 95353	94-0454376	LABOR UNION CA	501(C) (5)	N/A	N/A	X
(4) LABORERS INT'L UNION OF HCL 905 16TH ST NW WASHINGTON, DC 20006	53-0088501	INT'L UNION DC	501(C) (5)	N/A	N/A	X
(5) NCDCL PBC 4780 CHABOT DR STE 200 PLEASANTON, CA 94588	80-0043857	POLITICAL CA	527	N/A	N/A	X
(6) _____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____

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

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Schedule R (Form 990) 2011

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

(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 allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?	(k) Percentage ownership
								Yes	No		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related 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-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LABORERS' LOCAL UNION 139	Q	315,292.	CASH PAID
(2) LABORERS' LOCAL UNION 304	Q	1,351,188.	CASH PAID
(3) LABORERS' LOCAL UNION 185	Q	1,186,002.	CASH PAID
(4) LABORERS' LOCAL UNION 67	Q	448,515.	CASH PAID
(5) LABORERS' LOCAL UNION 73	Q	340,665.	CASH PAID
(6) LABORERS' LOCAL UNION 261	Q	803,324.	CASH PAID

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s).

- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related 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-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LABORERS' LOCAL UNION 270	Q	983,914.	CASH PAID
(2) LABORERS' LOCAL UNION 291	Q	243,989.	CASH PAID
(3) LABORERS' LOCAL UNION 294	Q	420,232.	CASH PAID
(4) LABORERS' LOCAL UNION 297	Q	124,116.	CASH PAID
(5) LABORERS' LOCAL UNION 1130	Q	275,881.	CASH PAID
(6) LABORERS' LOCAL UNION 324	Q	690,424.	CASH PAID

Schedule R (Form 990) 2011

Part V**Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related 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-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LABORERS' LOCAL UNION 389	Q		384,677.	CASH PAID
(2) NCDCL POLITICAL ACTION COMMITTEE	Q		209,001.	CASH PAID
(3) LABORERS' LOCAL UNION 185	R		81,876.	CASH PAID
(4) LABORERS' LOCAL UNION 261	R		72,840.	CASH PAID
(5) LABORERS' LOCAL UNION 270	R		70,482.	CASH PAID
(6) LABORERS' LOCAL UNION 304	R		81,526.	CASH PAID

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code 1-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership partner?
							Yes	No			
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											
(12) _____											
(13) _____											
(14) _____											
(15) _____											
(16) _____											

Part VII Supplemental Information

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

- 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).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS	Employer identification number (EIN) or X 94-0722837
	Number, street, and room or suite no. If a P O box, see instructions 4780 CHABOT DRIVE, SUITE 200	Social security number (SSN) <input type="checkbox"/>
File by the due date for filing your return. See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions PLEASANTON, CA 94588-3370	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	01	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

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, 2012**
- 5 For calendar year **2011**, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 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	8a \$ <input type="checkbox"/>
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 \$ <input type="checkbox"/>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	c \$ <input type="checkbox"/>

Signature and Verification must be completed for Part II only.

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 ► 

Title ► **CPA**

Date ► **8/2/12**

Form 8868 (Rev. 1-2012)

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