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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**TEAMSTERS ALL CHARITIES FUND**

Number and street (or P O box, if mail is not delivered to street address)

250 EXECUTIVE PARK BLVD.

Room/suite

3100

City or town, state or country, and ZIP + 4

SAN FRANCISCO, CA 94134**D Employer identification number****94-3039754****E Telephone number****415-467-7768****F Group Exemption Number**

Number ►

G Accounting Method☒ Cash☐ Accrual

Other (specify) ►

I Website. ► **N/A****H Check** ☐ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,**line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.**► \$ **161,552.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	71,424.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	410.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$71,424. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	89,718.
	6c	Less direct expenses from gaming and fundraising events	6c	89,718.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	71,834.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	90,650.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,750.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	38.
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	93,438.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,604.
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20		Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	271,258.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)132171
02-06-12

Part II **Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	292,862.	22 271,258.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	292,862.	25 271,258.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,862.	27 271,258.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose?SEE SCHEDULE O

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Advertising	
Business travel	
Charitable contributions	
Compensation of officers and directors	
Depreciation	
Disbursements	
Gifts	
Interest	
Insurance	
Legal fees	
Office expenses	
Postage and printing	
Professional fees	
Real estate taxes	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Telephone	
Travel	
Wages and salaries	
Withdrawals	
Other	
Total	

28	TO SOLICIT FUNDS AND CARRY ON FUNDRAISING EVENTS WITH THE PURPOSE OF MAKING CHARITABLE DONATIONS.		
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	31a
32	Total program service expenses (add lines 28a through 31a)	▶	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. ; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ CA		
42a The organization's books are in care of ▶ ROBERT MORALES Telephone no ▶ 415-467-7768 Located at ▶ 250 EXECUTIVE PARK, STE 3100, SAN FRANCISCO, CA ZIP + 4 ▶ 94134		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

If "Yes," complete Schedule C, Part I

46 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Yes No

47 X

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

48 X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a X

b If "Yes," was the related organization a section 527 organization?

49b

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer **ROBERT MORALES, EXECUTIVE BD** Date **4-12-12**

Type or print name and title

Print/Type preparer's name MICHELLE L. MCCANN **Preparer's signature** Michelle L. McCann **Date** 3/30/2012 **Check ☐ if self-employed** **PTIN** P01063637

Firm's name LINDQUIST LLP **Firm's EIN** 52-2385296

Firm's address 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583 **Phone no** 925-277-9100

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form 990-EZ (2011)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

TEAMSTERS ALL CHARITIES FUND

Employer identification number
94-3039754

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,174.	55,943.	40,299.	282,531.	71,424.	489,371.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	39,174.	55,943.	40,299.	282,531.	71,424.	489,371.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						489,371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	39,174.	55,943.	40,299.	282,531.	71,424.	489,371.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,649.	1,561.	758.	577.	410.	4,955.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,649.	1,561.	758.	577.	410.	4,955.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			60.			60.
13 Total support (Add lines 9, 10c, 11, and 12)	40,823.	57,504.	41,117.	283,108.	71,834.	494,386.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.99 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.00 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.21 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open To Public Inspection

Employer identification number
94-3039754

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	161,142.			161,142.
	2 Less: Charitable contributions	71,424.			71,424.
	3 Gross income (line 1 minus line 2)	89,718.			89,718.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	18,184.			18,184.
	6 Rent/facility costs	64,767.			64,767.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,767.			6,767.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(89,718.)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- a The organization's facility **13a** %
- b An outside facility **13b** %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

410.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: LUKEMIA & LYMPHOMA SOCIETY

GRANTEE ADDRESS: 1390 MARKET ST. STE 1200 SAN FRANCISCO, CA 94102

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/28/11

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: ALAZAR ABRAHAM TRUST C/O UNITED LABOR BANK

GRANTEE ADDRESS: 100 HEGENBERGER ROAD OAKLAND, CA 94621

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/04/11

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: AMERICAN CANCER SOCIETY

GRANTEE ADDRESS: 2222 W. SHAW AVENUE, SUITE 201 FRESNO, CA 93711

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/12/11

AMOUNT GIVEN:

750.

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ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: A. PHILIP RANDOLPH INSTITUTE

GRANTEE ADDRESS: 1301 EVANS AVENUE SAN FRANCISCO, CA 94124

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 09/28/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: CALIFORNIA HEALTHY COMMUNITIES NETWORK

GRANTEE ADDRESS: P.O. BOX 1353 MARTINEZ, CA 94553

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/04/11

AMOUNT GIVEN: 11,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TEAMSTERS HISPANIC CAUCUS C/O TEAMSTERS LOCAL 36

GRANTEE ADDRESS: 4626 MERCURY STREET SAN DIEGO, CA 92111

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/26/11

AMOUNT GIVEN: 900.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: GEORGE MILLER YOUTH FUND

GRANTEE ADDRESS: P.O. BOX 5392 CONCORD, CA 94524

GRANTEE RELATIONSHIP: NONE

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DATE OF GIFT: 07/26/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: GOOD NEWS RESCUE MISSION

GRANTEE ADDRESS: 2842 SOUTH MARKET STREET REDDING, CA 96001

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/22/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: JOHN BURTON FOUNDATION

GRANTEE ADDRESS: 235 MONTGOMERY STREET, SUITE 1142 SAN FRANCISCO, CA 94104

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/26/11

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: GLIDE FOUNDATION

GRANTEE ADDRESS: 330 ELLIS STREET SAN FRANCISCO, CA 94102

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/17/11

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: APHASIA CENTER OF CALIFORNIA

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GRANTEE ADDRESS: 3996 LYMAN ROAD OAKLAND, CA 94602

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/14/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: SHOOT FOR A CURE C/O TEAMSTERS LOCAL 853

GRANTEE ADDRESS: 2100 MERCED STREET, SUITE B SAN LEANDRO, CA 94577

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 09/28/11

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: THE HISPANIC FOUNDATION OF SILICON VALLEY

GRANTEE ADDRESS: 1922 ALAMEDA STREET, SUITE 201 SAN JOSE, CA 95126

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/10/11

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TEAMSTERS ASSISTANCE PROGRAM

GRANTEE ADDRESS: 300 PENDLETON WAY OAKLAND, CA 94621

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/26/11

AMOUNT GIVEN: 5,500.

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ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: GREGORY P. MCHUGH CHILDRENS TRUST

GRANTEE ADDRESS: 344 HIGHLAND AVENUE PIEDMONT, CA 94611

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/01/11

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: JOHN S. LYONS FOUNDATION

GRANTEE ADDRESS: 3737 CAMINO DEL RIO SOUTH, #202 SAN DIEGO, CA 92108

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/26/11

AMOUNT GIVEN: 1,200.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: KERN COUNTY AUTISM CENTER

GRANTEE ADDRESS: 14150 SUNSET BOULEVARD ARVIN, CA 93203

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/26/11

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: JOINT COUNCIL 42 CHARITY

GRANTEE ADDRESS: 818 OAK PARK ROAD, SUITE 250 COVINA, CA 91724

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/26/11

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AMOUNT GIVEN:

2,750.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: LOS ANGELES ALLIANCE FOR A NEW ECONOMY

GRANTEE ADDRESS: 464 LUCAS AVENUE, SUITE 202 LOS ANGELES, CA 90017

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/17/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: MISSION SOLANO

GRANTEE ADDRESS: P.O. BOX 8 FAIRFIELD, CA 94533

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/15/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: LYDIA NAVARRO REP - FBO STANLEY NAVARRO

GRANTEE ADDRESS: 1045 WHITLEY AVENUE CONCORAN, CA 93212

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/17/11

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: MOVEMENT STRATEGY CENTER

GRANTEE ADDRESS: 610 16TH STREET, #409 OAKLAND, CA 94612

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GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/17/11

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: SAN FRANCISCO PARKS COMMUNITY HUBS PROJECT

GRANTEE ADDRESS: 731-B LIGGET AVENUE SAN FRANCISCO, CA 94129

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 09/29/11

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: SOCIETY OF ST. VINCENT DE PAUL

GRANTEE ADDRESS: 50 NORTH B STREET SAN MATEO, CA 94401

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/22/11

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TEAMSTERS ALCOHOL REHABILITATION PROGRAM

GRANTEE ADDRESS: 1620 N. CARPENTER ROAD, SUITE C12 MODESTO, CA 95351

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/17/11

AMOUNT GIVEN: 20,000.

ACTIVITY CLASSIFICATION: DONATIONS

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GRANTEE NAME: TEAMSTERS DISASTER RELIEF FUND

GRANTEE ADDRESS: 25 LOUISIANA AVENUE N.W. WASHINGTON, DC 20001

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/14/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: EAST BAY ALLIANCE FOR SUSTAINABLE ECONOMY

GRANTEE ADDRESS: 1714 FRANKLIN STREET, #325 OAKLAND, CA 94612

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 05/18/11

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TEAMSTERS LOCAL 287/LEHIGH HANSON VICTIMS

GRANTEE ADDRESS: 2550 NORTH FIRST STREET, #102 SAN JOSE, CA 95131

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/26/11

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TEAMSTERS LOCAL 439/TRIBUTE TO FALLEN SOLDIERS

GRANTEE ADDRESS: 1531 E. FREMONT STREET STOCKTON, CA 95205

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/02/11

AMOUNT GIVEN: 1,000.

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ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: THE NORTHERN JAPAN EARTHQUAKE RELIEF FUND

GRANTEE ADDRESS: 1840 SUTTER STREET SAN FRANCISCO, CA 94115

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/18/11

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: THE ROSE FOUNDATION

GRANTEE ADDRESS: 6008 COLLEGE AVENUE, #108 OAKLAND, CA 94618

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/26/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

GRANTEE ADDRESS: 201 EDDY STREET SAN FRANCISCO, CA 94102

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/29/11

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TRADESWOMEN INC.

GRANTEE ADDRESS: 1433 WEBSTER STREET OAKLAND, CA 94612

GRANTEE RELATIONSHIP: NONE

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DATE OF GIFT: 09/21/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: UC REGENTS

GRANTEE ADDRESS: 2521 CHANNING WAY, #5555 BERKELEY, CA 94720

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/30/11

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: WORKSAFE, INC.

GRANTEE ADDRESS: 55 HARRISON STREET, SUITE 400 OAKLAND, CA 94607

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/02/11

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: UCORP, SAN FRANCISCO STATE UNIVERSITY

GRANTEE ADDRESS: P.O. BOX 406 BURLINGAME, CA 94011

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/15/11

AMOUNT GIVEN: 250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 90,650.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SOLICIT FUNDS, HOLD

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FUNDRAISERS W/PURPOSE OF MAKING CHAR. DONATIONS