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Internal Revenue Service

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)

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

Ā	For th	e 2011 calendar year, or tax year beginning $OCT~1$ , $2011$ and endir	ng S	EP 30, 2012					
_	Check if			D Employer identifi					
	applicat	6. Legitic of Oldmirection	ļ	- muhiojei ideilliii	venvii iidiimei				
_	∏Addn	TEAMSTERS' ASSISTANCE PROGRAM	ĺ						
-	chang			60 0	040E16				
F	chang	Doing Business As			048516				
Ŀ	instal		1/suite	E Telephone numbe					
L	Termi ated	300 PENDLETON WAY		(510	)562-3600				
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$ 1,038,807.					
	Applic		- [	H(a) Is this a group re	eturn				
	pendi			for affiliates?	Yes X No				
		SAME AS C ABOVE	J	H(b) Are all affiliates inc					
$\overline{}$	Tay av	empt status: X 501(c)(3) 501(c) ( )	527	• •	list. (see instructions)				
		te: $\triangleright N/A$			•				
_				H(c) Group exemptio					
		<del></del>	_ year o	rormation, 1990 N	M State of legal domicile: CA				
	arti	Summary	- CTT-		<del></del>				
ě	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{ m PROVIDE}}}$	GU.	LDANCE AND	<del></del>				
ă	1	REHABILITATION ACTIVITIES.							
Ę	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	f more t	than 25% of its net as	sets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	6				
9		Number of independent voting members of the governing body (Part VI, line 1b)		4	6				
S	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	2	5	5				
Ę		Total number of volunteers (estimate if necessary)	ハン	6	0				
ફ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
	† -		T	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		65,213.	76,332.				
Revenue	1			642,301.	618,704.				
, ğ		Program service revenue (Part VIII, line 2g)	·	39,862.	129,314.				
E E		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	-	16,972.	16,205.				
•	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-						
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		764,348.	840,555.				
	I.	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.				
-1	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)	-	438,685.	460,537.				
CASSISTIC CASSISTIC	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
额	Ь	Fotal fundraising expenses (Part IX, column (D), line 25) ►	L		The second was a second with the second with t				
٣	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		247,312.	237,971.				
Y)	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		685,997.	698,508.				
	19	Revenue less expenses. Subtract line 18 from line 12		78,351.	142,047.				
280	1		Begi	nning of Current Year	End of Year				
Vet Assets or und Balances	20	Fotal assets (Part X, line 16)		2,535,141.	2,808,373.				
Ass	21	Fotal liabilities (Part X, line 26)		27,767.	34,636.				
ᇗ	22	Net assets or fund balances. Subtract line 21 from line 20		2,507,374.	2,773,737.				
****		Signature Block		2/00//0/20	2711071011				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tetaman	te and to the heet of my	knowledge and helief it in				
	-	, and complete. Deparation of preparer (other han officer) is based on all information of which pre		-	vilowiedae siid neliei' it iz				
uue,	Conec	, and complete behalaed of preparer (other man of the day on an information of which pre	paier in	as any knowledge.	12.12				
		Signature of officer		Date					
Sigr		, -		Date /	•				
Her	e	WILLIAM GAITO, EXECUTIVE DIRECTOR		·					
		Type or print name and title	I Det	- 1 · · · · · · ·	DEIN				
		Print/Type preparer's name Preparer's signature of the preparer's signature of the preparer's prepa	Dat		PTIN				
Paid	-	JESSICA R. ROSTER Yesuca F. Fester		[8/3 if self-employed	<del></del>				
Prep		Firm's name LINDQUIST LLP		Firm's EIN	52-2385296				
Use	Only	Firm's address 5000 EXECUTIVE PARKWAY, SUITE 400			<del>_</del>				
	1	SAN RAMON, CA 94583-4210		Phone no 92	25-277-9100				
		C discuss this return with the preparer shows shows? (acc instructions)			Y Von No				

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 01-23-12

Form 990 (2011)

Thick if Schedule O contains a response to any question in this Part III  Breity issects the organization relative instains:  TO PROVIDE GUIDANCE AND REHABILITATION COUNSELING TO ELIGIBLE PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.  Did the organization undertake any significant program services during the year which were not listed on the prior from 900 v90.E2?  If Yes, "describe these news earlies on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services. ■ Yes No if Yes, "describe these changes on Schedule O.  Describe the organization program service accomplainments for each of its three largest program services, as measured by expensions. Section 501(50) and 501(60)(60) call schedule organizations and section 491/6(61) frusts are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service records.  40 (cone ) (Repease 5 553, 074 - kealing grants of 5 ) (Newsons 6 634, 909 - FOSTERED THE GROWTH OF TEAMSTERS AND THEIR FAMILY MEMBERS IN RECOVERY FROM CHEMICAL DEPENDENCE BY PROVIDING GROUP SESSIONS, REFERRAL SERVICES, AND INFORMATIONAL PROGRAMS .  40 (cone ) (Repease 6 PROVIDING GROUP SESSIONS, REFERRAL SERVICES, AND INFORMATIONAL PROGRAMS .  44 (cone ) (Repease 6 PROVIDING GROUP SESSIONS) (Revenue 5 ) (Reven		n 990 (2011) TEAMSTERS' ASSISTANCE PROGRAM	68-0048516	Page 2
1 Bielly describe the organization's mission: TO PROVIDE GUIDANCE AND REHABILITATION COUNSELING TO ELIGIBLE PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? 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, as measured by expenses. Section 501 (c)(s) and 501 (c)(s) organization can be section 4947(s)(t) turis are required to report the amount of grants and ellocations to others, the tride expenses, and electrons, 55.0	1 1			[]
TO PROVIDE GUIDANCE AND REHABILITATION COUNSELING TO ELIGIBLE PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.    Did the organization underfade any significant program services during the year which were not listed on the prior form 390 or 990-E27 If "Yes," describe these new services on Schedule C.    Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes \( \frac{1}{2} \) No If "Yes," describe these news services on Schedule C.    Describe the organization ocease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.   Section 501(e)(3) and 501(e)(4) organization and section 4947(e)(1) musts are required to report the amount of grants and ellocations to others, the total expenses, and revenue, I say, for each program service reported.   Costs			<u></u>	
PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-52?	1		TAIDID	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			TGIBTE	
the prior Form 990 or 990-E2?		PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.		
the prior Form 990 or 990-E2?				7
the prior Form 990 or 990-E2?	2	Did the organization undertake any significant program services during the year which were not listed on		
1 "Ves." describe these change on Schedule C.			Yes	X No
3 Did the organization cease conducting, or make algorithmat changes in how it conducts, any program services?				
If "Yes," describe these changes on Schedule O.	3	·	Yas	X No
40 Beache 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(e/1) furusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (code	•			
Section 501 (c)(3) and 501 (c)(4) organizations and section 4947(4)(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.  40 (Cook	A		s measured by expenses	
tothers, the total expenses, and revenue, if any, for each program service reported.  4a (code ) (covers 553,074 - temporary services ) (Revenues 553,099 - FOSTERED THE GROWTH OF TEAMSTERS AND THEIR FAMILY MEMBERS IN RECOVERY FROM CHEMICAL DEPENDENCE BY PROVIDING GROUP SESSIONS, REFERRAL SERVICES, AND INFORMATIONAL PROGRAMS.  4b (Code ) (Code ) (Copenses \$   hoduding grants of \$   ) (Revenues \$	•			
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4e         Total program service expenses         553,074.           132002         Form 990 (2011)	4d	Other program services (Describe in Schedule O.)		
4e         Total program service expenses         553,074.           132002         Form 990 (2011)		(Expenses \$ including grants of \$ ) (Revenue \$		
Form <b>990</b> (2011)	4e			
	132002		Form <b>990</b>	(2011)

	m 990 (2011) TEAMSTERS ASSISTANCE PROGRAM 68-004  #1 N Checklist of Required Schedules	8216	<u>}</u> F	Page :
1	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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	5		X
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	6	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		[	1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_	<u> </u>	X
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	9		X
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	,		
	as applicable.	g.m.		inte
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1 1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1 1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		. 1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1 1	}	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ł	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	_X	
20a	Did the organization operate one or more hospital facilities? If "Ves " complete Schedule H	20a	ľ	X

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

	rt V 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,			T
	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	\ <u></u>	†	†
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	İ	X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
	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	248		X
<b>.</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
C	and Annual and Annual A	24c		
	any tax-exempt bonds?	24d		<del> </del>
	·	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
	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			v
	Schedule L, Part I	25b		X
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
7	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	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		. l	:
	instructions for applicable filing thresholds, conditions, and exceptions):		W. (1)	• • •
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	- 1	X
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ł	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		$\neg$	
-	Schedule N, Part II	32	1	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Í	Х
4	Was the organization related to any tax-exempt or taxable entity?	33	+	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24	[	X
·		34	<del></del>	$\frac{\Lambda}{X}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			17
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1 1	1	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	

	Elitor the helitor repetited in Box of the first all the temperature and the first all	<del></del>	∸ .	1.	- 8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<b>J</b> ···	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming	1 7	1 /	1."
	(gambling) winnings to prize winners?	· ,·· · · · ,······ · · · · ·	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1 .	*
	filed for the calendar year ending with or within the year covered by this return	2a	5	₩.S.	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b	X	$\perp$
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶		1.57		T -
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			1.
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 trans	action?	5b	Г	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 to	he 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 contribu	tions or gifts			
_	were not tax deductible?		6ь	1	1
7	Organizations that may receive deductible contributions under section 170(c).		7,77	1	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	X	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			1
•	to file Form 8282?		7c	}	X
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		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		71	T -	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		1.1		1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	Ì	]`
9	Sponsoring organizations maintaining donor advised funds.	• • • • • • • • • • • • • • • • • • • •	377	T.	<u> </u>
а	Did the organization make any taxable distributions under section 4966?		9a	[	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		10 m		\$
а	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	<b>†</b> ">		
11	Section 501(c)(12) organizations. Enter:		1. []	Ü.	<b>.</b>
а	Gross income from members or shareholders	11a	1 . 20	ļ.,,,,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1 3	. `	
	amounts due or received from them.)	116		[.·`.	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<del></del>	12a		/··· ′ ′
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		† . {}		ļ.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	نسست	<b></b>
-	Note. See the instructions for additional information the organization must report on Schedule O.			5 8/8	·
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l a	1
	organization is licensed to issue qualified health plans	13b	1.3		
С	Colorable account of management and	13c	. ,		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	are the digenization receive only payments for macor taining services during the tax year.				

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011)

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
Sec	ction 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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1 ) \$	ľ.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<b>4</b> ] , ;;{{	, 3	i?
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	.00		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			J.
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		^
/a	1 (1) (1)	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·•		
D	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del>                                     </del>		7777
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	<del>-,</del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2.0		š
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		` <u></u>	
	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	Χ	<del></del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	J	~". ]	•
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	I I	X	વે ત
a	The organization's CEO, Executive Director, or top management official	15a	_^	X
D	Other officers or key employees of the organization	15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		- 1	
.00	Annual II and the device of the constitution	16a	1	Х
h	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		* · ·	٠.
	exempt status with respect to such arrangements?	16b	1	•
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
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) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	WILLIAM GAITO - 510-562-3600			
-	300 PENDLETON WAY, OAKLAND, CA 94621			
132006	•	Form (	aan $\alpha$	1110

Form 990 (2011)	TEAMSTERS'			68-0048516	Page 7
Part VII Compensation	n of Officers, Dire	ctors, Trustees,	Key Employees,	Highest Compensated	

**Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization													
(A)	(B)	1	<b>(C)</b> Position					(D)	(E)	(F)			
Name and Title	Average hours per		not o	check	more than one			Reportable compensation	Reportable compensation	Estimated amount of			
	week	offi	box, unless person is both an officer and a director/trustee)				stee)	from	from related	other			
	(describe	cto			i			the	organizations	compensation			
	hours for	8	-	1	1	ated		organization	(W-2/1099-MISC)	from the			
	related organizations	1 45	face		8	100		(W-2/1099-MISC)		organization and related			
	in Schedule		rgg.	١.,	를	e st				organizations			
	O)	jū	氰	Officer	Key employee	Highest compensated employee	F.						
(1) DOUGLAS CORNFORD													
DIRECTOR	1.00	X	<u> </u>		ļ	<u> </u>	ļ	0.	0.	0.			
(2) JOSEPH SILVA, JR.	1 00	l					ļ			•			
DIRECTOR	1.00	X	<u> </u>	ļ	<u> </u>	-	_	0.	0.	0.			
(3) DAN MURRAY	1 00		l		ł			0.	^	^			
DIRECTOR	1.00	X	-			+	├-		0.	0.			
(4) ANTONIO CHRISTIAN	1.00	x						0.	0.	0.			
DIRECTOR	1.00	^			╁─	├	┢			<u></u>			
(5) LARRY DAUGHERTY DIRECTOR	1.00	X						0.	0.	0.			
(6) DAN BOARDMAN	1.00	<u>^</u>	-	┢	$\vdash$	1	$\vdash$	ļ		<u></u>			
DIRECTOR	1.00	x						0.	0.	0.			
(7) WILLIAM GAITO	1 - 1 - 0 - 0	1	-	_	-	$\vdash$							
EXECUTIVE DIRECTOR	24.00			X				54,667.	0.	16,829.			
					l	<u> </u>							
	ļ	<u> </u>		_			<u>_</u>						
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#### 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 respons		is Part IX		· L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			J	} ``
	organizations in the United States. See Part IV, line 21		- · · <del>- ·</del> · · - · ·	h	A STATE OF THE STA
	Grants and other assistance to individuals in			1	
	the United States. See Part IV, line 22			weet in the second seco	Marie de Spiniste de la Company de la Company de la Company de la Company de la Company de la Company de la Co
	Grants and other assistance to governments,				`. (**) `.
	organizations, and individuals outside the			1,000	£25 5 3 2 3 5
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	02 674	41 027	41 027	
	trustees, and key employees	83,674.	41,837.	41,837.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	240 654	225 602	22 072	<del></del>
	Other salaries and wages	248,654.	225,682.	22,972.	<del></del>
	Pension plan accruals and contributions (include	22 516	20 00 <i>E</i>	4,630.	
	section 401(k) and section 403(b) employer contributions)	33,516. 70,344.	28,886. 59,969.		<del> </del>
	Other employee benefits	24,349.	19,848.		
	Payroll taxes	24,349.	19,040.	4,501.	
	Fees for services (non-employees):				
	Management	9,885.		9,885.	<del></del>
	Legal	28,040.		28,040.	
	Accounting	20,040.	·····	20,040.	<del>-</del>
	Lobbying			* 5,	<del> </del>
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	20 104	20,104.		<del></del>
_	Other	20,104.	362.		
	Advertising and promotion		17,060.	4,134.	· ·
	Office expenses	21,194.	11,495.	1,277.	
	nformation technology	12,112.	11,490.	1,2//•	
	Royalties	93,493.	84,142.	9,351.	
	Occupancy	6,650.	5,264.	1,386.	- · <del>- · ·</del>
	Fravel	0,030.	5,204.	1,300.	<del></del>
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1 726	1 560	160	
	Conferences, conventions, and meetings	1,736.	1,568.	168.	
	nterest				
	Payments to affiliates	2 060	2 402	207	
	Depreciation, depletion, and amortization	3,869.	3,482. 8,289.	387. 5,775.	
	nsurance	14,064.	0,209.	· · · · · · · · · · · · · · · · · · ·	<del></del>
a 2	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 44e amount exceeds 10% of line 25, column (A)				*.   11 -     1 -
	mount, list line 24e expenses on Schedule 0)	10,392.	10,392.	<u> </u>	
	SPECIAL EVENT	6,697.	6,697.		- <del></del>
	SMALL EQUIPMENT	6,176.	5,558.	618.	
	OTHER EXPENSE	1,871.	1,840.	31.	<del></del>
_	<del></del>	666.	599.	67.	
	All other expenses	698,508.	553,074.	145,434.	0.
	oint costs. Complete this line only if the organization	050,500.	22270141	7 1 2 1 2 3 2 0	
				ļ	
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
c	heck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

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ċ	<u>,                                     </u>		(A)		(B)
_			Beginning of year		End of year
1	Cash · non-interest-bearing			1	
2	Savings and temporary cash investments		590,997.	2	516,906
3	Pledges and grants receivable, net	[		3_	<u> </u>
4	Accounts receivable, net		30,664.	4	33,730
5	Receivables from current and former officers, directors, trustees, key				
	employees, and highest compensated employees. Complete Part II	inin min min .			
	of Schedule L		5		
6	Receivables from other disqualified persons (as defined under section			, 3	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ĺ	Ser Service	3	
	employers and sponsoring organizations of section 501(c)(9) voluntary	ļ			
_	employees' beneficiary organizations (see instructions)			6	
7	Notes and loans receivable, net	[		7	
7 8	Inventories for sale or use	[		8	
9	Prepaid expenses and deferred charges	[	7,998.	9	10,309
10a					. > 15.7 85.7
-	basis. Complete Part VI of Schedule D	097.			1
Ь		460.	1,697.	10c	26,637
11	Investments - publicly traded securities		1,896,195.	11	2,209,472
12	Investments - other securities. See Part IV, line 11	· " [	0.	12	0
13	Investments - program-related. See Part IV, line 11	t		13	
14	Intangible assets	·		14	· · · · · · · · · · · · · · · · · · ·
15	Other assets. See Part IV, line 11		7,590.	15	11,319
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,535,141.	16	2,808,373
17	Accounts payable and accrued expenses	27,767.	17	34,636	
18	Grants payable			18	
19	Deferred revenue		<del></del>	19	<del></del>
20	Tax-exempt bond liabilities			20	
	Escrow or custodial account liability. Complete Part IV of Schedule D	t		21	
21	Payables to current and former officers, directors, trustees, key employe	F	· · · · · · · · · · · · · · · · · · ·		
21 22	highest compensated employees, and disqualified persons. Complete Pa		,		
1	roa all t	art II	1 *1·// 3 1 1// ·	22	. , % // .
00				23	
23	Secured mortgages and notes payable to unrelated third parties	· · }	<del></del>	24	
24 25	Unsecured notes and loans payable to unrelated third parties		<del></del>	24	
25	Other liabilities (including federal income tax, payables to related third	,			
	parties, and other liabilities not included on lines 17-24). Complete Part X	, or			
	Schedule D	}	27,767.	25	24 626
26	Total liabilities. Add lines 17 through 25			26	34,636
.	Organizations that follow SFAS 117, check here	plete [			
	lines 27 through 29, and lines 33 and 34.	1	2 507 274	25,	``````````````````````````````````````
27	Unrestricted net assets	· · · · · }	2,507,374.	27	2,773,737
28	Temporarily restricted net assets	· ·····		28	
29	Permanently restricted net assets			29	,
	Organizations that do not follow SFAS 117, check here	nd		- 44	
	complete lines 30 through 34.	1	10, 10, 10	`4	. , ,
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund $\dots$	Ļ		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	L		32	
33	Total net assets or fund balances		2,507,374.	33	2,773,737
34	Total liabilities and net assets/fund balances		2,535,141.	34	2,808,373.

Form **990** (2011)

Form	n 990 (2011) TEAMSTERS' ASSISTANCE PROGRAM	<u>68-00485</u>	16_	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	: Check if Schedule O contains a response to any question in this Part XI	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)			<u>,555.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			,508.
3	Revenue less expenses. Subtract line 2 from line 1			,047.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			<u>,374.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)			<u>,316.</u>
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  2,7	<u> 173</u>	<u>,737.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u>.                                    </u>	X
		<del>(*</del>	Y	es No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	ki	: (1)	· .   * * * * * * * * * * * * * * * * * *
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	·		án ∯rymn
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	2a	<u> X</u>
b	Were the organization's financial statements audited by an independent accountant?	· · · <del></del>	5P   3	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		[
	review, or compilation of its financial statements and selection of an independent accountant?	📜	2c   }	K
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of	na j		
	separate basis, consolidated basis, or both:	1:	Ĵ	4. °
	X Separate basis Consolidated basis Both consolidated and separate basis		√ ,	.   137
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit		
	Act and OMB Circular A-133?	· · · —	a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		-	-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		b	
		For	rm <b>99</b>	<b>(2</b> 011)

## SCHEDULĘ A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization			<del></del>				Employer	identifica	tion nu	ımber
TEAMST	ERS' ASSISTAL	NCE PF	ROGRAM	<u> </u>			6	8-0048	3516	<u>;</u>
Part I Reason for Public Cha	arity Status (All organ	ızations mu	ıst comple	te this pa	rt.) See ins	tructions				
The organization is not a private foundation  A church, convention of church  A school described in section  A hospital or a cooperative hose  A medical research organization  city, and state:  An organization operated for the  section 170(b)(1)(A)(iv). (Complete of the complete of the	arity Status (All organ in because it is: (For lines ines, or association of chu 170(b)(1)(A)(ii). (Attach Sipital service organization in operated in conjunction in operated in operated in operated exclusively (ii). Section 170(b)(1)(A)(vi). Section 170(b)(A)(vi). Section 170(b)(A)(vi). Section 170(b)(A)(vi). Section 170	zations mu 1 through rches desc chedule E.) described n with a hos university of it describe of its supp (Complete 1/3% of its ain excepti ition 511 ta est for publi he benefit ion 509(a)(' lete lines 1' c	ust completed in section in section in section applied described in section applied described in section and (in section in the section in section in the section in section in the section in section in the section in section in the section i	only one ection 170(b)(1 ribed in serated be not 170(b)(1 government) on 170(b)(1 government) on 509(a)(1 11h. tionally in rindirectly interest on the functions despel, Type for any persons of the control of the functions of th	box.) 0(b)(1)(A)(ii). ection 17( y a govern (1)(A)(v). ental unit of ibutions, n e than 33 acquired b on 509(a)(enctions of 2). See see tegrated y by one of cribed in s e il, or Type of the foll	mental under the properties of the organization of the care the ca	(iii). Enter the nit describe the general principles, and is support anization anizati	the hospital and in coublic descriptions are from gross after June 3 purposes of the box Type III - 0 persons of the box person	ceipts invest 30, 197	in from timent 75.
(ii) A family member of a person	on described in (i) above?	?						. 11g(ii)		
(iii) A 35% controlled entity of			•					11g(iii)		
h Provide the following information	n about the supported or	ganization	(s).							
(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1-9 above or IRC section	(Iv) Is the o in col. (I) lis governing o		organizat	tion in col.	organizat (i) organi	s the ion in col zed in the 3.?	(vii) An	nount of	f
	(see instructions))	Yes	No	Yes	No	Yes	No			
Total  LHA For Paperwork Reduction Act Notice	e, see the Instructions fo	or				Schedu	le A (Form	990 or 99	0-EZ):	2011

132021 01-24-12

Form 990 or 990-EZ.

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.)

<u>Se</u>	ction A. Public Support			<del>,</del>	<del>,</del>		, <del></del>
Cal	andar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		}			1	
	membership fees received. (Do not						
	include any "unusual grants.")	72,954.	59,291.	60,361.	65,213.	76,332.	334,151.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	,					
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	72,954.	59,291.	60,361.	65,213.	76,332.	334,151.
5	The portion of total contributions		. 1 1 2 <b>3</b> 200			ing the same	
	by each person (other than a				*		
	governmental unit or publicly		1 min m m 3		. 3		
	supported organization) included	D / K :			•	57 5 5	
	on line 1 that exceeds 2% of the	(				7.00 g 1	
	amount shown on line 11,	3 No. 18		28 N V	3 % 4		
	column (f)		2338. 2000-2004	· · · · · · · · · · · · · · · · · · ·	The same of the sa	out Justine Land	
_	Public support. Subtract line 5 from line 4	الأسكينس كيشا				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	334,151.
	ction B. Total Support	<del>,</del>		11111111			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009 60,361.	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	72,954.	59,291.	00,301.	65,213.	76,332.	334,151.
8	• • • • • • • • • • • • • • • • • • • •						
	dividends, payments received on						
	securities loans, rents, royalties	66 613	40 201	21 004	20 (20	110 010	204 645
	and income from similar sources	66,613.	48,201.	31,984.	39,629.	118,218.	304,645.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			·	<del></del>		
10	Other income. Do not include gain						
	or loss from the sale of capital	16,560.	16,239.	17,796.	16,972.	16,205.	83,772.
	assets (Explain in Part IV.)	10,300	10,239	17,790.	, <del>. 10,912.</del>	# #0,203.	722,568.
	Total support. Add lines 7 through 10		* *************************************	<u>1</u>		40 3	,300,759.
	Gross receipts from related activities,		•				,300,133.
13	First five years. If the Form 990 is for		tirst, second, thir	s, tourtn, or tiπn ta	x year as a section	1 501(c)(3)	<b>~</b>
Sac	organization, check this box and stor ction C. Computation of Publi		rcentage	_···· - <u>··</u>		<del> </del>	
	Public support percentage for 2011 (I			oluma (fl)	1	14	46.24 %
	Public support percentage for 2011 (i				}	15	46.24 % 50.15 %
	33 1/3% support test - 2011. If the co	•			4 is 33 1/3% or m		<del></del>
	stop here. The organization qualifies						<b>►</b> X
ь	33 1/3% support test - 2010. If the o		_				
_	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	•	• • • •				or more.
, . <b>-</b>	and if the organization meets the "fac	J					•
	meets the "facts-and-circumstances"		· · · · · · · · · · · · · · · · · · ·	-	•		▶ [ ]
b	10% -facts-and-circumstances test	-					0% or
_	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		· ·		•		▶□
18	Private foundation. If the organization						<b>&gt;</b> 🗔
						dule A (Form 990	
						-	-

# Schedule A (Form 990 or 990-EZ) 2011 Part III. Support Schedule for Organizations Described in Section 509(a)(2)

Cappoir coneguie for C	1 gai neacion 3	Described iii	00011011 00010	/\-/								
¿ (Complete only if you checked	(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 be	qualify under the tests listed below, please complete Part II.)											
tion A. Public Support	on A. Public Support											
dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tota						

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</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	Gross receipts from admissions,						
	merchandise sold or services per-	1				1	
	formed, 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 bus-	1				1	
	iness under section 513	]	1			1	
4	Tax revenues levied for the organ-	<del></del>			<del>                                     </del>	1	
7	ization's benefit and either paid to						
	or expended on its behalf	)	]		1		
_	·				<del> </del>	<del>   </del>	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to		1		1	}	
	the organization without charge					<del></del>	
	Total. Add lines 1 through 5				<del> </del>	<del>                                     </del>	
7a	Amounts included on lines 1, 2, and	·			Ì		
	3 received from disqualified persons						-
ь	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						=
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				<u>:                                    </u>		
Sec	ction B. Total Support				<del></del>		
ale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,			•			
	dividends, payments received on securities loans, rents, royalties		[				
	and income from similar sources						
b	Unrelated business taxable income		] • —				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b				1		
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						
13	assets (Explain in Part IV.) · · · · · · · Total support (Add lines 9, 10c, 11, and 12.)				†		
	First five years. If the Form 990 is for	the ergonization's	first second thir	fourth or fifth t	ay year as a soction	n 501(a)(3) arganiza	tion
-		-				ii 50 i(c)(5) organiza	uon,
200	tion C. Computation of Publi	ic Support Per		<u> </u>	·· ·· · · · · · · · · · · · · · · · ·	<del>- · · · · · · · · · · · · · · · · · · ·</del>	· · · · · ·
	Public support percentage for 2011 (li			olumn (fl)		15	
	Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	-			16	<u> </u>
	tion D. Computation of Inves			·	<u> </u>		
	Investment income percentage for 20			e 13. column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box ar						<b>▶</b> □
	more man 55 1/570, Check this DOX at	in atob nere. The	organization quali	as a publicly	supported digatiles	., ,	

Sec	Section D. Computation of Investment Income Percentage									
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17								
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18								
10-	22.1 /2% support tests - 2011. If the organization did not shock the box on line 14, and line 15 is more than	33 1/2	394 and line 17 is not							

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

Schedule A (Form 990 or 990-EZ) 2011

#### **SCHEDULE D**

(Form 990)

Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

	TEAMSTERS' ASSISTANCE PROGRAM	68-0048516		
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the		
L	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 ful	nds		
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe			
	impermissible private benefit?			
De	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).	, into v.		
•	Preservation of land for public use (e.g., recreation or education)  Preservation of an historical	lly important land area		
	Protection of natural habitat  Preservation of a certified h			
		istorio structure		
_	Preservation of open space	angariation against an the last		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution co	onservation easement on the last		
	day of the tax year.	Held at the End of the Tax Year		
_	Total number of conservation easements	2a		
a h	Total number of conservation easements	2b		
_	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			
•	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ			
•	year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
_	violations, and enforcement of the conservation easements it holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	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)(t			
	and section 170(h)(4)(B)(ii)?	Yes No		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for		
_	conservation easements.			
Par	THE 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 a	nd 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 be	palance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts		
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$		
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	. > \$		

Sch	edule D (Form 990) 2011 TEAMSTE	ERS' ASSIST	PANCE PROG	RAM		68-	-00 <u>4</u> 85	16 r	<sup>2</sup> age <b>2</b>
Pa	rt III Organizations Maintaining (	Collections of A	rt, Historical	Treasures,	or Other	Similar A	ssets (cor	ntinue	<del></del>
3	Using the organization's acquisition, access	ion, and other reco	ds, check any of th	ne following the	at are a sigr	ificant use o	of its collecti	on iter	ns
	(check all that apply):								
а	Public exhibition		d Loan or ea	xchange progr	ams				
b	Scholarly research		e Other						
c	Preservation for future generations		-		· · · · · ·				
4	Provide a description of the organization's of	collections and expla	in how they further	r the organizati	ion's exemp	t purpose ir	Part XIV.		
5	During the year, did the organization solicit								
	to be sold to raise funds rather than to be m						Yes Yes		□ No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa	•	lete if the organiza	tion answered	"Yes" to Fo	rm 990, Par	l IV, line 9, o	r	
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for contribution	ons or other as	sets not inc	cluded			
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIV								
		•	-				Amou	nt	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIV								
	* V Endowment Funds. Complete i		nswered "Yes" to F	orm 990, Part	IV, line 10.				
		(a) Current year	T			Three years t	ack (e) Fou	r years	back
1a	Beginning of year balance						3	San.	« «
ь	Contributions							- 37	<del></del>
c	Net investment earnings, gains, and losses								
ď	Grants or scholarships						1		
	Other expenditures for facilities						- V	-/4	· .
	and programs			ł				10.0	
f	Administrative expenses						1		·
Я	End of year balance						3 /	<del>/***</del>	<del>-9/4/1-1</del> 3/8
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1a. column	(a)) held as:				*********	
а	Board designated or quasi-endowment	-	%	<b>\</b>					
_	Permanent endowment ▶	<del></del>							
	Temporarily restricted endowment ▶	~ %							
_	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse	•	ation that are held	and administe	red for the	organization			
	by:					, g <u>.</u>		Yes	No
	(i) unrelated organizations						3a(i)	100	
	(ii) related organizations						3a(ii)		_
h	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIV the intended uses of the	•							—
Par									—
<u></u>	Description of property	(a) Cost or o		st or other	(c) Accu	mulated	(d) Boo	k volu	
	beautiplient of property	basis (investr	1 .	s (other)	depred		( <b>u</b> ) 500	n value	3
1-	l and	2230 (11170011		- ,		, , , , , , , , , , , , , , , , , , ,			
	Land	<del> </del>	<del></del>	<del></del>	<u></u>		<del></del>		
	Buildings	<del> </del>	<del></del>	57,090.	5	7,090.	<del></del>		0.
	Leasehold improvements	<del></del>		29,007.		2,370.	2	6,6	
	Equipment		<del>-  </del>	27,001.		21310.		0,0	<u>., .</u>
	Other	·	V salusas (C) (b)	10(a)			<u> </u>	6 6	<del>3</del> 7
ı otal	. Add lines 1a through 1e. (Column (d) must e	quai ⊦orm 990, Part	х, column (B), line	1U(C).)		<u>,</u>		6,6	<u> </u>

Schedule D (Form 990) 2011

Schedule D (Form		ASSISTANCE		68-0048516 Page 3
Part VII Inve	stments - Other Securities. S	ee Form 990, Part X, lii	ne 12.	
	ription of security or category	(b) Book value		(c) Method of valuation:
	cluding name of security)	(1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Cost or end-of-year market value
	atives			
	quity interests			
(3) Other				
(A)				
(B)		ļ		
(C)				
(D)				
(E)				
<u>(F)</u>		<u> </u>		
(G)		<del>  </del>		
<u>(H)</u>				<del></del>
(1)	The second section of the section of		W 34(2)	post of the section of the company o
	qual Form 990, Part X, col (B) line 12.) ► stments - Program Related. S			\$ 3 3 4 4 5 5 mm / m/m m m 3 / 3 mm / 3 mm
		T	ПӨ 13.	(c) Method of valuation:
(a) Des	scription of investment type	(b) Book value		Cost or end-of-year market value
			<del></del>	<del></del>
(2)		<del> </del>		
(3)				<del>-</del>
(4)		<del> </del>	·	
(5)				
(6)		<del> </del>	<del> </del>	
(7)		<del> </del>		
(8)			•	
(9)		<del> </del>	<del></del>	<del></del>
(10)		<del></del>	<del>-  </del> -	
	qual Form 990, Part X, col (B) line 13.)	<del> </del>		7, 3, 4, 4, 7, 3, 1
		<del></del>		
Part IX   Othe	r <b>Assets.</b> See Form 990, Part X. line	: 15.		
Part IX Othe	r Assets. See Form 990, Part X, line (a)	Description		(b) Book value
				(b) Book value
(1)				(b) Book value
(1) (2)				(b) Book value
(1) (2) (3)				(b) Book value
(1) (2) (3) (4)				(b) Book value
(1) (2) (3) (4) (5)				(b) Book value
(1) (2) (3) (4) (5) (6)				(b) Book value
(1) (2) (3) (4) (5) (6) (7)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n	(a)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n	nust equal Form 990, Part X, col (B) line	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal income	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6) (7)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6) (7) (8)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6) (7) (8) (9)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes	Description  9 15.) line 25.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) n  Part X Othe  1. (1) Federal inco (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	nust equal Form 990, Part X, col (B) line r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes	Description  9 15.) line 25.		

	edule D (Form 990) 2011 TEAMSTERS' ASSISTANCE PROGRAM		68-0	048516	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fir	ancial S	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		840,	555.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		698,	508.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. 3		142,	047.
4	Net unrealized gains (losses) on investments	4		124,	316.
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			316.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		<u>266,</u>	363.
Pa	T XII Reconciliation of Revenue per Audited Financial Statements With Re	venue p	<u>er Return</u>		110
1			1	1,002,	410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	104 0			
a	· · · · · · · · · · · · · · · · · · ·	124,3	10.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants	27 51			
d	Other (Describe in Part XIV.)	37,53	<del> </del> ^\	1.61	055
е	Add lines 2a through 2d		2e		855.
3	Subtract line 2e from line 1		3	840,	333.
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		1::1		•
р	Other (Describe in Part XIV.)		<del>-</del> -  <u>^</u> `		^
_ C	Add lines 4a and 4b		- 4c	840,	555
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  **EXIII Reconciliation of Expenses per Audited Financial Statements With Ex	· · · · · · · · · · · · · · · · · · ·	<u></u>		333.
		helises		726	047.
1	Total expenses and losses per audited financial statements		·   . <del>1</del>	730,	047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1. 111		
a	Donated services and use of facilities		<del> </del> %/8		
D			<del></del> -		
c	Other losses	37,53	20 3		
a	official possible and a second of the second	3,73.	2e	37	539.
9	Add lines 2a through 2d	••	3	698,	
4	Subtract (ine 2e from line 1				300.
•	Investment expenses not included on Form 990, Part VIII, line 75				
a k			$\dashv$		
	Add lines 4a and 4b		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • • • • • • • • •	5	698,	
	*XIV Supplemental Information	·	<del></del>	0307	<del>500.</del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lin	as 1h and 2h	· Part V line 4	· Port
-	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to				, rait
	RT X, LINE 2: MANAGEMENT HAS ANALYZED THE TAX POSITION				
ORG	ANIZATION AND HAS CONCLUDED THAT, AS OF SEPTEMBER	30. 2	012. T	HERE AR	E
NO	UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN	TAHT	WOULD I	REQUIRE	
REC	OGNITION OF A LIABILITY OR DISCLOSURE IN THE FINAL	CIAL	STATEM	ENTS. T	HE
ORG	ANIZATION IS SUBJECT TO ROUTINE AUDITS BY THE TAX	ING JU	RISDIC!	TIONS;	
HOW	EVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PI	ERIODS	IN PRO	OGRESS.	
				<del></del>	
MAN	AGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUF	<b>JECT</b>	TO INC	OME TAX	
				<del></del>	
<u>EXA</u>	MINATIONS FOR THE YEARS PRIOR TO SEPTEMBER 30, 200	9.			
			Schedul	e D (Form 990	) 2011
132054 01-23-1	2			-	-

Schedule D (Form 990) 2011	TEAMSTERS'	ASSISTANCE	PROGRAM	68-0048516 Page 5
Schedule D (Form 990) 2011 Part XIV Supplemental Info	ormation (continued)			
47				
PART XII, LINE 2D	- OTHER ADJII	STMENTS •		
FART XII, BINE 2D	- OTHER ADDO	DIMENIO.		
SPECIAL EVENT EXPE	NSES			
	OFFIED ADT	VORWENIEG .		
PART XIII, LINE 2D	- OTHER ADJ	USTMENTS:	<del></del>	
SPECIAL EVENT EXPE	NSES			
DI HOTTHE DVENT BILLE.				<del> </del>
			<del> </del>	
	<del></del>			
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		<del></del>	<del></del>	<del></del>
<del></del>		<del></del>		
<del> </del>				
			<del></del>	
	<del></del>			Schedule D (Form 990) 2011

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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. Department of the Treasury Internal Revenue Service

OMB No: 1545-0047

Inspection

Name of the organization

Employer identification number

TEAMSTE	RS' ASSISTANCE P	ROGRA	M		68-0048	516
		swered "	es" t	o Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
ail solicitations ternet and email solicitations none solicitations person solicitations organization have a written o loyees listed in Form 990, P list the ten highest paid ind	e Solid Solid Solid G Spector oral agreement with any individuant VII) or entity in connection with inviduals or entities (fundraisers) processors.	citation of citation of cial fundra ual (include h profess	non-g gover alsing ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees or	
nd address of individual ntity (fundraiser)	(ii) Activity	or con	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						<del></del> -
			•			
					I it is exempt from re	gistration
	equired to complete this pare whether the organization raise all solicitations termet and email solicitations to person solicitations organization have a written of solicitation shows a listed in Form 990, Palist the ten highest paid indicated at least \$5,000 by the solicitation of the sated at least solicitations organization have a written of solicitations organization have a written of solicitations organization have a written of solicitations organization have a written of solicitations organization have a written organization organization that the solicitations organization have a written organization organization that the solicitations organization have a written organization organization that the solicitations organization organization organization have a written organization orga	Fundraising Activities. Complete if the organization an equired to complete this part.  Whether the organization raised funds through any of the folk all solicitations  The solicitatio	rundraising Activities. Complete if the organization answered equired to complete this part.  whether the organization raised funds through any of the following activations	equired to complete this part.  whether the organization raised funds through any of the following activities. all solicitations  element and email solicitations  ternet and email solicitations  person solicitations  person solicitations  preganization have a written or oral agreement with any individual (including or loyees listed in Form 990, Part VII) or entity in connection with professional fulls the ten highest paid individuals or entities (fundraisers) pursuant to agressated at least \$5,000 by the organization.  Individual (iii) Activity  (iii) Did Indialiser have custoid or control or contr	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, equired to complete this part.  whether the organization raised funds through any of the following activities. Check all that apply ail solicitations  e Solicitation of non-government grants to solicitations of solicitations organization are solicitations  g Special fundraising events person solicitations person solicitations person solicitations person solicitations person solicitations its the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which sated at least \$5,000 by the organization.  Individual (ii) Activity    Yes   No	Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-Esquired to complete this part.  whether the organization raised funds through any of the following activities. Check all that apply.  all solicitations    Solicitation of non-government grants one solicitations   Solicitation of government grants   Solicitation   Solic

Schedule G (Form 990 or 990-EZ) 2011

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

	art	Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" to Form 990, Pa	rt IV, line 18, or reported	
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C)/
Revenue	1	Gross receipts	102,685.			102,685.
	2	Less: Charitable contributions	76,332.			76,332.
_	3	Gross income (line 1 minus line 2)	26,353.			26,353.
	4	Cash prizes				
ses	5	Noncash prizes				
Oirect Expenses	6	Rent/facility costs	9,400.			9,400.
Direct	7	Food and beverages	10,037.			10,037.
	8	Entertainment Other direct expenses	6,916.			6,916.
	10	Direct expense summary. Add lines 4 through			<b></b>	( 26,353)
	11	Net income summary. Combine line 3, column	n (d), and line 10			0.
Pa	m)		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1_	Gross revenue			27,391.	27,391.
se	2	Cash prizes		· · · · · · · · · · · · · · · · · · ·	7,163.	7,163.
Direct Expenses	3	Noncash prizes		<u> </u>		
Direct	4	Rent/facility costs				
	5	Other direct expenses			4,023.	4,023.
	6	Volunteer labor	Yes % ☐ No	Yes % No	Yes %  X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			( 11,186,
	8	Net gaming income summary. Combine line 1	. column d. and line 7			16,205.
				_		
		er the state(s) In which the organization operat he organization licensed to operate gaming act	-			X Yes No
		ne organization licensed to operate gaming act No," explain:	ivities in each of these s	iales :		LA Tes L NO
10a		re any of the organization's gaming licenses re	voked, suspended or ter	minated during the tax y	/ear?	Yes X No
	If "Y	es," explain: UNDER CALIFORNIA	STATE LAW (	PENAL CODE S	ECTION 320.5	), THE
		RGANIZATION IS REQUIRED				
	Tl	HE SALE OF THE RAFFLE T	ICKETS FOR I	rs BENEFICIA	L PURPOSE; O	R TO BE
13208	2 01-	-23-12	G0VP7 ====================================	OT 3313 = 70	Schedule G (For	m 990 or 990-EZ) 2011
		** SEE PART IV FOR	COMPLETE EX	PLANATIONS		

Schedule G (Form 990 or 990-EZ) 2011 TEAMS	STERS' ASSISTA	NCE PROGRAM		68-004	8516	Page 3
11 Does the organization operate gaming activi					Yes	☐ No
12 Is the organization a grantor, beneficiary or t			•		_	
to administer charitable gaming?				· · · , L	_∣ Yes	X No
13 Indicate the percentage of gaming activity of					_	
a The organization's facility      b An outside facility					b 100	.00 %
14 Enter the name and address of the person w						<u> </u>
Name ► WILLIAM GAITO						
Address ► 300 PENDLETON W	Y - OAKLAND, O	CA 94621				
15a Does the organization have a contract with a	third party from whom the	organization receives	gaming revenue?	🗀	Yes	X No
b If "Yes," enter the amount of gaming revenue of gaming revenue retained by the third party			and the amo	unt		
c if "Yes," enter name and address of the third						
Name ▶			······································			
Address ▶						
16 Gaming manager information:						
Name ▶						
Gaming manager compensation > \$						
Description of services provided						
<del></del>	<del></del>					
· · · · · · · · · · · · · · · · · · ·						
Director/officer Emplo	oyee Indep	pendent contractor				
17 Mandatory distributions:						
a is the organization required under state law t				F==	٦ ١	_
retain the state gaming license?					Yes	No
<ul> <li>b Enter the amount of distributions required un organization's own exempt activities during the</li> </ul>		ed to other exempt or 24,652.	ganizations or spent i	n the		
Part IV Supplemental Information. Complete			by Part I, line 2b, colu	mns (iii) and	(v), and F	Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 1						
SCHEDULE G, PART III, LIN	E 10B, EXPLANA	ATION:				
UNDER CALIFORNIA STATE LA	W (PENAL CODE	SECTION 320	).5), THE			
ORGANIZATION IS REQUIRED	TO USE AT LEAS	T 90% OF I	S GROSS RE	CEIPTS	FROM	1
THE SALE OF THE RAFFLE TI	CKETS FOR ITS	BENEFICIAL	PURPOSE; O	R TO B	E	
GIVEN TO ANOTHER ELIGIBLE						
PURPOSE. THE ORGANIZATION						
						<u></u>
OF THE RAFFLE TICKETS FOR						
OF CALIFORNIA. ALSO, THE STATE LAW (PENAL CODE SEC						
132083 01-23-12	110N 320.31 KE	PINTCITONS		G (Form 990		 Z) 2011
		23				
330318 795118 90699	2011.05060	reamsters'	ASSISTANCE	PROGR	90699	<b>92</b>

Control of the contro	68-0048516 Page
·	
HARITABLE RAFFLES.	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	<del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.	inspection
Name of the organization	TEAMSTERS' ASSISTANCE PROGRAM	Employer identification number 68-0048516
FORM 990, PA	RT VI, SECTION B, LINE 11: A COPY OF THE FORM	990 WAS
PRESENTED AT	THE BOARD OF DIRECTORS MEETING OR MAILED TO I	EACH MEMBER OF THE
ORGANIZATION	'S GOVERNING BODY BEFORE IT WAS FILED.	
FORM 990, PA	RT VI, SECTION B, LINE 12C: ANNUALLY, THE ORGA	ANIZATION'S BOARD
OF DIRECTORS	IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTE	EREST. PERSONS
INVOLVED WIT	H TRANSACTIONS WITH PARTIES WHOM A CONFLICTING	INTEREST EXISTS
ARE EXCLUDED	FROM THE DISCUSSION AND APPROVAL OF SUCH TRAN	SACTION.
FORM 990, PA	RT VI, SECTION B, LINE 15A: THE BOARD OF DIREC	TORS REVIEWS AND
APPROVES THE	EXECUTIVE DIRECTOR'S COMPENSATION. THIS PROC	ESS WAS LAST DONE
IN 2011.		
FORM 990, PA	RT VI, SECTION C, LINE 19: THE ORGANIZATION MA	KES ITS
GOVERNING DO	CUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
AVAILABLE TO	THE PUBLIC UPON REQUEST.	
FORM GGO DAI	RT XI, LINE 5, CHANGES IN NET ASSETS:	
		104 016
NET UNREALIZE	ED GAINS ON INVESTMENTS:	124,316.
FORM 990, PAI	RT XII, LINE 2C:	
THE BOARD OF	DIRECTORS ASSUMES OVERSIGHT OF THE AUDITED FI	NANCIAL
STATEMENTS AN	ND SELECTION OF AN INDEPENDENT ACCOUNTANT. THI	S PROCESS HAS
NOT CHANGED.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	£,	S. O.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		961050		000		27,090.			.090,478	57,090.		
						57,090.	- <del>(</del>	0 //	57,090.	57,090.	• 0	0
**************************************		033010 033010		000	16 16	32,135.	1.4%		32,135.	30,525.		239.
	ROFTWARE  NOT TOTAL  N	033010		000	16	60,566. 129,007.			60,566.	51,215.		1,477.
	F GRAND TOTAL 990 PAGE 10 DEPR		3/2/2/2 3/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/			186,097.		0.	186,097.	155,591.	•0	3,869.
				A., "N	·		*					
		- W.W.			<del></del>	Service Control of th						
4)			34		/\**				**			
	· manusaman · · · · · · · · · · · · · · · · · · ·			*			7.	other specimens		manimum delens		
128102 05-01-11					). (a)	(D) - Asset disposed		# ITC	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	/age, Bonus, Com	mercial Revita	Ilization Deduction

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

### Form **8868**

(Rev. January 2012)
Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal Re	evenue service Prile a se	harare ahl	meation to each return	•	$\frac{1}{1}$				
• If you	are filing for an Automatic 3-Month Extension, compl	ete only P	art I and check this box				▶	X	
_	are filing for an Additional (Not Automatic) 3-Month E								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation									
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension									
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain									
	l Benefit Contracts, which must be sent to the IRS in pa								
	w.irs.gov/efile and click on e-file for Charities & Nonprofit	-	. (500				01 11110 101	,	
Part	,		submit original (no o	copies ne	eded).				
	ration required to file Form 990-T and requesting an auto								
Part I on	•						▶ [		
	corporations (including 1120-C filers), partnerships, REI		trusts must use Form 700	04 to reques	t an exte	ension of time	,		
	come tax returns.								
Type or	Type or Name of exempt organization or other filer, see instructions.  Employer identification number (EIN) or								
print	`								
File by the							48516	<u> </u>	
filling your 300 PENDLETON WAY  Social security number (SSN)									
return, See									
Instructions   City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OAKLAND, CA 94621									
ORIGINAL OR STORE									
Enter the	Return code for the return that this application is for (fil	le a separa	te application for each re	turn)				0 1	
			•	, ,					
Applicat	Application Return Application RECEIVED Return								
* -	Is For Code Is For Code								
	Form 990 01 Form 990-T (corporation) 0 07								
	Form 990-BL 02 Form 1041-A 2 APR 1 1 2013 0 08								
Form 990-EZ 01 Form 4720 09									
	Form 990-PF 04 Form 5227 OGDEN, UT 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
	Form 990-1 (sec. 401(a) or 408(a) trust) 05 Form 8009 11  Form 990-T (trust other than above) 06 Form 8870 12								
10111100	WILLIAM GAITO								
• The h	ooks are in the care of ▶ 300 PENDLETON	WAY.	OAKLAND, CA -	- 9462	21				
	hone No. ► 510-562-3600	· · · · · · ·	FAX No. ▶						
-	organization does not have an office or place of busines	s in the Ur		OX			ьг	$\neg$	
	is for a Group Return, enter the organization's four digit						roup che	—J ock this	
box ►	. If it is for part of the group, check this box	_	<del>-</del>			-	• •		
	equest an automatic 3-month (6 months for a corporation	<del></del>				JOIS THE EXTER	131011 13 101	1.	
1 110		-	tion return for the organiz			The extense			
ue f	or the organization's return for:	it Olyaniza	tion retain for the organiz	auon name	u above.	THE EXIGNS	*1		
19 1	calendar year or								
	X tax year beginning OCT 1, 2011		dending SEP 30,	2012					
	tax your boginning	, an	d criding		<del></del>	<b>-</b> ·			
2  f t	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	F	inal retu	m			
_ <u></u>	Change in accounting period					••			
<u> </u>	Change in accounting period								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. ei	nter the tentative tax. less	s anv		T			
	nrefundable credits. See instructions.	, 0		,	3a	\$		0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	<del></del>	70	<del></del>			
	imated tax payments made. Include any prior year overp	•			3ь	<b>.</b>		0.	
	ance due. Subtract line 3b from line 3a. Include your pa				30	_			
	using EFTPS (Electronic Federal Tax Payment System). 9		•		3c	s		0.	
	If you are going to make an electronic fund withdrawal w			-FO and For		<u></u>	nt inetrus		
	or Privacy Act and Paperwork Reduction Act Notice,			<u> </u>	557 8-		368 (Rev.		
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