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Form **990-EZ**

Short Form

OMB No. 1545-1150

Open to Public

Department of the Treasury 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)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling anizations 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.

For the 2012 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number BAKERY, CONFECTIONERY AND TOBACCO Address change WORKERS - LOCAL 372A 35-1151753 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 6433 EAST WASHINGTON STREET 317-357-9317 110 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return INDIANAPOLIS 46219-6627 Number -Application pending H Check X if the organization is not X Cash Accrual Other (specify) Accounting Method: required to attach Schedule B Website: Tax-exempt status (check only one) -527 (Form 990, 990-EZ, or 990-PF). 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 109390. 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 X Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments 109277. 3 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater fair ARED BY SCANINED RESIDE b Gross income from fundraising events (not including \$55 1.7. MCNUL from fundraising events (not including \$55 1.7. MCNUL) from fundraising events reported on line 1) (attach schedule G if the sum of such UTTE E gross income and contributions exceeds \$15,000)1 E. 10 III A6214 C. Less: direct expenses from Less: direct expenses from gaming and fundraising events NAPOLIS, IN 4621 6b Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) **6**d Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SEE SCHEDULE O Other revenue (describe in Schedule 0) 8 8 113. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 109390. Grants and similar amounts paid-(list-in-Schedule-O) 10 10 Benefits paid to or for members 11 28328. 11 Salaries, other compensation, and employee benefits 12 12 57516. ÖS Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance \(\frac{1}{2} \) 13 13 SEE SCHEDULE O 14 14 8300. Printing, publications, postage, and shipping. 15 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 14447. 16 Total expenses. Add lines 10 through 16 17 108591. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 799. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 69277. 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

Par	tži iš	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any questi	on in this Part II			X
				(A) Beginning of year		(B) E	nd of year
22	Cash.	savings, and investments		71099	- 22	<u> </u>	71052.
					23	 	, 2002
24	Other	and buildings		504	_	<u> </u>	151.
				71603			71203.
25	TOTAL	assets		2326			1127.
26	IOTALI	ADIIITIES (describe Schedule O) うらは タグサビングロビーO	· · · · 				70076.
27	Net as	sets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishmen	to (coo the instruct	ions for Port III)	• 27		
Par	t)IIIž	Statement of Program Service Accomplishmen		ions ioi Fait iii) in this Dort III			penses for section
		Check if the organization used Schedule O to res	pond to any question	on in uns Part in		501(c)(3)	and 501(c)(4)
		rganization's primary exempt purpose?					ons and section
Describ	e the or	ganization's program service accomplishments for each of its three largest program :	services, as measured by expens	es in a clear and concise		for others.) trusts; optional
		be the services provided, the number of persons benefited, and other relevant inform				10. 00.0.	,
		EPRESENT MEMBERS ON DISCIPLINAR	Y ISSUES, DI	SCHARGES		<u> </u>	
A	ND	NEGOTIATE NEW LABOR CONTRACTS.					
_]	
(G	arants	\$) If this amount includes foreign g	rants, check here			28a	108591.
29							
_						1	
10	arants	\$) If this amount includes foreign g	rants, check here			29a	
10 72	ai ai its	7 ii this amount molecule foreign g	tarits, oncornore		<u></u>	294	
, –						{	
_			 			li	
-		A 15 this area which has former					
	irants					30a	
						i	
	rants					31a	
2 T	otal p	rogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key E			▶	32	<u> 108591.</u>
Par,	Tel'A8	List of Officers, Directors, Trustees, and Rey E	mployees List each one	even if not compensated (see the	instructions fo	or Part IV)
		Check if the organization used Schedule O to res		on in this Part IV		· · · · · · ·	<u></u>
			(b) Average hours	(C) Reportable	(d) He	alth benefits, butions to	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MiSC)	emple	yee benefit	amount of other
			position	(if not paid, enter -0-)	com	and deferred pensation	compensation
<u>DAV</u>	ID	SCHNEIDER		l	-		
PRE	SID	ENT	10.00	7782.		0.	0.
CLI	FFC	ORD STONE SR.					
BUS	INE	SS AGENT	10.00	9741.		0.	0.
		Y SCHREIBER					
		RESIDENT	1.00	180.		0.	0.
		H. WERNSING					
		IAL SECRETARY	10.00	7065.		ο.	^
		HENSLEE	10.00	7003.			0.
	STE		1.00	165		0	
			1.00	165.		0.	0.
		L R. STONE, SR.	1 00	100		_	_
	STE		1.00	180.		0.	0.
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	_	ING SECRETARY	1.00	165.		0.	0.
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rru	STE	BE	1.00	135.		0.	0.
		EVELL					
		IVE BOARD	1.00	180.		0.	0.
		OOWDELL					<u>_</u>
		IVE BOARD	1.00	45.		0.	
		I DECKARD					0.
		AT ARMS	1.00	180.		^	_
	14 1	131 13EA	1.00	100.	ــــــــــــــــــــــــــــــــــــــ	0.	0.

Form 990-EZ (2012)

BAKERY, CONFECTIONERY AND TOBACCO

WORKERS - LOCAL 372A

Iformation (Note the Schedule A and personal benefit contract statement

Page 3

Forn	n 990-EZ (2012) WORKERS - LOCAL 372A 35-1153			Page 3
P	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
			Yes	_
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	33		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)	34		X
350	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
004	on lines 2, 6a, and 7a, among others)?	35a		X
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	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			
G	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
20	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
36	complete applicable parts of Schedule N	36		x
07.	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	350	Harry .	
	Did the organization file Form 1120-POL for this year?	37b	222	X
	Did the organization line Form 1120-FOE for this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	10 10 10 10 10 10 10 10 10 10 10 10 10 1	党就 67	الله ورياق الله ورياق
385	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	*\$\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X
	NO. 1. O. 1. I. D. I.	30a	5.55	A
D	Personal		15	发展。
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			200
a	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
D 40 a	· · · · · · · · · · · · · · · · · · ·	100		6
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
υ	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?	35. 14.0	8.5.3	100
	If "Yes," complete Schedule L, Part I	40b	N/	7
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400	11/ (2) (2)	A
·	or disqualified persons during the year under sections 4912, 4955, and 4958		Pe b	2 2 3 2 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			* 4
	organization			36
8	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	400	- B- (* . *	X
41	List the states with which a copy of this return is filed IN			
42 a	The organization's books are in care of ▶ BAKERY UNION #372A Telephone no. ▶ 317-35	7-9	317	
	Located at ► 6433 E. WASHINGTON ST. #110, INDIANAPOLIS, IN ZIP+4 ► 4	621	9-6	627
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	K.X.	× 73.	4.5.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		24 120 T	12
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	Se		
	Form 990-EZ	44a	يبيا	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	4	は大き	4. GE
	of Form 990-EZ	44b	ļ	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	13.4	* 12.	, eq.
	in Schedule O	44d	<u> </u>	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
40 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1 1		14. 6
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(00:15
		Form 9	ชบ-EZ	(2012)

BAKERY, CONFECTIONERY AND TOBACCO

Form 990-EZ (2012) WORKERS - LOCAL 372A 35-1151753 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4R Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations 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 Yes 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 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b 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." (d) Health benefits contributions to employee benefit (a) Name and title of each employee (b) Average hours (e) Estimated (C) Reportable mpensation (Form: W-2/1099-MISC) paid more than \$100,000 per week devoted to amount of other position plans, and deferred compensation N/A compensation Total number of other employees paid over \$100,000 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." N/A(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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt 52 charitable trusts must attach a completed Schedule A This return, including accompanying schedules and statements, and to the best of my knowledge and belief, Under penalties of perjury? Declaration of preparer (pth Sign Here FINANCIAL Preparer's signature Print/Type preparer's name Date Check PTIN **Paid** self-employed > M.MN. 5-14-13 **Preparer** JAMES MCNULTY P01356265 **Use Only** Firm's name ► JAMES MCNULTY PC 35-1757579 М. Firm's EIN ▶ Firm's address ▶ 6901 EAST TENTH STREET, SUITE E 317-359-3422 Phone no. INDIANAPOLIS, IN 46219 May the IRS discuss this return with the preparer shown above? See instructions ► X Yes Form 990-EZ (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
	CONFECTIONERY	AND TOBACCO	Emp	loyer identification number
WORKERS	- LOCAL 372A			<u>35-1151753</u>
Part I-A Complete if the org	janization is exempt un	der section 501(c) or is a section 527 o	rganization.
1 Provide a description of the organiz 2 Political expenditures 3 Volunteer hours Part 12B Complete if the org 1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section	panization is exempt un incurred by the organization un incurred by organization management.	der section 501(c)(3). >3	
4a Was a correction made? b If "Yes," describe in Part IV.				Yes No
Part I-C Complete if the org	anization is exempt un	der section 501(c), except section 501	(c)(3)
1 Enter the amount directly expended				
2 Enter the amount of the filing organ				· · · · · · · · · · · · · · · · · · ·
exempt function activities		-		•
3 Total exempt function expenditures				·
line 17b			· 	}
4 Did the filing organization file Form 5 Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 p aid from the filing orgar o a separate political or	political organizations to which nization's funds. Also enter th ganization, such as a separa	ch the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		 		
	A A Ale - I - Americal Anna Com Comme	000 au 000 ET		

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

Schedule C (Form 990 or 990-EZ) 2012

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BAKERY, CONFECTIONERY AND TOBACCO

Schedule C (Form 990 or 990-EZ) 2012	WORKERS - I	LOCAL 372A		35-1	151753 Page 2
Part II A Complete if the org		mpt under section	n 501(c)(3) and fi	iled Form 5768	
(election under sec					
			n Part IV each affiliated	d group member's nam	e, address, EIN,
. — .	e of excess lobbying				
B Check ▶ ☐ if the filing organizat	tion checked box A a	nd "limited control" pro	ovisions apply.	T	
	s on Lobbying Expe	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
			,	totals	
1a Total lobbying expenditures to influ					
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lir					<u> </u>
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bot	h columns.	and I are comes as a second second	and an example of the
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.	·		建设设置
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,				
0.				2023	
g Grassroots nontaxable amount (en	ter 25% of line 1f)			PRODUCTION OF THE PROPERTY OF	THE THEFT, ILL VILL FACTOR OF THE
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
i If there is an amount other than zer					
reporting section 4911 tax for this				Γ	Yes No
		eraging Period Under		····	
	ations that made a s	ection 501(h) election	n do not have to com		
col	lumns below. See th	e instructions for line	s 2a through 2f on p	age 4.)	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
(or fiscal year beginning in)	• •		, , ,	(4) =	(0) 1014
			 		
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	The same of the sa		* P. T.		
(150% of line 2a, column(e))					
				TENEDOL TENEDOLE	
c Total lobbying expenditures					
d Grassroots nontaxable amount				}	
e Grassroots ceiling amount	THE REAL PROPERTY.	The state of the s			
(150% of line 2d, column (e))		学行为			
	The second of the second of the second		The same of the same of the same of	and the second of the second of the	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

BAKERY, CONFECTIONERY AND TOBACCO

Schedule C (Form 990 or 990-EZ) 2012 WORKERS - LOCAL 372A 35-1151753 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For eac	h "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)		b)
of the l	obbying activity.	Yes	No	Am	ount
1 [turing the year, did the filing organization attempt to influence foreign, national, state or	10000000000000000000000000000000000000	V. S. S.		
	ocal legislation, including any attempt to influence public opinion on a legislative matter	1		第二条 第	
	r referendum, through the use of:			The same of the sa	
	olunteers?			学类类。	
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?			100 M	
	ledia advertisements?				_
	failings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	irants to other organizations for lobbying purposes?				_
	irect contact with legislators, their staffs, government officials, or a legislative body?			†	
_	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	ther activities?				
-	otal. Add lines 1c through 1i	200	San		
-	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?	420 35 P. M. ()E	SOURCE SAME		The think
		5 Ac. 2 (5 Apr)	1	म् १८, अम्बद्धाः	whatahan.
	"Yes," enter the amount of any tax incurred under section 4912 "Yes," enter the amount of any tax incurred by organization managers under section 4912		A. A. A.		
-	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	3384-0754	4447 : 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Property of the	TENDER!
	The filling organization incurred a section 4912 tax, did it life Form 4720 for this year? [III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), s	on 501(c)	(5) or se	etion	Color Control
red in the	501(c)(6).	011 00 1(0)	(U), UI S	CUOII	
				Yes	No
1 V	/ere substantially all (90% or more) dues received nondeductible by members?		1	X	
	id the organization make only in-house lobbying expenditures of \$2,000 or less?			X	
	id the organization agree to carry over lobbying and political expenditures from the prior year?		3	_ -	х
1 0	ues, assessments and similar amounts from members		1		
2 S	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi		7,75		
	xpenses for which the section 527(f) tax was paid).		1		
	urrent year		2a		
	arryover from last year				
	otal				
3 A	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		F.A.		
	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
		political	1	Ì	
	xpenditure next year? axable amount of lobbying and political expenditures (see instructions)		. 4		
Part			5	L	
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II A /affili		Lath David II	1.4.1
	rt II-B, line 1. Also, complete this part for any additional information.	מוניויא (מווווו	ateu group	iisi), Part ii	I-A, IINE 2;
griu Pa	it il-b, illie 1. Also, complete this part for any additional information.				
				-	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Name of the organization

BAKERY, CONFECTIONERY AND TOBACCO

Employer identification number

Name of the organization BAKERY, CONFECTIONERY AND TOBACCO WORKERS - LOCAL 372A) E	mployer identification number 35-1151753
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST INCOME		113.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UT	'ILITIES, A	ND MAINTENANCE:
DESCRIPTION OF EXPENSES:	······································	AMOUNT:
DEPRECIATION	· · · · · · · · · · · · · · · · · · ·	354.
OTHER EXPENSES		7946.
TOTAL TO FORM 990-EZ, LINE 14		8300.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
ARBITRATION AND NEGOTIATIONS		964.
CONTRIBUTIONS		100.
TELEPHONE		1846.
TRAVEL AND CONVENTION	-	163.
LEGAL AND ACCOUNTING		9763.
OFFICE EXPENSES		876.
MISCELLANEOUS EXPENSES	· · · · · · · · · · · · · · · · · · ·	257.
DUES AND MEMBERSHIP		200.
INSURANCE		278.
TOTAL TO FORM 990-EZ, LINE 16		14447.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
	BEG. OF YE	AR END OF YEAR
OTHER DEPRECIABLE ASSETS		4. 151.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7		O (Form 990 or 990 FZ) (2040)

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service CONFECTIONERY AND TOBACCO BAKERY, Name of the organization

WORKERS - LOCAL 372A

Employer identification number 35-1151753

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX PAYABLE	2326.	1127.
FORM 990-EZ, PART V, INFORMATION REGARDING PERS	ONAL BENEFIT COM	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECE	IVE ANY FUNDS, I	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BE	NEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY	ANY PREMIUMS, I	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		
		
		

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attechment Sequence No 179

See separate instructions. Business or activity to which this form relates Name(s) shown on return Identifying number BAKERY, CONFECTIONERY AND TOBACCO - LOCAL 372A FORM 990-EZ PAGE 35-1151753 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2000000. Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Partill Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 16 Other depreciation (including ACRS) 354 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property 20-year property f 25-year property 25 yrs. S/L a 27.5 yrs. MM S/L Residential rental property h MM 27.5 yrs. S/L 39 yrs. MM S/L Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System Class life 20a SA 12-year 12 yrs. S/L b 40-year S/I Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

Acquired Method Life 1DESK CHAIR & FILING		Date Acquired 0.10176	Method SL 5	Life	T No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3ANSWERING MACHINE 100188SL 5.00	100188SL 100188SL 08019020	N N N	800	A. [47]	9 9	147.			147.	147.		
5FURNITURE 031191200DB7.00	03119120 04039120	0 0	E CO	7.00	7	1000.			1000.	1000.		0
7SOFTWARE 042192200DB5.00	042192200 615993200	0 00	0 55 0	5.00	7	1818.			1818.	1818.	A STATE OF THE STA	
9TYPEWRITER - VCR 092893200DB7.00	092893200D 032599S证	200D ST	M S S S	7.00	17	431.			431.	431.	The design of the second	0
11COMPUTER 022404SL 5.00	022404SL	Strain	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.00	9 30	1445.			1445.	1445.		0 2250
13OFFICE BOUIPMENT 093008SL * TOTAL 990 FZ PG 1	093008SL	SI	Market and	00	16	628.		0	628.	409.	·0	126.
			998303									
					Q (Q)	(D) - Asset disposed		* ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Com	ımercial Revita	ization Deduction