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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)

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

Open to Public Inspection

Α	For th	e 2012 calendar year, or tax year beginning and	ending	_			
В	Check if applicab	C Name of organization TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR		D Employer identific	cation number		
Γ.	Addre	SI CALECDERCON MILL DRIVED INTOX LOCAL (
F	Name	D. Burney A.		94-0	963930		
一	Initial		Room/suite	E Telephone number			
F	Termi			510-895-8853			
一	Amen			G Gross receipts \$	8,293,152.		
Ē	Application			H(a) Is this a group re			
	pendi			for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates incl	luded? Yes No		
1	Гах-ех	empt status:	or 527	If "No," attach a	list. (see instructions)		
J	Websi	e: ► HTTP://WWW.TEAMSTERS853.ORG		H(c) Group exemption	number 🕨		
K	orm of	organization	L Year	of formation 1937 M	State of legal domicile CA		
P	art I	Summary					
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${ m TO}$ IN CONDITIONS OF MEMBERS.	MPROVE	WELFARE ANI	D WORKING		
Ē	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	TED	3	7		
ق ح	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI) Ind. bb. Total number of individuals employed in calendar year 2012 (Part VI) individuals.	VS	Q 4	0		
es	5			100	33		
ξ	6	Total number of volunteers (estimate if necessary)	¥ 5013	10) 6	0		
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line		7a 7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	17	7b	0.		
		OGD!	EN.	Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		6,597,044.	6,788,108.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	144,977.	201,200.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		361,685.	425,895.		
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,103,706.	7,415,203.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	3,940,007.	3,882,707.		
ens	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.		
Expenses	[Total fundraising expenses (Part IX, column (D), line 25)	0.	3,556,345.	2 610 601		
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-		3,619,681.		
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	7,496,352.	7,502,388.		
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			-87,185.		
Net Assets or Fund Balances	20	Tatal assets (Dart V. line 16)	pei	ginning of Current Year 4,912,443.	End of Year 4,941,898.		
Bal	20	Total assets (Part X, line 16)		191,767.	308,407.		
age age	21 22	Total liabilities (Part X, line 26)		4,720,676.	4,633,491.		
P	ert II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1712070101	1/033/131:		
		ties of perjury, I declare that) have examined this feturn, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is		
		t, and complete. Declaration of prepared (other than officer) is based on all information of wh			/		
. <u> </u>	001100	GUS -	ion propurer	3/25	1/13		
Sig	1	Signature of office		Date	/		
Her		ROME ALOISE, SEC/TREAS.		,			
		Type or print name and title		 	·		
		Print/Type preparer's name Preparer's signature O	. 0	ate Check	PTIN		
Pald		JESSICA R. ROSTER Justica K. Ka	the	3/23/2013 self-employed	□ P01317380		
Prep	arer	Firm's name LINDQUIST LLP	•	Firm's ElN ▶	52-2385296		
Use	Only	Firm's address 5000 EXECUTIVE PARKWAY, SUITE 40	00				
		SAN RAMON, CA 94583		Phone no 92	25-277-9100		
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
2320	01 12-1	2-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2012)		

232002 12-10-12

4e

including grants of \$

Total program service expenses

(Expenses \$

) (Revenue \$

94-0963930

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Form 990 (2012)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		.,	
	public office? If "Yes," complete Schedule C, Part I	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	 	<u> </u>
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			l v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11		İ		
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	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	1		
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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 and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			17
	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			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	v
10	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	,,	ŀ	v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	j	X
20	complete Schedule G, Part III	19 20a	-+	X
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
U	ii 165 to iine 20a, die trie organization attach a copy of its addited imancial statements to this return?		990 (2	2012
		. 01111	J J J (/	

Part IV Checklist of Required Schedules (continued)

		<u></u>	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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		ÌÌ	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		١,,	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	.		v
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25ь	l	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
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	\rightarrow	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			17
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		- 1	v
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
30	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
•	Part V, line 1	34	\mathbf{x}	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	T	T	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	9 <mark>90</mark> (2	2012)

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TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR SALESPERSON, MILK DRIVER UNION LOCAL 853 94-0963930 Form 990 (2012) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Nο 45 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 33 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2012)

X

14a

13b

13c

Form 990 (2012)

SALESPERSON, MILK DRIVER UNION LOCAL 853

94-0963930

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	tion A. Governing Body and Management								
		í	5		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		- [
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?			2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	-	ł	ŀ				
	of officers, directors, or trustees, or key employees to a management company or other person?		<u> </u>	3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 was filed?	<u> </u>			X			
5	ets?	<u> </u>	5		X				
6	Did the organization have members or stockholders?			3	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or	-						
_	more members of the governing body?		7	a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			i				
	persons other than the governing body?	-	7	b 📗	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following							
а	The governing body?	•	8	_	X				
Ь	Each committee with authority to act on behalf of the governing body?		8	ь		<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			- 1				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9)		<u>X</u>			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code)		+.					
					Yes	<u>No</u>			
	Did the organization have local chapters, branches, or affiliates?		10	а	X				
Þ	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, amiliates,	10	.		X			
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. 								
	 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		12	+	X				
·	In Schedule O how this was done	s, describe	12		х				
13	Did the organization have a written whistleblower policy?		1:		X				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and approval	by independent	ļ						
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	· • • • • • • • • • • • • • • • • • • •							
а	The organization's CEO, Executive Director, or top management official		15	a	\mathbf{x}				
	Other officers or key employees of the organization	•	15		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		T						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			1				
	taxable entity during the year?		16	а	[<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation		T	T				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's							
	exempt status with respect to such arrangements?	<u></u>	16	b L					
ec	ion C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed ► NONE	 .							
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	avaıl	able	ı				
	for public inspection. Indicate how you made these available. Check all that apply.								
_	Own website Another's website X Upon request Other (explain ii	•							
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	flict of interest policy, a	nd fin	anc	ıal				
statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the organiz	ation:						
	ROME ALOISE - 510-895-8853 2100-B MERCED STREET, SAN LEANDRO, CA 94577								
32006			r.	· · ·	200 //	2010			
2-10-1	2		F0	un 2	90 (2	2U12)			

94-0963930

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

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

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.

(A)	(B)				C)	_		(D)	(E)	(F)	
Name and Title	Average	(dc	not c	Pos heck		l than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			is po	th an	compensation	compensation	amount of	
	week	 			1	100,	from the	from related	other		
	(list any hours for	director		.	i		i	organization	organizations (W-2/1099-MISC)	compensation from the	
	related	trustee or	33		ł	nsate		(W-2/1099-MISC)	(11 2 1000 111100)	organization	
	organizations	<u> </u>	ם		8	ompe_		\		and related	
	below	Individual	Institutional trustee	颖	Key employee	Highest compensated employee	₽			organizations	
	line)	皇	할	is E	ş.	골통	臣				
(1) ROME ALOISE	60.00						1		_		
SECRETARY TREASURER		X		X		<u> </u>		120,655.	0.	51,391	
(2) ORVAL MORGAN	40.00										
VICE PRESIDENT		X		Х				112,045.	0.	50,306	
(3) ANTONIO CHRISTIAN	40.00	1									
RECORDING SEC/ BUS AGENT		X		Х				86,484.	0.	49,738	
(4) ROBERT BAKER	4.00										
TRUSTEE		X		X				3,471.	0.	0	
(5) MICHAEL AMARAL	40.00					ļ					
TRUSTEE/BUS AGENT (PAST)		X		X				43,902.	0.	20,032	
(6) ROBERT STRELO	40.00										
PRESIDENT		X		X				101,013.	0.	50,399	
(7) LOUIS VALLETTA	40.00										
TRUSTEE/BUSINESS AGENT		X		X				111,815.	0.	50,182	
(8) RONALD VALDEZ	4.00										
TRUSTEE		Х		X				3,602.	0.	0	
(9) ADOLPH FELIX	40.00										
BUSINESS AGENT						X		108,437.	0.	47,946	
(10) STUART HELFER	40.00									-	
BUSINESS AGENT						X		111,733.	0.	50,306	
									,		
							i				
				ļ							
				- 1							
			П								

Form 990 (2012)

Form	990	(2012)	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	C) ition more irson		one h an	(D) Reportable compensation	(E) Reportable compensation from related organizations	1 6	(F) Estimate amount other	of	
		hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) or	compensation from the organization and related organizations	
			-			<u>×</u>							
												-	
			_										
	Sub-total								803,157.		0. 37	70,3	00.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							803,157.			70,3	
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re				, .	
	compensation from the organization											Yes	<u>6</u> No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl							•	he organization	4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	sati	on fi	rom	any	unre			dual for services	5		X
Sec	tion B. Independent Contractors	-											
1	Complete this table for your five highest conthe organization. Report compensation for t										ensation	from	
	(A) Name and business	-							(B) Description of se			(C) ensation	n
	SON, TAYER & BODINE, FOR, 483 9TH STREET, OF								LEGAL		31	12,5	88.
												•	
											<u>.</u>		
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organizati		ot lir	nited	d to	thos 1	se lis	ted	above) who received m	ore than			
	T Java or Companies in the first the engant									r	Form	990 (2	2012)

SALESPERSON, MILK DRIVER UNION LOCAL 853

Ра	14.	7 24	Check if Schedule O con		to any question	ın this Part VIII			
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Membership dues	1a 1b				,	
ifts,			Fundraising events	1c 1d		,			
ij G			Related organizations Government grants (contribu			<u>'</u>			
Sir			All other contributions, gifts, gran			1			
F E		•	similar amounts not included abo	1 1					
Ęξ		~	Noncash contributions included in line			1			
aSo		_	Total. Add lines 1a-1f	3 1a-11 ¥					
		<u></u>	70007700 11700 70 71		Business Code		111111111111111111111111111111111111111		
يو ا	2	а	DUES		900099	6,316,571. 376,404.	6,316,571.		
ه ځ		ь	INITIATION FEES	5	900099	376,404.	376,404.		
S ž		С	WITHDRAWALS, TH	RANSFERS	900099	95,133.	95,133.		
eve eve		d							
Program Service Revenue		е							
ة ا		f	All other program service reve	enue					
		9	Total. Add lines 2a-2f			6,788,108.			
	3		Investment income (including	ı dıvıdends, ıntere	est, and	140 600			140 600
			other similar amounts)		>	149,698.			149,698.
	4		Income from investment of ta	x-exempt bond p	proceeds	-			
	5		Royalties		<u></u>	· · · · · · · · · · · · · · · · · · ·		····	
	_			(i) Real	(II) Personal				
	6	a	Gross rents			-			
		b	Less: rental expenses		 	-			
			Rental income or (loss) Net rental income or (loss)			† 1	· ·		
	7		Gross amount from sales of	(i) Securities	(II) Other				
	•	a	assets other than inventory	929,451.	(ii) Other				
		b	Less: cost or other basis	,	1	1			
		_	and sales expenses	877,949.					
		С	Gain or (loss)	51,502.					
			Net gain or (loss)			51,502.			51,502.
Other Revenue	8	а	Gross income from fundraisin including \$	ig events (not of	:				
ا قِ			contributions reported on line	1c). See					
er			Part IV, line 18	а					
듐			Less: direct expenses	b					
			Net income or (loss) from fund	_					
	9	а	Gross income from gaming a						
			Part IV, line 19	а		-			
			Less direct expenses	b			•		
	40		Net income or (loss) from gan						
	10	а	Gross sales of inventory, less and allowances						
		_	Less: cost of goods sold	a b					
			Net income or (loss) from sale	_	•	1	Ì		
ł		U	Miscellaneous Revenu		Business Code				
ŀ	11	a	REIMBURSEMENT		900099	313,701.	313,701.	•	
	••	-	MISCELLANEOUS		900099	107,603.			
		c	OTHER REVENUE	· · · · · · · · · · · · · · · · · · ·	900099	2,405.	2,405.		
		ď	All other revenue		900099	2,186.	2,186.		
		e	Total. Add lines 11a-11d		. •	425,895.			
	12		Total revenue. See instructions			7,415,203.	7,214,003.	0.	
23200: 12-10-	9 12								Form 990 (2012)

SALESPERSON, MILK DRIVER UNION LOCAL 853 94-0963930 Page 10

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	nse to any question in the (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				, 1 , 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	053 770			
	trustees, and key employees	853,778.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 726 500		-	-
7	Other salaries and wages	1,726,580.			
8	Pension plan accruals and contributions (include	433,722.			
_	section 401(k) and 403(b) employer contributions)	681,887.			
9	Other employee benefits	186,740.			
10	Payroll taxes	100,740.			
11	Fees for services (non-employees):				
a	Management	441,169.	-		
b	Legal	42,931.			
c	Accounting	42,731.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	39,392.			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	33,332.			
g	column (A) amount, list line 11g expenses on Sch 0)				
10	Advertising and promotion	43,520.			•
12 13	Office expenses	208,497.			
14	Information technology	33,609.		1.77	
15	Royalties				
16	Occupancy	167,475.	- 		··
17	Travel .	270,297.			-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70,156.			
20	Interest	436.			
21	Payments to affiliates	1,964,868.			
22	Depreciation, depletion, and amortization	143,956.			
23	Insurance	50,035.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRIBUTIONS, GIFTS &	111,105.			
b	OTHER EXPENSES	32,235.			
c					
d					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,502,388.			
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

SALESPERSON, MILK DRIVER UNION LOCAL 853 94-0963930 Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 151,392. 650. Cash - non-interest-bearing 2,798. 494,802. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 1,340,000. 1,340,000. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,922,756. basis. Complete Part VI of Schedule D 10a 1,928,288. 1,482,545. 1,805,378. 1,293,648. 1,117,378. 10b 10c b Less: accumulated depreciation 11 Investments · publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 7,420. 7,420. 15 Other assets. See Part IV, line 11 15 4,912,443. 4,941,898. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 166,993. 301,993 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 17,940. 3,928. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,486. 6,834. 25 Schedule D 191,767. 308,407. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,720,676. 27 4,633,491. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶

> 4,941,898. Form **990** (2012)

4,633,491.

30

31

32

33

31

32

33

4,720,676.

4,912,443.

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form **990** (2012)

Forn	SALESPERSON, MILK DRIVER UNION LOCAL 853	94-0	0963930	Pa	age 1 2			
Pa	rt XI Reconciliation of Net Assets		_					
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,41					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,50		88.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,72	0,6	76.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	B Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	4,63	3,4	91.			
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990. Cash Cash Counting MOD CAS	<u>H</u>	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit]			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

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

See separate instructions.

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.

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) organiz	zations: Complete Part III.			
Nar		ERS WAREHOUSE, WHO			loyer identification number
	SALESP	ERSON, MILK DRIVE	R UNION LOCA	L 853	94-0963930
Pŧ	ert I-A Complete if the o	rganization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours	nization's direct and indirect politica	al campaign activities in	Part IV. ►\$	-
Pŧ	art I-B Complete if the o	rganization is exempt unde	er section 501(c)(3	<u>3). </u>	
1	Enter the amount of any excise ta	ex incurred by the organization unde	er section 4955	. ▶\$	
2	Enter the amount of any excise ta	ax incurred by organization manage	rs under section 4955	▶\$	
	If the organization incurred a sect		Yes No		
	a Was a correction made?				Yes No
<u>t</u>	o If "Yes," describe in Part IV.		er costion 501/o)	event eastion E01/	(2)/2)
_	111	rganization is exempt unde			
		led by the filing organization for sec			
2		anization's funds contributed to oth	er organizations for sec	xion 527 ► c	
•	exempt function activities	es. Add lines 1 and 2. Enter here ar	od on Form 1120-POI	•	
3	line 17b	es. Add illes 1 and 2. Enter here ar	id on rolli 1120-FOL,	▶ \$	
4	Did the filing organization file For	m 1120-POL for this year?		ΨΨ	Yes No
	Enter the names, addresses and made payments. For each organic contributions received that were payments.	employer identification number (EIN zation listed, enter the amount paid promptly and directly delivered to a If additional space is needed, provi	from the filing organizate separate political organization	ition's funds. Also enter th nization, such as a separa	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
יביתי	AM. LOC. 853 PAC	SAN LEANDRO, CA 94577	02-0660581	0.	7,848.

LHA 232041 Schedule C (Form 990 or 990-EZ) 2012

SEE PART IV FOR CONTINUATION

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

Schedule C (Form 990 or 990-EZ) 2012					0963930 Page 2
Part II-A Complete if the org		cempt under section	on 501(c)(3) and fi	led Form 5768	
(election under sect	tion 501(h)).				
A Check ► ☐ If the filing organizate expenses, and share	_	affiliated group (and list i	n Part IV each affiliated	d group member's na	me, address, EIN,
. —	•	and "limited control" pr	ovisions apply.		
Limit	s on Lobbying Ex			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	ance public opinio	n (grace roots lobbying)			
b Total lobbying expenditures to influ					+
	-	oody (direct lobbying)			
, • , , ,	•	•			+
d Other exempt purpose expenditure		4.4\			
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e		į.	
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
					· · · · · · · · · · · · · · · · · · ·
g Grassroots nontaxable amount (ent		<u> </u>			
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				<u> </u>
j If there is an amount other than zero	o on either line 1h	or line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No
•	tions that made	Averaging Period Under a section 501(h) electio the instructions for line	n do not have to com		
		enditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
C Total lobbying expenditures		-			
d Grassroots nontaxable amount			İ		
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
					<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 SALESPERSON, MILK DRIVER UNION LOCAL 85 94-0963930 Page 3

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				······· ·
local legislation, including any attempt to influence public opinion on a legislative matter		•		
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_	_		
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	- 11117 1		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		- 14		,
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<u></u>
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)((5), or se	ction	
501(c)(6).			Yes	No
A MARIE II II II II II II I I I I I I I I I			103	
Were substantially all (90% or more) dues received nondeductible by members?		1	-	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect	: 504/-\/	(5)	. 4!	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	· 	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2ь		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F and Part II-B, line 1. Also, complete this part for any additional information. PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN			list); Part II-	A, line 2;
TEAM. LOC. 853 PAC				
2100 B MERCED STREET SAN LEANDRO, CA 94577				
THE LOCAL SPONSORS A SECTION 527 POLITICAL ACTION COL	MMITTEE	. THE		
POLITICAL ACTION COMMITTEE MAKES POLITICAL EXPENDITURE			TICAL 990 or 990	-E7\ 201

Schedule C (For	n 990 or 990·EZ) 2012	SALE	SPERSON,	MILK DR	IVER UNIO	ON LOCAL	85	94-	0963930 Page 4
Part IV Su	pplemental Inform	ation (continued)						
CAMPAIGN	ACTIVITIES.	THE	LOCAL'S	MEMBERS	PROVIDE	FUNDING	то	THE	POLITICAL
ACTION CO	OMMITTEE.								
									
									_
									
								_	
					<u> </u>	· ·		-	
									
									-
									
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2012
Open to Public Inspection

Name of the organization

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR SALESPERSON, MILK DRIVER UNION LOCAL 853

Employer identification number 94-0963930

Pari	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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		<u></u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose co	nferring
	mpermissible private benefit?		Yes No
Parl	II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	2 3
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ►		
	Number of states where property subject to conservation ea		
	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
	Amount of expenses incurred in monitoring, inspecting, and		
	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.	f Art Historical Transuras or Oth	or Similar Assats
Par	Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form		ei olilliai Assets.
			at and belongs shoot works of art
	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Fart Alli,
	the text of the footnote to its financial statements that descri		and halange sheet works of art, historical
	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical tre		aiii, piovide
	the following amounts required to be reported under SFAS 1	To (ASC 956) relating to these items:	•
	Revenues included in Form 990, Part VIII, line 1		• \$ • \$
Þ	Assets included in Form 990, Part X	•	. • •

Schedule D (Form 990) 2012

232051 12-10-12

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

SALESPERSON, MILK DRIVER UNION LOCAL 853 94-0963930 Page 2 Schedule D (Form 990) 2012 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included __ No on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d 1<u>e</u> e Distributions during the year Ending balance 1f Yes 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No bv: Yes (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ЗЬ Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 332,000. 332,000.1a Land 2,192,560. 773,455. 1,419,105. **b** Buildings 23,683. 16,372. 7,311 c Leasehold improvements 374,513. 327,551. 46,962d Equipment e Other 1,805,378. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2012 SALESPERSON	, MILK DRIV	VER UNION LOC	AL 853 94	1-0963930 Page
Part VII Investments - Other Securities. Se				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests			·	
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII Investments - Program Related. Se (a) Description of investment type			aluation. Cost or on	d of war an and and walve
	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)			· -	
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line			 .	
	Description			(b) Book value
(1)			· _	
(2)				
(3)	·			
(4) (5)	<u> </u>			
(6)				
(7)	<u> </u>	·		
(8)				
(9)				
(10)	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		1-1	▶	
Part X Other Liabilities. See Form 990, Part X, I	ne 25.			· 7·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	_	2 406		
(2) PAYROLL WITHHOLDINGS		2,486.		
(3)				
(5)				
<u>(6)</u>				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	2,486.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			statements that rep	ports the organization's
Inhility for uncertain toy positions under EIN 49 (ASC 7				

Schedule D (Form 990) 2012

•	•	TEAMSTERS WAREHOUSE,				
		(Form 990) 2012 SALESPERSON, MILK DR	IVER UNION LOCAL 853	94-	-0963930 Pa	age 4
Pa	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue pe	r Retur	'n	
1	Total r	evenue, gains, and other support per audited financial statement	s	_1		
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains on investments	2a		İ	
b	Donate	ed services and use of facilities	2b			
C	Recov	eries of prior year grants	2c			
đ	Other ((Describe in Part XIII.)	2d			
е	Add lin	nes 2a through 2d		_2e		
3	Subtra	ct line 2e from line 1		3		
4	Amour	its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b]	
c	Add lin	es 4a and 4b		4c		
5_	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 12.)	5		
Pai	1XII	Reconciliation of Expenses per Audited Financia	Statements With Expenses p	er Retu	ırn	
1	Total e.	xpenses and losses per audited financial statements		1		
2	Amoun	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior ye	ear adjustments	2b			
С	Other le	•	2c			
d	Other (Describe in Part XIII)	2d	\neg		
е		es 2a through 2d		2e		
3		ct line 2e from line 1		3		
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1:				
а		nent expenses not included on Form 990, Part VIII, line 7b	4a			
ь		Describe in Part XIII.)	4b			
c	•	es 4a and 4b	·	4c		
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5		
		Supplemental Information	· · · · · · · · · · · · · · · · · · ·			
		s part to provide the descriptions required for Part II, lines 3, 5, ar	nd 9: Part III. lines 1a and 4: Part IV. lines	s 1b and	2b: Part V. line 4: Pa	art
		XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete			, , , ,	
		LINE 2: THE LOCAL HAS ANALYZED			AND HAS	
	•					
CON	CLUI	DED THAT, AS OF DECEMBER 31, 2012	, THERE ARE NO UNCER	RTAIN	POSITIONS	;
TAK	EN,	OR EXPECTED TO BE TAKEN, THAT WO	ULD REQUIRE DISCLOSU	JRE I	N THE	
		-				
FIN	IANC I	AL STATEMENTS. THE LOCAL IS SUB	JECT TO ROUTINE AUDI	TS B	Y THE	
ГАХ	ING	JURISDICTIONS; HOWEVER, THERE AR	E CURRENTLY NO AUDIT	S FO	R ANY TAX	
PER	RIODS	IN PROGRESS. THE LOCAL BELIEVE	S IT IS NO LONGER SU	JBJEC'	T TO INCOM	E
						-
гах	EXA	AMINATIONS FOR THE YEARS PRIOR TO	THE FISCAL YEAR END	ING		
DEC	EMBF	ER 31, 2009.				
				Scher	dule D (Form 990) 2	2012
				Sonet	U (1 UIIII 00U) Z	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2012

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR
SALESPERSON, MILK DRIVER UNION LOCAL 853

Employer identification number

94-0963930 **Questions Regarding Compensation** Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _ . . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2012

Regulations section 53.4958-6(c)?

SALESPERSON, MILK DRIVER UNION LOCAL 853 94-0963930

Schedule J (Form 990) 2012

Page 2

Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	reported as deferred in prior Form 990
(1) ROME ALOISE	ε	120,011.	0	644.	26,944.	24,447.	172,046.	0
SECRETARY TREASURER	(ii)	0	0	0	0	0	0	0
(2) ORVAL MORGAN	Θ	112,045.	0	0	25,859.	24,447.	162,351.	0
VICE PRESIDENT	(ii)	0	0	0		0	-l	0
(3) ROBERT STRELO	ω	101,013.	0	0	25,952.	24,447.	151,412.	0
PRESIDENT	€	0	0.	• 0		4	0	0
(4) LOUIS VALLETTA	8	111,815.	0.	0.	25,735.	24,447.	161,997.	0
TRUSTEE/BUSINESS AGENT	(E)	0.	0.	• 0	l	0	0	0
(5) ADOLPH FELIX	ε	108,437.	0.	0.	25,514.	22,432.	156,383.	0
BUSINESS AGENT	Ξ	0.	0.	0.		ı	0	0
(6) STUART HELFER	ε	111,733.	0.	• 0	25,859.	24,447.	162,039.	0
BUSINESS AGENT	Ξ	0.	0.	• 0	0	0	0	0
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Schedule J (Form 990) 2012

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

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR SALESPERSON, MILK DRIVER UNION LOCAL 853

Employer identification number 94-0963930

FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL REPRESENTS TEAMSTERS UNION MEMBERS (REGULAR AND STEWARDS) WHO PAY DUES.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS (REGULAR AND STEWARDS) HAVE THE RIGHT TO ELECT THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES).

FORM 990, PART VI, SECTION A, LINE 7B: DUES INCREASES, CHANGES TO THE
BYLAWS AND CONSTITUTION ARE SUBJECT TO THE APPROVAL OF THE LOCAL'S MEMBERS
(REGULAR AND STEWARDS).

FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 10B: THE LOCAL HAS THREE BRANCHES. THE
MAIN OFFICE IS LOCATED AT SAN LEANDRO, CA. THE OTHER TWO BRANCHES ARE
LOCATED AT SAN MATEO, CA, AND SAN JOSE, CA. THE SAN LEANDRO BRANCH
SUPERVISES ALL ACTIVITIES FOR ALL THREE BRANCHES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS PROVIDED TO

EACH GOVERNING BOARD MEMBER. REVIEW OF FORM 990 WAS CONDUCTED BY THE

EXECUTIVE BOARD (THE GOVERNING BOARD) PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY APPLIES TO ALL OFFICERS AND BOARD MEMBERS OF THE UNION AS

WELL AS ALL EMPLOYEES WHO EXERCISE AUTHORITY OVER THE AFFAIRS OF THE UNION.

AT LEAST ANNUALLY, OFFICERS AND BOARD MEMBERS MUST DISCLOSE IN WRITING ANY

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

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

323211
01-04-13

Schedule O (Fo		or 990-t	-Z) (2012)					Page 2
Name of the or	rganızatı ———	on Ti	EAMSTERS ALESPERS	WAREI	HOUSE, ILK DR	WHOLESAL IVER UNIC	LE LIQUOR ON LOCAL 853	Employer identification number 94-0963930
PROCESS	HAS	NOT	CHANGED	FROM	PRIOR	YEAR.		
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						··- <u>-</u>		<u></u>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR

▶ See separate instructions.

Employer identification number

2012. Open to Public Inspection OMB No 1545-0047

	SALESPERSON, M	MILK DRIVER UNION LOCAL	COCAL 853			94-0963930	930	
Parti	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes	" to Form 990, Part IV, line 33	(
	(a)	(a)	(9)				€	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	ne End-of-year assets		Direct controlling entity	
				-	-			
					•			
						_		
					_			
Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	tions (Complete if the organization	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	r more related tax-exe	mpt	
	(e)	(q)	(3)	(D)	(9)	€	(b)	
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(E)(13)
	of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	2
TEAMST	TEAMSTERS LOCAL 853 POLITICAL ACTION							

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

Schedule R (Form 990) 2012

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TEAMSTERS LOCAL

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××

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CALIFORNIA

TO SUPPORT CANDIDATES FOR

COMMITTER - 02-0660581, 2100B MERCED STREET,

TEAMSTERS BENEFIT TRUST - 94-2848389

SAN LEANDRO, CA 94577

STATE AND LOCAL OFFICES.

×

501(C)(9)

ALIFORNIA

PROVIDE HEALTH & WELFARE

BENEFITS

TEAMSTERS LOCAL 856 HEALTH & WELFARE FUND 94-6123582, 989 MARKET STREET, SUITE 420

FREMONT, CA 94537

P.O. BOX 5820

SAN FRANCISCO, CA 94103

501(C)(9)

CALIFORNIA

PROVIDE HEALTH & WELFARE

BENEFITS

×

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR SALESPERSON, MILK DRIVER UNION LOCAL 853 Schedule R (Form 990) 2012

94-0963930

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fr	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership	difi
												2	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (d) (d) (d) (d) (e)	janizations Taxable a	is a Corpoid the tax)	reation or Trust (Co	omplete if th	ne organization	n answered "Y	res* to Form	1 990, Part	IV, line 34	because it had	d one or n	nore related	₀
Name, address, and EIN of related organization	Z -	Primi	ctivity	Legal domicile (state or foreign country)	Direct controlling entity		Type of entity (C corp., S corp., or trust)	Share of total income	_	of year ts	Percentage ownership	Sect 512(b contre entit	(13) Siled N?
					i								
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232162 12-10-12				27] — 			Sched	ule R (Fo	Schedule R (Form 990) 2012	012

SALESPERSON, MILK DRIVER UNION LOCAL 853 Schedule R (Form 990) 2012

Page 3

94-0963930

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

Note Complete line 1 if any action in lateral in Date II ill and IV at the action of the				ľ	
Note: Complete line in any entry is listed in Parts II, III, or IV or this schedule. 1. Dumo the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Darts II-IV2	s with one or more re	batad organizations listed	Special II.V.		Yes
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity				Ę	×
b Gift, grant, or capital contribution to related organization(s)				#	×
c Gift, grant, or capital contribution from related organization(s)				-	×
d Loans or loan quarantees to or for related organization(s)				3	×
				2 .	; >
e Logis of fool goaldiness by related digarization(s)			-	9	<
f Dividence from related organization(e)				,	>
				=	ا
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				+	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×
k i pase of familities enument or other assets from related constration(a)			-	;	>
	(-)			≚	د ا ه
reflormance of services of membership of jundraising solicitations for related organization(s)	inization(s)			=	× :
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			E	×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£	×
 Sharing of paid employees with related organization(s) 				10	×
 P Reimbursement paid to related organization(s) for expenses 				10	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete tl	is line, including covered	relationships and transaction thresholds.		
(a)	(q)	(0)	(0)		
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	Involved	
(1)			-		
(2)					
(6)					
(4)			-		
(5)					
9					
[0]	20				
232163 12-10-12	97		Schedu	Schedule R (Form 990) 2012	990) 2012

SALESPERSON, MILK DRIVER UNION LOCAL 853 Schedule R (Form 990) 2012

Page 4

94-0963930

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Disproportonate
amount in box 20 managing ownership
yes No (Form 1065) Yes No 6 ε Ξ end-of-year Share of assets Share of total income (e)
Are all
partners sec.
501(c)(3)
orgs? Predominant income parines sec. (related, unrelated, orgs?) excluded from tax under section 512-514) Yes No that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (state or foreign Legal domicile country) Primary activity <u>e</u> Name, address, and EIN of entity

Schedule R (Form 990) 2012

063010SL TOTAL 063010SL 10TAL 10TAL	.000 16 .000 16	2192560, 23,683. 2216243, 283,912, 90,601. 374,513,	• • • • • • • • • • • • • • • • • • •	2192560. 23,683. 2216243. 283,912.	651,877, 14,392. 666,269, 220,430.	0	121,578, 1,980. 123,558, 16,517, 3,881.
10 TOTAL 063010SL 10 TOTAL 063010SL EQUIPM L			ė ė	2192560 23,683 2216243 283,912 90,601	651,877, 14,392. 666,269. 220,430.	Ó	121,578, 1,980. 123,558, 16,517, 3,881.
10 TOTAL 063010SL 063010SL EQUIPM EQUIPM L			· ·	23,683 2216243 283,912 90,601	14,392.	ó	1,980 3,558 3,558 3,881
10 TOTAL 063010SL EQUIPM L			ė ė	2216243 283,912 90,601	666,269.	ó	3,558 6,517 3,881
063010SL 10 TOTAL EQUIPM 10 TOTAL			Ó	283,912.	220,430.		
10 TOTAL EQUIPM 10 TOTAL 10 TOTAL				283,912.	220,430.		
10 TOTAL EQUIPM 10 TOTAL			ó	90,601.			
EQUIPM 10 TOTAL			Ó		86,723.		
0 PAGE 10 TOTAL				374,513.	307,153.	ó	2 7 7 2 3 3
0 PAGE 10 TOTAL							
FAGE 10		332,000.		332,000.		······	Ó
		332,000.	•	. 332,000.	0	0	0
* GRAND TOTAL 990 PAGE 10 DEPR		2922756.	φ		973,422.	o	143,956.
							
				~~~~		,	
				···			
			<del>,,</del>			<del></del>	

(D) - Asset disposed

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

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► See separate instructions.

► Attach to your tax return. Business or activity to which this form relates

990

identifying number

	AMSTERS WAREHOUSE, LESPERSON, MILK DRI				RM 990	PAGE 1	0		94-0963930
	rt   Election To Expense Certain Prope							efore v	
		sity Onder Section	175 Note. II ye	o nave any n	stod proper	ty, complete i	<u> </u>	1	500,000.
	Maximum amount (see instructions)					•		2	30070001
	Total cost of section 179 property place	•		,				3	2,000,000.
	Threshold cost of section 179 propert			0	•			4	2,000,000.
_	Reduction in limitation. Subtract line 3							5	<u> </u>
	Oollar limitation for tax year Subtract line 4 from line (a) Description of p		r -0- If married fil	ing separately, se (b) Cost (busii		(c) Ele	ected cos	1	<u></u>
6	(a) Description of p	roperty		(b) Cost (busin	less use only)	(6) 2.10	2160 003	<u> </u>	
						<del></del>			
				<del>-</del>	<del>-</del>				
				<del></del>	Т-				
	isted property. Enter the amount from					<u> </u>			
	otal elected cost of section 179 prop	-		c), lines 6 and	1 7			8	
	entative deduction. Enter the <b>smalle</b>							9	
	Carryover of disallowed deduction from	•						10	
	Business income limitation. Enter the s							11	
	Section 179 expense deduction. Add l					1		12	
	Carryover of disallowed deduction to 2				▶ 13	J			
	Do not use Part II or Part III below fo				-1- l-41				
	rt II Special Depreciation Allows								
14 5	Special depreciation allowance for qua	alified property (ot	her than liste	d property) p	laced in ser	vice during		l	
	he tax year							14	
	Property subject to section 168(f)(1) el	ection						15	142 056
	Other depreciation (including ACRS)							16	143,956.
Pa	rt III MACRS Depreciation (Do n	ot include listed p			.)				
				ection A					
17 N	MACRS deductions for assets placed	ın service in tax y	ears beginnin	ig before 201	2	_	_	17	
<u>18 ı</u>	you are electing to group any assets placed in se	vice during the tax year	into one or more	general asset acc	ounts, check h	ere 🕨	<u> </u>		
	Section B - Assets		1 -		Using the (	General Depre	ciation	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)	(d) Recov penod	ery (e) Conven	tion (f) N	Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
c	7-year property				<u> </u>				
d	10-year property								
е	15-year property								
f	20-year property	7							
	25-year property	<b>7</b>			25 yrs			S/L	
		/			27.5 yr	s. MM		S/L	
h	Residential rental property	/			27.5 yr	s. MM		S/L	
		/			39 yrs	. MM		S/L	
i	Nonresidential real property	/			<u> </u>	MM		S/L	
	Section C - Assets	Placed in Service	During 201	2 Tax Year U	sing the Al	ternative Dep	reciati	on Sys	stem
20a	Class life				T			S/L	
<u>200</u>	12-year	┥ 、			12 yrs			S/L	
	40-year	7	1		40 yrs			S/L	
	rt IV Summary (See instructions.)	<del></del>			1				
		- 28				· · · · ·		21	
	listed property. Enter amount from lin Totat. Add amounts from line 12, lines		10 and 20	) in column /	and line 1	21.		<del></del>	
	otal. Add amounts from line 12, lines Enter here and on the appropriate line							22	143,956.
								_ ~~	22373300
	or assets shown above and placed in		e current yea	ii, enter the	23				
21625	portion of the basis attributable to sec		oonerste !=		23		·		Form <b>4562</b> (2012)
12-28-	I MA POT PANETWORK REQUESTO	ii mulite. See	sevarate in	au ucuviib.					1 21111 7002 (2012)

Form **4562** (2012)

216252 12-28-12

43 Amortization of costs that began before your 2012 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43

2012 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

TEAMSTERS WAREHOUSE, WHOLESALE LIQUOR SALESPERSON, MILK DRIVER UNION LOCAL 853

1

1												 	 
Current Year Deduction	121,578.	1,980.	123,558.	16,517.	3,881.	20,398.		Ċ	0	143,956.			
Current Sec 179			0			0			0	0		 	
Accumulated Depreciation	651,877.	14,392.	666,269.	220,430,	86,723.	307,153.			0	973,422.			
sted Basis Excl Basis Depreciation	2192560.	23,683.	22,16243.	283,912.	90,601.	374,513.		332,000.	332,000.	2922756.	eme	·····	
Reduction in Basis			Φ.			Ö			0	0			
Bus % Excl						. , ,					'		:
Unadjusted Cost Or Basis	2192560.	23,683.	2216243.	283,912,	90,601.	374,513,		332,000,	332,000.	2922756.			
No No	91	16	•	16	16	1111 7					·		
Life	000*	000		000	000.						******		=
Method	TS	SL		SL	SL			<u> </u>	<del></del>				
Date Acquired	18010890	063010SL		063010SL	063010SL							-1	 
Description	BUILDINGS BUILDING AND ZIMPROVMENTS	ທ້	* 990 FAGE TO TOTAL BUILDINGS		ທີ	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM	LAND	3LAND	AND CRAW MOMENT	GE 10 DEPR			:
Asset No		u)	; ^		7			, , ,			,	, ,	

(D) - Asset disposed

228102 05-01-12

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