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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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.

Open to Public Inspection

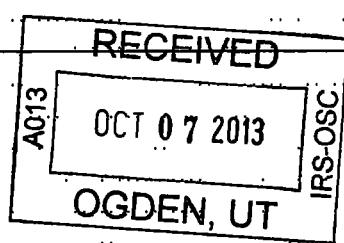
Department of the Treasury
Internal Revenue Service

For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Floor Layers Local 251 Number and street (or P O box, if mail is not delivered to street address) Room/suite 91 Fieldcrest Ave. City or town, state or country, and ZIP + 4 Edison NJ 08837	D Employer identification number 45-2446553 E Telephone number F Group Exemption Number ▶ 0143
Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ Website: ▶ N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
I Check <input type="checkbox"/> 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.		
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. ▶ \$ 188,892		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments	See Statement	186,363
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)		2,529	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		188,892	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		
	11 Benefits paid to or for members		15,000
	12 Salaries, other compensation, and employee benefits		15,454
	13 Professional fees and other payments to independent contractors		3,352
	14 Occupancy, rent, utilities, and maintenance		
	15 Printing, publications, postage, and shipping		
	16 Other expenses (describe in Schedule O)		145,023
17 Total expenses. Add lines 10 through 16		178,829	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		10,063
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		168,811
	20 Other changes in net assets or fund balances (explain in Schedule O)		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		178,874



For Paperwork Reduction Act Notice, see the separate instructions.

P 6

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

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

	(A) Beginning of year	(B) End of year	
2 Cash, savings, and investments	168,811	22	180,927
3 Land and buildings	0	23	
4 Other assets (describe in Schedule O)	0	24	
5 Total assets	168,811	25	180,927
6 Total liabilities (describe in Schedule O)	0	26	2,053
7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	168,811	27	178,874

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

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

What is the organization's primary exempt purpose?

See Schedule O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

8 Represented members in collective bargaining and jurisdictional issues

(Grants \$) If this amount includes foreign grants, check here **28a**

(Grants \$) If this amount includes foreign grants, check here **29a**

(Grants \$) If this amount includes foreign grants, check here **30a**

9 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

10 Total program service expenses (add lines 28a through 31a) **32**

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Frank Koch President	10.00	1,759	0	0
Ronald Simone Vice President	10.00	1,610	0	0
John Cucurullo Recording Secretary	10.00	1,320	0	0
David Gross Financial Secretary	10.00	1,320	0	0
John Schmaeling Treasurer	10.00	1,615	0	0
Edward Chambers Warden	10.00	1,018	0	0
Jeremy Kelley Conductor	10.00	1,323	0	0
Matthew Frame Trustee	10.00	1,468	0	0
Christopher Danyo Trustee	10.00	1,317	0	0
Thomas Iveson Trustee	10.00	1,314	0	0
Jose DaSilva Warden	10.00	298	0	0

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

	Yes	No
3 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
4 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
5b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
5c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
7a Enter amount of political expenditures, direct or indirect, as described in the instructions		
7b Did the organization file Form 1120-POL for this year?		X
8a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
8b If "Yes," complete Schedule L, Part II and enter the total amount involved		
9 Section 501(c)(7) organizations. Enter:		
9a Initiation fees and capital contributions included on line 9		
9b Gross receipts, included on line 9, for public use of club facilities		
0a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
0b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
0c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
0d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
0e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
1 List the states with which a copy of this return is filed		None
2a The organization's books are in care of		Organization
Located at		Edison NJ ZIP + 4 08837
2b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:		X
See the instructions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
2c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		X
3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
4b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
4c Did the organization receive any payments for indoor tanning services during the year?		X
4d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
5b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

	Yes	No
6 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	46	X

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	No
7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
9a 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	

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

1 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"

(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

2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Signature of officer: *Ronald Simone* Date: 9/23/13
 Type or print name and title: **Ronald Simone - Vice President**

Print/Type preparer's name: Terrence R. Mooney
 Preparer's signature: *Terrence R. Mooney* Date: 08/16/13
 Check if self-employed PTIN: P01205424
 Firm's name: Terrence R. Mooney, CPA Firm's EIN: 22-2310351
 Firm's address: 247 New Jersey Ave. Absecon, NJ 08201 Phone no: 609-407-0056

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
Form 990 or 990-EZDepartment of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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

2012Open to Public
Inspection

Employer identification number

45-2446553**Floor Layers Local 251****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MUP Assessments	\$ 14,317
Fines, Fees & Assessments	\$ 2,768
MUP Assessments	\$ -14,556
Total	\$ 2,529

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Conferences & Meetings Expens	\$ 3,466
Insurance	\$ 1,076
E-Board & Delegate Expens	\$ 631
Hats & Jackets	\$ 21,922
Labor Affairs	\$ 10,512
Office Expense	\$ 2,590
Payroll Processing Expens	\$ 1,445
Per Capita Tax	\$ 98,371
Printing	\$ 3,164
Postage Expense	\$ 263
Dues & Subscriptions	\$ 600
Promotional Expense	\$ 983
Total	\$ 145,023

Form 990-EZ, Part II, Line 26 - Other Liabilities

Name of the organization

Floor Layers Local 251

Employer identification number

45-2446553

Description	Beg. of Year	End of Year
Due to NRCC	\$ 0	\$ 2,053

Form 990-EZ, Part III - Primary Exempt Purpose

Organization is a labor union local and it assists its members in the enforcement of collective bargaining agreements and protects the jurisdiction of its members.