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# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization <u>CARPET, LINOLEUM &amp; SOFT TILE WORKERS LOCAL UNION 12</u>			<b>D</b> Employer identification number <u>94-3148839</u>	
	Doing Business As				
	Number and street (or P O box if mail is not delivered to street address) <u>2149 OAKLAND RD</u>		Room/suite	<b>E</b> Telephone number <u>(408) 265-4911</u>	
	City, town or post office, state, and ZIP code <u>SAN JOSE, CA 95131-1502</u>			<b>G</b> Gross receipts \$ <u>1,161,118.</u>	
<b>F</b> Name and address of principal officer <u>DAVID AHERN</u> <u>2149 OAKLAND RD, SAN JOSE, CA 95131-1502</u>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <u>501(c)(3)</u> <input checked="" type="checkbox"/> <u>501(c)( 5 )</u> ◀ (insert no) <u>4947(a)(1) or</u> <u>527</u>		<b>J</b> Website: ▶ <u>N/A</u>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <u>LABOR UNION</u>		<b>L</b> Year of formation <u>1993</u>		<b>M</b> State of legal domicile <u>CA</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>SEE SCHEDULE O</u>																			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																			
	3	Number of voting members of the governing body (Part VI, line 1a) <u>3</u>																		
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>																		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) <u>500</u>																		
	6	Total number of volunteers (estimate if necessary) <u>60</u>																		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>742</u>																		
7b	Net unrelated business taxable income from Form 990-T, line 34 <u>75</u>																			
<b>Revenue</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Prior Year</th> <th style="width: 25%;">Current Year</th> </tr> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">532,402.</td> <td style="text-align: right;">622,055.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">-16,792.</td> <td style="text-align: right;">26,065.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">1,932.</td> <td style="text-align: right;">964.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">517,542.</td> <td style="text-align: right;">649,084.</td> </tr> </table>			Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0	0	9 Program service revenue (Part VIII, line 2g)	532,402.	622,055.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,792.	26,065.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,932.	964.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	517,542.	649,084.
		Prior Year	Current Year																	
	8 Contributions and grants (Part VIII, line 1h)	0	0																	
	9 Program service revenue (Part VIII, line 2g)	532,402.	622,055.																	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,792.	26,065.																	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,932.	964.																	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	517,542.	649,084.																	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	2,830.																
	14	Benefits paid to or for members (Part IX, column (A), line 4)	105,000.	56,000.																
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,320.	12,950.																
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																	
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>																			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	442,448.	734,628.																	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	559,768.	806,408.																	
19	Revenue less expenses Subtract line 18 from line 12	-42,226.	-157,324.																	
<b>Net Assets or Fund Balances</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Beginning of Current Year</th> <th style="width: 25%;">End of Year</th> </tr> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">812,498.</td> <td style="text-align: right;">654,810.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20.</td> <td style="text-align: right;">812,498.</td> <td style="text-align: right;">654,810.</td> </tr> </table>			Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	812,498.	654,810.	21 Total liabilities (Part X, line 26)	0	0	22 Net assets or fund balances. Subtract line 21 from line 20.	812,498.	654,810.						
		Beginning of Current Year	End of Year																	
	20 Total assets (Part X, line 16)	812,498.	654,810.																	
21 Total liabilities (Part X, line 26)	0	0																		
22 Net assets or fund balances. Subtract line 21 from line 20.	812,498.	654,810.																		

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer: <u><i>Albert Aviles</i></u>	Date: <u>1-16-14</u>
	Type or print name and title: <u>Treasurer</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>CATHERINE GARDNER</u>	Preparer's signature: <u><i>Catherine Gardner</i></u>	Date: <u>1/17/14</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00350865</u>
	Firm's name ▶ <u>MILLER KAPLAN ARASE LLP</u>			Firm's EIN ▶ <u>95-2036255</u>	
	Firm's address ▶ <u>44 MONTGOMERY ST STE 3701, SAN FRANCISCO, CA 94104-4831</u>			Phone no <u>415-956-3600</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAR 31 2014

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission:  
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

**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)? <i>If "Yes," complete Schedule A</i> . . . . .		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
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? <i>If "Yes," complete Schedule J.</i> . . . . .		X
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax-related questions and their corresponding responses.

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]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 records of the organization: ANTHONY NUANES, 2149 OAKLAND RD, SAN JOSE, CA 95131-1502 408-265-4911

**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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID AHERN PRESIDENT	1.00	X		X				1,100.	0	0
(2) EDWARD WALTON VICE PRESIDENT	1.00	X		X				700.	0	0
(3) ANTHONY NUANES FINANCIAL SECRETARY	20.00	X		X				3,300.	0	0
(4) STEVEN SCOTT ASKINS RECORDING SECRETARY	10.00	X		X				2,200.	0	0
(5) ALBERT AVILA TREASURER	1.00	X		X				1,100.	0	0
(6) GREG BRAGUINE WARDEN	1.00			X				1,100.	0	0
(7) VALERIAN CHESTOHIN TRUSTEE	1.00			X				400.	0	0
(8) DAVID BRADFIELD TRUSTEE	1.00			X				700.	0	0
(9) STEVE BELONG TRUSTEE	1.00			X				1,100.	0	0
(10) DALE JEPSEN TRUSTEE	1.00			X				800.	0	0
(11) DAVID MATHIE TRUSTEE	1.00			X				400.	0	0
(12)										
(13)										
(14)										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
h	<b>Total. Add lines 1a-1f . . . . .</b>		0				
<b>Program Service Revenue</b>	2a	DUES	Business Code 900099	497,409.	497,409.		
	b	FINES, FEES AND ASSESSMENT	900099	124,646.	124,646.		
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total. Add lines 2a-2f . . . . .</b>		622,055.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,437.		6,437.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses . . . . .		531,662.			
	c	Gain or (loss) . . . . .		512,034.			
	d	Net gain or (loss) . . . . .		19,628.		19,628.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from fundraising events . . . . .			0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .			0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue			Business Code				
11a	REFUNDS AND REIMBURSEMENTS		900099	850.	850.		
b	ALL OTHER REVENUE		900099	114.	114.		
c							
d	All other revenue . . . . .						
e	<b>Total. Add lines 11a-11d . . . . .</b>			964.			
12	<b>Total revenue. See instructions . . . . .</b>			649,084.	623,019.	26,065.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,830.			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	56,000.			
5	Compensation of current officers, directors, trustees, and key employees	12,950.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	501(c)(5) organization electing not to complete columns (B), (C) and (D).		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)	0			
a	Management				
b	Legal	4,312.			
c	Accounting	16,309.			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	6,360.			
13	Office expenses	50,930.			
14	Information technology	9,903.			
15	Royalties	0			
16	Occupancy	60,350.			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,493.			
20	Interest	0			
21	Payments to affiliates	301,559.			
22	Depreciation, depletion, and amortization	1,346.			
23	Insurance	2,194.			
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)				
a	EVENT CONTRIBUTION	6,000.			
b	TRANSFER TO AFFILIATES	250,000.			
c	PER CAPITA TAXES	4,657.			
d	MEMBERSHIP EXPENSES	11,955.			
e	All other expenses	260.			
25	Total functional expenses. Add lines 1 through 24e	806,408.			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	162,215.	1	274,729.
	2 Savings and temporary cash investments	392,158.	2	372,154.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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 instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 60,640.		
	b Less: accumulated depreciation	10b 56,774.		
		2,006.	10c	3,866.
	11 Investments - publicly traded securities	237,810.	11	342.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	18,309.	15	3,719.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	812,498.	16	654,810.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	812,498.	32	654,810.
33 Total net assets or fund balances	812,498.	33	654,810.	
34 Total liabilities and net assets/fund balances	812,498.	34	654,810.	

**Part 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	649,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	806,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-157,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	812,498.
5	Net unrealized gains (losses) on investments	5	-364.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	654,810.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNION 12 CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL

Employer identification number 94-3148839

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for yes/no questions.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including purpose(s), acreage, and monitoring details. Includes a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections 1a, 1b, 2, 2a, 2b for reporting on art and historical treasures collections.

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 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):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 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 IV 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 on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table.

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c 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 by:

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 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.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	648,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-364.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-364.	
3	Subtract line 2e from line 1	3	649,084.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	649,084.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	806,408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	806,408.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	806,408.	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

TEXT

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

THE LOCAL UNION HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD. MANAGEMENT BELIEVES THAT THE LOCAL UNION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. INFORMATION RETURNS FOR TAX YEARS FOR WHICH THE APPLICABLE STATUTES OF LIMITATION HAVE NOT EXPIRED ARE SUBJECT TO EXAMINATION BY AUTHORITIES.



**Part I Liquidation, Termination, or Dissolution (continued)**

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III Yes No
- 4 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? 3
- b If "Yes," did the organization provide such notice? 4a
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 4b
- 6 a Did the organization have any tax-exempt bonds outstanding during the year? 5
- b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? 6a
- c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III 6b

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.**

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt or type of entity)
	CASH	03/19/2013	250,000.	FMV	94-0433056	DISTRICT COUNCIL 16, 2705 CONSTITUTIONAL LIVERMORE, CA 94550	501(C)(5)

- 2 Did or will any officer, director, trustee, or key employee of the organization
  - a Become a director or trustee of a successor or transferee organization? Yes No
  - b Become an employee of, or independent contractor for, a successor or transferee organization? 2a X
  - c Become a direct or indirect owner of a successor or transferee organization? 2b X
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 2c X
  - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 2d X

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 1

THE LOCAL UNION TRANSFERRED \$250,000 CASH TO DISTRICT COUNCIL 16 FOR LAND AND BUILDING PURCHASED IN SAN JOSE, CALIFORNIA BY DISTRICT COUNCIL 16 FOR THE PURPOSE OF RENTING OFFICE SPACE OUT TO THREE OF THE DISTRICT COUNCIL'S AFFILIATED UNIONS INCLUDING THE LOCAL UNION.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNION 12

**Supplemental Information to Form 990 or 990-EZ**

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

CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number  
94-3148839

PART I, LINE 1 AND PART III, LINES 1 AND 4A - ORGANIZATION'S MISSION:  
TO FOSTER AND ADOPT WAYS AND MEANS FOR THE CONTINUOUS IMPROVEMENT OF THE  
WORKING AND LIVING STANDARDS OF THE MEMBERS OF THIS UNION; TO SECURE  
LEGISLATION IN THE INTERESTS OF OUR MEMBERS; TO BRING ABOUT HIGHER WAGES,  
SHORTER HOURS AND BETTER WORKING CONDITIONS FOR THEM; TO INFLUENCE PUBLIC  
OPINION BY PEACEFUL AND LEGAL METHODS IN FAVOR OF OUR AFFILIATED  
ORGANIZATIONS AND ALL ORGANIZED LABOR GENERALLY; TO PROMOTE, ENCOURAGE  
AND BRING INTO EXISTENCE SATISFACTORY CONTRACTUAL RELATIONSHIPS WITH  
EMPLOYERS IN THE INDUSTRIES FROM WHICH THE MEMBERS OF OUR AFFILIATES ARE  
DRAWN; TO ADVANCE AND MAINTAIN BETTER RELATIONS BETWEEN OUR MEMBERS AND  
THEIR EMPLOYERS; AND TO OTHERWISE ENRICH THE LIVES OF OUR MEMBERS AND  
THEIR FAMILIES.

PART IV, LINE 12A:

THE LOCAL UNION'S AUDITED FINANCIAL STATEMENTS WERE PREPARED ON THE  
MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A BASIS OF ACCOUNTING OTHER  
THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

PART V, LINE 3B:

FORM 990-T WAS FILED FOR THE PURPOSE OF CLAIMING BACKUP WITHHOLDING TAXES  
REFUND.

Name of the organization      CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL  
UNION 12

Employer identification number  
94-3148839

PART VI, LINE 6:

ELIGIBILITY FOR MEMBERSHIP IN THIS LOCAL UNION IS SET FORTH IN THE  
INTERNATIONAL CONSTITUTION.

PART VI, LINE 7A:

MEMBERS IN GOOD STANDING, ACCORDING TO THE INTERNATIONAL CONSTITUTION MAY  
VOTE FOR LOCAL UNION OFFICERS, EXECUTIVE BOARD MEMBERS AND DELEGATES TO  
DISTRICT COUNCIL 16.

PART VI, LINE 7B:

THE EXECUTIVE BOARD SHALL BE VESTED WITH THE AUTHORITY OF RECOMMENDATION  
ONLY, UNLESS OTHERWISE SPECIFICALLY AUTHORIZED BY THE LOCAL UNION  
MEMBERSHIP VOTING AT A REGULAR OR SPECIAL CALLED MEETING; PROVIDED,  
HOWEVER, THAT DURING THE INTERIM BETWEEN MEETINGS IT SHALL BE AUTHORIZED  
TO ACT FOR THE LOCAL UNION IN CASES OF EMERGENCY, SUBJECT TO REVIEW AT  
THE NEXT REGULAR MEETING.

PART VI, LINE 8B:

THE LOCAL UNION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON  
BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

THE EXECUTIVE BOARD HAS A MANDATORY REVIEW OF FORM 990. MEMBERS ARE ABLE  
TO OBTAIN A COPY OF FORM 990 UPON REQUEST.

Name of the organization UNION 12	CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL	Employer identification number 94-3148839
--------------------------------------	--	--

PART VI, LINE 12C:

MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY:  
THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CONSTITUTION  
BY WHICH THE LOCAL UNION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE LOCAL  
UNION CAN CONTACT THE INTERNATIONAL UNION OF PAINTERS AND AFFILIATED  
TRADES (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION)  
WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, OR ANY OTHER  
DISCIPLINARY RULE, REGULATION, PRACTICE, OR PROCEDURE CONDUCTED BY AN  
OFFICER OF THE LOCAL UNION. THE U.S. DEPARTMENT OF LABOR REQUIRES ALL  
NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE  
THERE MAY BE CONFLICTS OF INTEREST. THIS INFORMATION IS OPEN TO THE  
PUBLIC.

PART VI, LINE 15B:

COMPENSATION IS DEFINED IN ARTICLE IX OF THE LOCAL UNION'S BY-LAWS.

PART VI, LINE 19:

THE WEBSITE AT WWW.DC16IUPAT.ORG HAS THE LOCAL UNION'S GOVERNING  
DOCUMENTS AND AGREEMENTS WHICH ARE AVAILABLE TO THE PUBLIC. THE LOCAL  
UNION FILES AN ANNUAL FINANCIAL REPORT (LM-2) WITH THE DEPARTMENT OF  
LABOR WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM.

PART XII, LINE 1:

THE LOCAL UNION'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON THE  
MODIFIED CASH BASIS OF ACCOUNTING. REVENUES ARE RECOGNIZED WHEN RECEIVED

Name of the organization UNION 12	CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL	Employer identification number 94-3148839
--------------------------------------	--	--

RATHER THAN WHEN EARNED, AND EXPENSES ARE RECOGNIZED WHEN CASH IS  
DISBURSED RATHER THAN WHEN THE OBLIGATION IS INCURRED.

**SCHEDULE R (Form 990)**

Department of the Treasury Internal Revenue Service

Name of the organization  
UNION 12

CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL

Employer identification number  
94-3148839

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

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DISTRICT COUNCIL NO. 16 94-0433056 2705 CONSTITUTION DR LIVERMORE, CA 94550	DIST. COUNCIL CA	CA	501 (C) (5)	N/A	N/A		X
(2) INT'L UNION OF PAINTERS & ALLIED TRADES 35-0198600 1750 NEW YORK AVE NW WASHINGTON, DC 20006	INT'L	DC	501 (C) (5)	N/A	N/A		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

**Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**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 entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	X	
<b>f</b> Dividends from related organization(s) . . . . .	X	
<b>g</b> Sale of assets to related organization(s) . . . . .	X	
<b>h</b> Purchase of assets from related organization(s) . . . . .	X	
<b>i</b> Exchange of assets with related organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**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.

(1)	(2)	(3)	(4)	(5)	(6)	(e)	(b)	(c)	(d)
						Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)	SEE PART VII						K		
(2)									
(3)									
(4)									
(5)									
(6)									

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART V, LINE 2 (1):

THE LOCAL UNION LEASES OFFICES IN SAN JOSE IN THE BUILDING THAT IS OWNED AND OPERATED BY THE LABOR TEMPLE ASSOCIATION OF SANTA CLARA COUNTY, A QUALIFIED 501(C)(5) CORPORATION OF WHICH THE LOCAL UNION OWNS 2 SHARES OUT OF TOTAL 2,508 SHARES OWNERSHIP INTEREST.

THE LOCAL UNION LEASES OFFICES IN OAKLAND IN THE BUILDING THAT IS OWNED AND OPERATED BY THE LABOR TEMPLE ASSOCIATION OF ALAMEDA COUNTY, A QUALIFIED 501(C)(5) CORPORATION OF WHICH THE LOCAL UNION OWNS 1/14TH OWNERSHIP INTEREST.

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

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions CARPET, LINOLEUM & SOFT TILE WORKERS LOCAL UNION 12	Employer identification number (EIN) or  94-3148839
	Number, street, and room or suite no. If a P O box, see instructions 2102 ALMADEN RD STE 106	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN JOSE, CA 95125-2128	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ANTHONY NUANES,

Telephone No ▶ 408 265-4911 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 \_\_\_\_ or  
 ▶  tax year beginning 07/01, 2012, and ending 06/30, 2013

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions.