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Form **990**

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.

OMB No 1545-0047 2012

Open to Public Inspection

<u>A</u>	For the	e 2012 calendar year, or tax year beginning OCT 1, 2012 and	ending S	SEP 30, 2013				
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre- chang	TEAMSTERS' ASSISTANCE PROGRAM						
	Name chang	Davis B	-	68-0048516				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Termir ated	300 PENDLETON WAY	300 PENDLETON WAY					
	Amen- return	City, town, or post office, state, and ZIP code	G Gross receipts \$)562-3600 911,964.				
	Applic	OARLAND, CA 94021		H(a) Is this a group re	eturn			
	pendii	F Name and address of principal officer WILLIAM GATTO		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No			
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)			
		te: N/A		H(c) Group exemption				
	-	organization X Corporation Trust Association Other ►	<u>L</u> Year	of formation: 1990 N	State of legal domicile: CA			
	àrit∐ प्रज	Summary						
ő		Briefly describe the organization's mission or most significant activities: PROV	TDE GO	JIDANCE AND				
Ę	9	REHABILITATION ACTIVITIES.						
ē	2	Check this box I if the organization discontinued its operations or dispo	sed of more		_			
Ĝ	13	Number of voting members of the governing body (Part VI, line 1a)		3	6			
ون دن	≥ 4 ~	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a)		4	6			
ij	200	Total number of individuals employed in calendar year 2012 (Fart V, line 2a) Total number of volunteers (estimate if necessary)		5	<u>5</u>			
Ę.	5 7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ž	i h	Net unrelated business taxable income from Form 990-T, line 34		7 <u>4</u> 7b	0.			
7	**************************************	The sum olded business taxable moonle went form ode 1, into 64		Prior Year	Current Year			
)/)/ 8	Contributions and grants (Part VIII, line 1h)	ļ	76,332.	73,665.			
nge	9	Program service revenue (Part VIII, line 2g)		618,704.	609,012.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	129,314.	118,290.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,205.	18,280.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		840,555.	819,247.			
	13	Grants and similar amounts paid Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX Con FA)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		460,537.	472,301.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ž	b	Total fundraising expenses (Part IX, column (D), line 2514	0.		- <u>-</u>			
ш	1 17	Other expenses (Part IX, column (A), lines 1-1a-1.1d, 11f-24e)	_	237,971.	243,545.			
		Total expenses Add lines 13-17 (must equal Early X, column (A) line 25)	<u> </u>	698,508.	715,846.			
. 0	19	Revenue less expenses Subtract line 18 from line 12		142,047.	103,401.			
ts of	2		Be	ginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)	<u> </u>	2,808,373.	2,877,969.			
Net Assets or Euril Balances	21	Total liabilities (Part X, line 26)	-	34,636.	36,213.			
	<u>22</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,773,737.	2,841,756.			
		lities of perjury, I declare that I have examined this return, including accompanying schedule	se and etator	pents, and to the best of m	v knowledge and belief it is			
		it, and complete. Declaration of preparer Lother than officer) is based on all information of w			y knowledge and belief, it is			
uuc	, 001100	t, and complete. Becaution of prepared joint than officery is based on all information of w	men prepare	1 flas arry knowledge.	1,1			
Sig	ın	Signature of officer		Date //	77			
He		WILLIAM GAITO, EXECUTIVE DIRECTOR		' 1				
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature 77	1	Date, Check	PTIN			
Par	ď	JESSICA R. ROSTER July K. /A	et	4 14 20 14 self-employe	P01317380			
	parer	Firm's name LINDQUIST LLP		Firm's EIN	52-2385296			
	Only	Firm's address 5000 EXECUTIVE PARKWAY, SUITE 4	00					
	•	SAN RAMON, CA 94583-4210		Phone no. 9	25-277-9100			
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form	990 (2042) TEAMSTERS' ASSISTANCE PROGRAM	68-0048516	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
•	TO PROVIDE GUIDANCE AND REHABILITATION COUNSELING TO EL:	IGTBLE	
	PARTICIPANTS FOR ALCOHOL AND DRUG DEPENDENCY.		
	FIRST COLUMN TO CONTROL TELD DICO DEL EMBERCI :		
2	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	v.	s X No
	If "Yes," describe these new services on Schedule O		5 LAL 140
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
3		T 6	es LAJNO
	If "Yes," describe these changes on Schedule O	b	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	irs, the total expense	s, and
	revenue, if any, for each program service reported.	625	202
4a	(Code) (Expenses \$ 546,500 · including grants of \$) (Reveni		<u>,292.</u>)
	FOSTERED THE GROWTH OF TEAMSTERS AND THEIR FAMILY MEMBER		ERY
	FROM CHEMICAL DEPENDENCE BY PROVIDING GROUP SESSIONS, R	EFERRAL	
	SERVICES, AND INFORMATIONAL PROGRAMS.		
			
			
4b	(Code) (Expenses \$) (Reven	ue \$)
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			,
		<u>-</u>	
			
— <u> </u>	Other program services (Describe in Schedule O)		
4d		1	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 546,500.		
<u>4e</u>	I Otal program salvice expenses P SEU, JOV.	Forr	n 990 (2012)

		<u>0048516</u>	P	<u>age 3</u>
Par	t 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)?		į l	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	<u></u>	_X_
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		
	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments	, or		}
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	. to		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	Part I 6		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? If "Yes," complete Schedule D, Part II	7		X_
8	$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, or other similar assets? \textit{If "Yes," complete organization maintain collections of works of art, historical treasures, and the same art of the same are the same art of the same are t$			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	or		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services	?		
	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perm	anent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or	or X		1
	as applicable		1	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	∌ D,		
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	<u>_x</u>
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
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	<u>11e</u>	<u> </u>	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busine	l l		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,	000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١
	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 individual to the state of the sta			٠,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lir		,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├ ─
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		77	
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

Form **990** (2012)

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

	choolant of hequitor contents (continued)			
	Did the construction and the off 000 of construction did the construction of the original did to the origi		Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		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			
а	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b		28b		X
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	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			
	Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	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?			_ <u></u> _
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	

68-0048516 TEAMSTERS' ASSISTANCE PROGRAM Page 5 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 10 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 Х 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 Х 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X 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?

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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?

Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

Did the organization make a distribution to a donor, donor advisor, or related person?

Section 501(c)(7) organizations. Enter 10

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

9a 9b 10a 10b 11a 11b 12a 1<u>3a</u> 13b 13c X 14a Form 990 (2012)

7f

7g

7h

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Form 990 (2012) TEAMSTERS' ASSISTANCE PROGRAM 68 - 0 0 4 8 5 1 6 Page 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 C) See i	nstructions								
	Check of Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management	_			_						
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5							
	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 0.				l ,						
b	Enter the number of voting members included in line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	1							
	officer, director, trustee, or key employee?	·	•	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		X					
4											
5											
6	Did the organization have members or stockholders?			6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or								
	more members of the governing body?	-(- (· · · ·		7a		X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
-	persons other than the governing body?	0100111	0.00.0, 0.	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar hy th	ae following:	7.0	·						
-	The governing body?	sai by ti	ic lollowing.	00	X						
a				8a 8b	X	 					
ь	Each committee with authority to act on behalf of the governing body?	achad	at tha	OD	Α.						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the	9		x					
500	tion B. Policies (This Section B requests information about policies not required by the Internal F	20100011	o Codo)	1 9	-						
360	tion B. Policies (This Section B requests information about policies not required by the internal F	revenu	e Code)		V	NI-					
40-	Did the averagetion have legal charters by anchor averafiliates?			40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?		o offiliatos	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and because to account the description of the control of the contro	chapter	s, annates,	10b	1						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe		٠,,						
	ın Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X	-					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7									
	The organization's CEO, Executive Director, or top management official			15a	X	 					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a								
	taxable entity during the year?			_16a	<u> </u>	X					
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	on's								
	exempt status with respect to such arrangements?			16b	L	<u> </u>					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			-							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	ole						
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
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	O State the name, physical address, and telephone number of the person who possesses the books and records of the organization										
	WILLIAM GAITO - 510-562-3600										
	300 PENDLETON WAY, OAKLAND, CA 94621										
23200 12-10	3			Form	990	(2012)					

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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUGLAS CORNFORD	1.00									
DIRECTOR		X	ļ					0.	0.	0
(2) JOSEPH SILVA, JR.	1.00									_
DIRECTOR		X						0.	0.	0
(3) DAN MURRAY	1.00	1								
DIRECTOR - PAST		X			_			0.	0.	0
(4) ANTONIO CHRISTIAN	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0
(5) LARRY DAUGHERTY	1.00									
DIRECTOR		X						0.	0.	0
(6) DAN BOARDMAN	1.00									
DIRECTOR		X	<u> </u>					0.	0.	0
(7) SCOTT PERRINE	1.00									
DIRECTOR		X	<u></u>		_			0.	0.	0
(8) WILLIAM GAITO	24.00									
EXECUTIVE DIRECTOR		<u> </u>		Х				113,940.	0.	30,296
		L							·	
		1	1							
		_			ļ					
		L								
		1	1		ļ					
		L								
]								
]								
			L			<u>L</u> _				
		1	}							
						T				
		1								

	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee			i than d is boti	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fror orgar and	n the nization related izations
								_					
			-									<u>-</u>	
	Sub-total Total from continuation sheets to Part V	II Section A	1			<u> </u>			113,940.		0.	30	,296. 0.
	Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed al	bove	e) wh	10 r	113,940.	,000 of reportabl	0.	30	,296.
	compensation from the organization										r	Ý	es No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	such individual			•	·	•			, .		3	х
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	60,000 <i>? If "Yes,</i>	" co	mple	ete S	Sche	edule) J f	for such individual	_		4	X
	rendered to the organization? If "Yes," cortion B. Independent Contractors											5	<u> </u>
1	Complete this table for your five highest compensation Report compensation for	•									pens		m
	(A) Name and business address NONE (B) Description of services Cor										(C) compens	ation	
				_			_					_	
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li	stec	d above) who received m	nore than			
		· 										Form 9	90 (2012)

Form 990 (2012) TEAMSTE.
Part VIII Statement of Revenue

		Chack if Schedule O cont	aine a ropponeo	to any augetion i	a this Bort VIII			
		Check if Schedule O conta	ains a response	to any question in	(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	b c d e	Fundraising events		73,665.				
t t	•	similar amounts not included above	1 1					
d d	g	Noncash contributions included in lines	1a-1f \$					
<u>۾ ٽ</u>	<u>h</u>	Total. Add lines 1a-1f			73,665.			
Program Service Revenue	2 a b	PARTICIPATING T	RUST FU	Business Code 900099	609,012.	609,012.		
en Se	С							
Rev	d							
00.	е	• • • • • • • • • • • • • • • • • • • •						
-	f	All other program service reve Total. Add lines 2a-2f	nue		609,012.			
	<u></u> 9_	Investment income (including	dividends inter	est and	003,012.			
	Ŭ	other similar amounts)	aividorido, inter	>	116,637.			116,637.
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
	5	Royalties		>				
			(ı) Real	(ii) Personal				
	6 a			ļ				
	b	•		-				
		Rental income or (loss) Net rental income or (loss)	<u></u>					
		Gross amount from sales of	(i) Securities	(II) Other				
	, ,	assets other than inventory	55,000.	(ii) Oti ioi				
	b	Less cost or other basis	7 7 3 3 3 3					
		and sales expenses	53,347.					
	С	Gain or (loss)	1,653.					
		Net gain or (loss)		>	1,653.			1,653.
Other Revenue	8 a		65. of					
Re		contributions reported on line	•	28,390.				
her	h	Part IV, line 18 Less. direct expenses	a b					
δ		Net income or (loss) from fund		▶	0.			
		Gross income from gaming ac	-					
		Part IV, line 19	а					
		Less direct expenses	b	10,980.				
		Net income or (loss) from gam	-	•	18,280.	18,280.		
	10 a	Gross sales of inventory, less						
	h	and allowances Less cost of goods sold	a b					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b						·= 	
	С							
	d	All other revenue						-
		Total. Add lines 11a-11d			819,247.	627,292.	0	118,290.
23200 12-10	9	Total revenue. See instructions.	<u> </u>		<u></u>	1 041,434.		Form 990 (2012)

Part IX Statement of Functional Expenses

Check if Schedule O contains a respons On not include amounts reported on lines 6b, Ib, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1 Grants and other assistance to governments and		expenses	general expenses	expenses
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				
4 Benefits paid to or for members				·
5 Compensation of current officers, directors,		1		
trustees, and key employees	148,440.	95,001.	53,439.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	201,050.	178,690.	22,360.	
Pension plan accruals and contributions (include			4 6 5 =	
section 401(k) and 403(b) employer contributions)	30,908.	26,041.	4,867.	
9 Other employee benefits	66,669.	55,639.	11,030.	
0 Payroll taxes	25,234.	20,123.	5,111.	
1 Fees for services (non-employees):				
a Management	0.000		0.000	
b Legal	9,889.		9,889.	····
c Accounting	28,430.		28,430.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,815.		10,815.	
f Investment management fees	10,015.		10,615.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,100.	21,100.		
	927.	927.		· · · · · · · · · · · · · · · · · · ·
2 Advertising and promotion 3 Office expenses	17,371.	13,320.	4,051.	
4 Information technology	5,246.	4,721.	525.	
5 Royalties	3,240.	Ξ, / ΔΙ •	343.	
6 Occupancy	88,249.	79,424.	8,825.	
7 Travel	7,622.	5,503.	2,119.	
8 Payments of travel or entertainment expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,3331		
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	2,035.	1,879.	156.	
0 Interest				
1 Payments to affiliates				
Depreciation, depletion, and amortization	5,762.	5,186.	576.	
3 Insurance	14,795.	8,508.	6,287.	
4 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 0.)				
a AFTER CARE EXP	12,112.	12,112.		
b MEMBER EVENT	8,607.	8,607.		
c SMALL EQUIPMENT	7,991.	7,192.	799.	···
d DONATIONS	2,100.	2,100.	0.	
e All other expenses	494.	427.	67.	
5 Total functional expenses Add lines 1 through 24e	715,846.	546,500.	169,346.	0
6 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)				

Part X	Balance Sheet

rart /	^	Check if Schedule O contains a response to an	v augetien in 4	nue Bort V			
		Check if Schedule O contains a response to an	y question in ti	iis Part X	(A)		(B)
					Beginning of year		End of year
1	1	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments			516,906.	2	266,913
3	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net		33,730.	4	30,457	
5	5	Loans and other receivables from current and for	directors,				
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
Ι 6	6	Loans and other receivables from other disquali	fied persons (a	as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
_ω		employees' beneficiary organizations (see instr)	Complete Par	rt II of Sch L		6	
Assets	7	Notes and loans receivable, net		_		7	
ફ ફ		Inventories for sale or use			8		
9		Prepaid expenses and deferred charges	1 1		10,309.	9	7,916
10	Оа	Land, buildings, and equipment cost or other				1	
		basis Complete Part VI of Schedule D	10a	186,097.			
		Less accumulated depreciation	10b	165,222.	26,637.	10c	20,875 2,542,009
11		Investments - publicly traded securities	_	2,209,472.	11	2,542,009	
12		Investments - other securities See Part IV, line	L		12		
13		Investments - program-related See Part IV, line		13			
14		Intangible assets	_	· · · · · · · · · · · · · · · · · · ·	14		
15		Other assets See Part IV, line 11		<u> </u>	11,319.	15	9,799
16		Total assets. Add lines 1 through 15 (must equ	2,808,373.	16	2,877,969		
17		Accounts payable and accrued expenses	34,636.	17	36,213		
18		Grants payable	-		18		
19		Deferred revenue	-		19		
20		Tax-exempt bond liabilities	D			20	
21 22 22 22 22 22 22 22 22 22 22 22 22 2		Escrow or custodial account liability Complete I		F		21	
22		Loans and other payables to current and former key employees, highest compensated employees					
<u> </u>		Complete Part II of Schedule L	es, and disqua	lined persons			
23		Secured mortgages and notes payable to unrela	stad third parti	-		22	
24		Unsecured notes and loans payable to unrelated	•	es		23	
25		Other liabilities (including federal income tax, pa	-	ed third		24	
-		parties, and other liabilities not included on lines					
		Schedule D	, 1, 21, comp	note i dit X oi		25	
26		Total liabilities. Add lines 17 through 25		<u> </u>	34,636.	26	36,213
		Organizations that follow SFAS 117 (ASC 958) check here	▶ X and	31,030.	20	
y		complete lines 27 through 29, and lines 33 an	• •				
ğ ₂₇		Unrestricted net assets			2,773,737.	27	2,841,756
<u>5</u> 28		Temporarily restricted net assets			21.707.374	28	2/041/130
D 29		Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (A	SC 958), ched	k here			
		and complete lines 30 through 34.					
g 30		Capital stock or trust principal, or current funds				30	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Paid-in or capital surplus, or land, building, or eq	upment fund	<u> </u>		31	
ទី 32		Retained earnings, endowment, accumulated in		r funds		32	
ž 33		Total net assets or fund balances	•		2,773,737.	33	2,841,756.
	1	Total liabilities and net assets/fund balances			2,808,373.	34	2,877,969.

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

232012 12-10-12 3h

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Name of the organization Employer identification number TEAMSTERS' ASSISTANCE PROGRAM 68-0048516 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III · Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the in col (i) listed in your organization in col. (described on lines 1-9 organization support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	59,291.	60,361.	65,213.	76,332.	73,665.	334,862.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf			'			
3	The value of services or facilities						
	furnished by a governmental unit to			l			
	the organization without charge						
4	Total. Add lines 1 through 3	59,291.	60,361.	65,213.	76,332.	73,665.	334,862.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						334,862.
Sec	ction B. Total Support		·		,		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	59,291.	60,361.	65,213.	76,332.	73,665.	334,862.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	48,201.	31,984.	39,629.	118,218.	116,637.	354,669.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	_				_	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	16,239.	17,796.	16,972.	16,205.	18,280.	85,492.
11	Total support. Add lines 7 through 10						775,023.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,201,570.
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage	,			,
14	Public support percentage for 2012 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	43.21 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	46.24 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	ı line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies		-				$\triangleright [x]$
t	33 1/3% support test - 2011. If the o	organization did no	t check a box on I	ne 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	- · · · -				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orgai	nization
	meets the "facts-and-circumstances"	•	*		-		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						. —
	organization meets the "facts-and-circ		=				
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17t</u>	b, check this box a	ind see instruction	ns 🕨 🔛

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	10 17, produce 00111	proto r dre ir j			·	-
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	· · · · · · · · · · · · · · · · · · ·					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>	1	
14 First five years. If the Form 990 is for	the organization	's fırst, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2012 (li	ne 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inves	tment Incon	ne Percentage				
17 Investment income percentage for 20	12 (line 10c, colu	mn (f) dıvıded by lı	ne 13, column (f))		17	%
18 Investment income percentage from 2	011 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	d stop here. Th	e organization qua	lifies as a publicly	supported organi	zation	ightharpoons
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, check	organization did	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	. [
20 Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	TEAMSTERS' ASSISTANCE PROGRAM	68-0048516
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	, 1110 1
•		lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	
þ	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	□v _{aa} □v _a
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	·
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year again appear various assembly appearance of expenses 170/b/4//	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l) and section 170(h)(4)(B)(ii)?	Yes No
^	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements	gamzation 3 accounting for
Par	t 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	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	, ,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	· ·
	relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	► \$ ► \$
~		

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Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012

Part VII Investments - Other Securities.	<u>' ASSISTANCE PR</u> See Form 990, Part X, line 12		68-0048516 Page
(a) Description of security or category (including name of security			ost or end-of-year market value
Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
()			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12)	,		
Part VIII Investments - Program Related			·
(a) Description of investment type	(b) Book value	(c) Method of valuation. C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)			
(8)			
(9)			
(10)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u></u>	
Part IX Other Assets. See Form 990, Part X,			(b) Dook value
(4)	(a) Description		(b) Book value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)	·	 	
<u>(5)</u>			
(G)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) (10)	3) line 15)		
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (E)	3) line 15) t X, line 25		>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part	t X, line 25	(b) Book value	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2)	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3)	t X, line 25	(b) Book value	
(7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	t X, line 25	(b) Book value	>
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	t X, line 25	(b) Book value	
(7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	t X, line 25	(b) Book value	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	t X, line 25	(b) Book value	

232053 12-10-12

TEAMSTERS' ASSISTANCE PROGRAM Schedule D (Form 990) 2012 68-0048516 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 812,420. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 -35,382Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 39,370. Other (Describe in Part XIII) 2d Add lines 2a through 2d 3,988. 2e 808,432. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. 10,815. Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4b c Add lines 4a and 4b 10,815. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 819,247. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 744,401. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities Prior year adjustments 2b c Other losses 2c 39.370. d Other (Describe in Part XIII) 2d 39,370. Add lines 2a through 2d 705,031. Subtract line 2e from line 1 3 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 10,815. 4a Other (Describe in Part XIII) 4h c Add lines 4a and 4b 10,815. 4c

Part XIII Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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 PART X, LINE 2: MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND HAS CONCLUDED THAT, AS OF SEPTEMBER 30, 2013, THERE ARE

NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE

RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS;

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR THE YEARS PRIOR TO SEPTEMBER 30, 2010.

Schedule D (Form 990) 2012

715,846.

5

Schedule D (Form 990) 2012 Part XIII Supplemental Inf	TEAMSTERS' A	SSISTANCE PRO	OGRAM	68-0048516 Page 5
Part XIII Supplemental Inf	ormation (continued)			
	000000 1 n Turamy			
PART XI, LINE 2D -	OTHER ADJUSTM	ENTS:		
SPECIAL EVENT EXPE	NSES			
				
PART XII, LINE 2D	- OTHER ADJUST	MENTS:		
SPECIAL EVENT EXPE	NSES			
		<u> </u>		
				
				
			·····	
	· · · · · · · · · · · · · · · · · · ·			
				
			_	

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number TEAMSTERS' ASSISTANCE PROGRAM 68-0048516 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e L Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (III) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of or entity (fundraiser) from activity fundraiser organization listed in col (i) contributions' Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

232081 01-07-13

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

** SEE PART IV FOR COMPLETE EXPLANATIONS

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 TEAMSTERS ASSISTANCE PROGRAM	8-0048516 Page 3
11 Does the organization operate gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	;
Name ► WILLIAM GAITO	
Address ► 300 PENDLETON WAY - OAKLAND, CA 94621	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address ▶	
16 Gaming manager information.	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$ 26,334.	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	
SCHEDULE G, PART III, LINE 10B, EXPLANATION:	
UNDER CALIFORNIA STATE LAW (PENAL CODE SECTION 320.5), THE	
ORGANIZATION IS REQUIRED TO USE AT LEAST 90% OF ITS GROSS REC	CEIPTS FROM
THE SALE OF THE RAFFLE TICKETS FOR ITS BENEFICIAL PURPOSE; OF	R TO BE
GIVEN TO ANOTHER ELIGIBLE ORGANIZATION FOR ITS CHARITABLE OR	BENEFICIAL
PURPOSE. THE ORGANIZATION USED 100% OF ITS GROSS RECIEPTS FRO	OM THE SALE
OF THE RAFFLE TICKETS FOR ITS OWN BENEFICIAL PURPOSE WITHIN T	
OF CALIFORNIA. ALSO, THE ORGANIZATION HAS COMPLIED WITH THE OSTATE LAW (PENAL CODE SECTION 320.5) RESTRICTIONS IMPOSED TO	
	(Form 990 or 990-EZ) 2012
232083 01-07-13 Schedule G	. ,. J 000 01 000-LL/2012

Schedule C	G (Form 990 or 990-EZ) 2012 TEAMSTERS ' Supplemental Information (continued)	ASSISTANCE PROGRAM	68-0048516 Page 4
Part IV	Supplemental Information (continued)		
CHARIT	TABLE RAFFLES.		
-			
_		u 150 ;	
			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization Employer identification number TEAMSTERS' ASSISTANCE PROGRAM 68-0048516 FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PRESENTED AT THE BOARD OF DIRECTORS MEETING OR MAILED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE ORGANIZATION'S BOARD OF DIRECTORS IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. INVOLVED WITH TRANSACTIONS WITH PARTIES WHOM A CONFLICTING INTEREST EXISTS ARE EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION. THIS PROCESS WAS LAST DONE IN 2013. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS ASSUMES OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED.

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDINGS LEASEHOLD LIMPROVEMENTS	050196		000.	16	.060,75			57,090.	57,090.		0
	k AND	033010		0000	16	57,090.		0	57,090.	57,090.		1,400.
(*)	3COMPUTER HARDWARE	033010		000.	16	36,306.			36,306.	18,914.		3,786.
7	4 COMPUTER SOFTWARE	033010		000.	16	60,566.		_	.995,09	52,692.		576.
	MACHINERY & EQUIPM					129,007.		0	129,007.	102,370.	0	5,762.
	- GRAND TOTAL 330 PAGE 10 DEPR					186,097.	-	0	186,097.	159,460.	0	5,762.
											_	
							<u></u>					
							, .					
228102 05-01-12			1) <u>ê</u>	(D) - Asset disposed	1	TI *	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Comr	nercial Revitalı	zation Deductior

Form **8868**• (Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension If you are filing for an Additional (Not Automatic) 3- Do not complete Part II unless you have already been electronic filing (e-file). You can electronically file Form equired to file Form 990-T), or an additional (not automosf time to file any of the forms listed in Part I or Part II we personal Benefit Contracts, which must be sent to the visit www.irs goviefile and click on e-file for Chanties & Automatic 3-Month Extension A corporation required to file Form 990-T and requestin Part I only All other corporations (including 1120-C filers), partners to file Income tax returns.	Month Extension, congranted an automation 8868 if you need a atic) 3-month extension of IRS in paper format (Nonprofits. of Time. Only sog an automatic 6-mo	promplete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Part II (on page 2 of the complete only Page 2 of the complete	y filed For e to file (6 e Form 88 ransfers An the electeded).	months for a 68 to reques ssociated Wi tronic filing of	t an extension ith Certain
Type or Name of exempt organization or other filer, print	see instructions.		Employer	Identification	number (EIN) or
TEAMSTERS' ASSISTANCE	PROGRAM			68-004	8516
Number, street, and room or suite no. If a Fining your 300 PENDLETON WAY	P.O. box, see instruct		Social sec	curity number	
City, town or post office, state, and ZIP coordinates OAKLAND, CA 94621 Enter the Return code for the return that this application					01
Application	Return	Application			Return
ls For	Code	Is For			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) WILLIAM G.	7 TTO	Form 8870			12
The books are in the care of ► 300 PENDL. Telephone No. ► 510-562-3600 If the organization does not have an office or place If this is for a Group Return, enter the organization's box ►	ETON WAY, (of business in the Un four digit Group Exe fox Improve and atta corporation required the exempt organiza	FAX No. inted States, check this box emption Number (GEN)	f this is for f all memb until	ers the exten	sion is for.
3a If this application is for Form 990-BL, 990-PF, 99 nonrefundable credits. See instructions.		<u> </u>	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 472 estimated tax payments made, include any prior			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Incit			35		`
by using EFTPS (Electronic Federal Tax Paymen			3c	\$	_ 0,
Caution. If you are going to make an electronic fund w LHA For Privacy Act and Paperwork Reduction A	ithdrawal with this F	orm 8868, see Form 8453-EO and F	orm 8879-		