See a Social Security Number? Say Something!
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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TEAMSTERS ALL CHARITIES FUND

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
250 EXECUTIVE PARK BLVD NO 3100

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94134

D Employer identification number
94-3039754

E Telephone number
(415) 467-7768

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 193,130

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	71,928
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	101
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 71,928 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	121,101	
	c	Less direct expenses from gaming and fundraising events	6c	121,101	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	72,029
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	117,343
	11	Benefits paid to or for members		11	2,250
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2,950
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	592
	17	**Total expenses.** Add lines 10 through 16 ▶		17	123,135
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-51,106
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	136,083
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	84,977

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	136,083	22	84,977
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	136,083	25	84,977
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	136,083	27	84,977

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO SOLICIT FUNDS AND HOLD FUNDRAISERS WITH THE PURPOSE OF MAKING CHARITABLE DONATIONS

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

28	SOLICITED FUNDS AND CARRIED ON FUNDRAISING EVENTS WITH THE PURPOSE OF MAKING CHARITABLE DONATIONS (Grants $ 0) If this amount includes foreign grants, check here . . . ☐	28a	0
29	(Grants $) If this amount includes foreign grants, check here . . . ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROME ALOISE EXECUTIVE BOARD	0 10	0	0	0
CARLOS BORBA EXECUTIVE BOARD	0 10	0	0	0
DAVID HAWLEY EXECUTIVE BOARD	0 10	0	0	0
MARK GLEASON EXECUTIVE BOARD	0 10	0	0	0
MARIA ASHLEY ALVARADO EXECUTIVE BOARD	0 10	0	0	0
PETER FINN EXECUTIVE BOARD	0 10	0	0	0
PETER NUNEZ EXECUTIVE BOARD	0 10	0	0	0
DARRELL PRATT EXECUTIVE BOARD - PAST	0 80	0	0	0
SAM ROSAS EXECUTIVE BOARD-PAST	0 10	0	0	0
ROBERT MORALES EXECUTIVE BOARD-PAST	0 10	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ CA

42a The organization's books are in care of ▶ DAVID HAWLEY Telephone no ▶ (415) 467-7768

Located at ▶ 250 EXECUTIVE PARK BLVD STE 3100 SAN FRANCISCO, CA ZIP + 4 ▶ 94134

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here

****** — Signature of officer — 2016-05-19 — Date

DAVID HAWLEY EXECUTIVE BD — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA R ROSTER				P01317380
Firm's name ▶ LINDQUIST LLP			Firm's EIN ▶ 52-2385296	
Firm's address ▶ 5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583			Phone no (925) 277-9100	

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

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TY 2015 Transfers Personal Benefits Contracts Declaration

Name: TEAMSTERS ALL CHARITIES FUND

EIN: 94-3039754

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
TEAMSTERS ALL CHARITIES FUND

Employer identification number
94-3039754

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	71,424	62,602	75,783	54,607	71,928	336,344
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						
4 Tax revenues levied for the organization'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	71,424	62,602	75,783	54,607	71,928	336,344
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						336,344

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	71,424	62,602	75,783	54,607	71,928	336,344
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	410	254	151	101	101	1,017
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	410	254	151	101	101	1,017
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 VI)			8,301	14,505		22,806
13 **Total support.** (Add lines 9, 10c, 11, and 12)	71,834	62,856	84,235	69,213	72,029	360,167

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	93 390 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	95 750 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 280 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 260 %

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492140003296

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
TEAMSTERS ALL CHARITIES FUND

Employer identification number
94-3039754

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	193,029			193,029
	2 Less Contributions	71,928			71,928
	3 Gross income (line 1 minus line 2)	121,101			121,101
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	20,000			20,000
	6 Rent/facility costs	76,450			76,450
	7 Food and beverages	21,310			21,310
	8 Entertainment				
	9 Other direct expenses	3,341			3,341
	10 Direct expense summary Add lines 4 through 9 in column (d)				121,101
	11 Net income summary Subtract line 10 from line 3, column (d)				0

Part III Gaming.
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ 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 ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount 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? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492140003296

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
TEAMSTERS ALL CHARITIES FUND	94-3039754

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 101
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME ALLIANCE OF CALIFORNIANS FOR COMMUNITY GRANTEE ADDRESS 3655 S GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007 GRANTEE RELATIONSH IP NONE DATE OF GIFT 09/14/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME AMERICAN CANCER SOCIETY GRANTEE ADDRESS P O BOX 8834 SAN FRANCISCO, CA 94188 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/23/1 5 AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME APHASIA CENTER OF CALIFORNIA GRANTEE AD DRESS 3996 LYMAN ROAD OAKLAND, CA 94602 GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/09/ 15 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME BLUEGREEN ALLIANCE FOUNDATION GRANTEE A DDRESS 1300 GODWARD STREET, N E, #2625 MINNEAPOLIS, MN 55413 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/23/15 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME CALIFORNIA TEAMSTERS HISPANIC CAUCUS GR ANTEE ADDRESS 4666 MISSION GORGE PLACE SAN DIEGO, CA 92120 GRANTEE RELATIONSHIP NONE D ATE OF GIFT 06/23/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME CATHOLIC SAN FRANCISCO GRANTEE ADDRESS ONE PETER YORKE WAY SAN FRANCISCO, CA 94109 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06 /04/15 AMOUNT GIVEN 364
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME CESAR CHAVEZ HOLIDAY BREAKFAST GRANTEE ADDRESS 2929 19TH STREET SAN FRANCISCO, CA 94110 GRANTEE RELATIONSHIP NONE DATE OF GIF T 03/24/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME CORO NORTHERN CALIFORNIA GRANTEE ADDRES S 601 MONTGOMERY STREET, SUITE 800 SAN FRANCISCO, CA 94111 GRANTEE RELATIONSHIP NONE D ATE OF GIFT 02/26/15 AMOUNT GIVEN 360
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME EAST BAY AIDS ADVOCACY FOUNDATION GRANT EE ADDRESS 130 CLAY STREET, SUITE 1015 OAKLAND, CA 94612 GRANTEE RELATIONSHIP NONE DAT E OF GIFT 12/18/15 AMOUNT GIVEN 2,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME EBASE GRANTEE ADDRESS 1814 FRANKLIN ST REET, #325 OAKLAND, CA 94612 GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/09/15 AMOUNT G IVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME EMMANUEL BAPTIST CHURCH GRANTEE ADDRESS 467 NORTH WHITE ROAD SAN JOSE, CA 95127 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01 /15 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME FAMILIES HELPING FAMILIES GRANTEE ADDRE SS 3101 BUSCH DRIVE FAIRFIELD, CA 94534 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/04/ 15 AMOUNT GIVEN 150
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME FATHERS & FAMILIES GRANTEE ADDRESS 338 E MARKET STREET STOCKTON, CA 95203 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/04/15 AMOUNT GIVEN 169
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME FOOD CHAIN WORKERS ALLIANCE GRANTEE ADD RESS 1730 W OLYMPIC BLVD , #300 LOS ANGELES, CA 90015 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/29/15 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME GLIDE MEMORIAL GRANTEE ADDRESS 330 ELL IS STREET SAN FRANCISCO, CA 94102 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/21/15 AMO UNT GIVEN 2,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME GOOD NEWS RESCUE MISSION GRANTEE ADDRES S 2842 SOUTH MARKET STREET REDDING, CA 96001 GRANTEE RELATIONSHIP NONE DATE OF GIFT 1 0/21/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME HERMANDAD MEXICANA NACIONAL GRANTEE ADD RESS 11559 SHERMAN WAY NORTH HOLLYWOOD, CA 91605 GRANTEE RELATIONSHIP NONE DATE OF GIF T 05/18/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME HOPE HOSPICE GRANTEE ADDRESS 6377 CLAR K AVENUE, SUITE 100 DUBLIN, CA 94588 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/21/15 AMOUNT GIVEN 350
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME INSTITUTO LABORAL AWARDS DINNER GRANTEE ADDRESS 2947 - 16TH STREET SAN FRANCISCO, CA 94103 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/29/15 AMOUNT GIVEN 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND GRANTEE ADDRESS 25 LOUISANA AVENUE, N W WASHINGTON, DC 20001 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/22/15 AMOUNT GIVEN 8,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME JC 42 CHARITY GRANTEE ADDRESS 981 CORP ORATE CENTER DR , SUITE 200 POMONA, CA 91768 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09 /23/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME JOHN BURTON FOUNDATION GRANTEE ADDRESS 39 MESA STREET, SUITE 205 SAN FRANCISCO, CA 94129 GRANTEE RELATIONSHIP NONE DATE OF GI FT 08/20/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME LAANE GRANTEE ADDRESS 464 LUCAS AVENUE , SUITE 202 LOS ANGELES, CA 90017 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01/15 AMO UNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME LABOR ARCHIVES & RESEARCH CENTER, SFSU GRANTEE ADDRESS 1630 HOLLOWAY AVENUE, ROOM 460 SAN FRANCISCO, CA 94132 GRANTEE RELATIONS HIP NONE DATE OF GIFT 12/29/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME LABOR PROJECT FOR WORKING FAMILIES GRAN TEE ADDRESS 2521 CHANNING WAY #5555 BERKELEY, CA 94720 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/20/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME LEUKEMIA & LYMPHOMA SOCIETY GRANTEE ADD RESS 221 MAIN STREET, SUITE 1650 SAN FRANCISCO, CA 94105 GRANTEE RELATIONSHIP NONE DAT E OF GIFT 04/29/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME MISSION SOLANO GRANTEE ADDRESS P O BO X 8 FAIRFIELD, CA 94533 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/29/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME MOVEMENT STRATEGY CENTER GRANTEE ADDRES S 570 14TH STREET, #6 OAKLAND, CA 94612 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/23/ 15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME NORTH BAY JOBS WITH JUSTICE GRANTEE ADD
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	RESS P O BOX 427 SANTA ROSA, CA 95402 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/20/1 5 AMOUNT GIVEN 4,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME ONE VET ONE VOICE GRANTEE ADDRESS 1728 OCEAN AVENUE, SUITE 369 SAN FRANCISCO, CA 94112 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/21/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME PEGGY BROWNING FUND GRANTEE ADDRESS 15 28 WALNUT STREET, SUITE 1904 PHILADELPHIA, PA 19102 GRANTEE RELATIONSHIP NONE DATE OF G IFT 01/02/15 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME ROSIE THE RIVETER TRUST GRANTEE ADDRESS P O BOX 71126 RICHMOND, CA 94807 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01/15 A MOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME S F LIVING WAGE COALITION GRANTEE ADDR ESS 2940 - 16TH STREET, #301 SAN FRANCISCO, CA 94103 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/23/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SAN JOAQUIN-CALAVERAS CO, CLC GRANTEE A DDRESS 115 N SUTTER STREET, SUITE 200 STOCKTON, CA 95202 GRANTEE RELATIONSHIP NONE DA TE OF GIFT 08/19/15 AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SHOOT FOR A CURE GRANTEE ADDRESS 2100 MERCED STREET, SUITE B SAN LEANDRO, CA 94577 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08 /20/15 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SOCIETY OF ST VINCENT DE PAUL GRANTEE ADDRESS 50 NORTH B STREET SAN MATEO, CA 94401 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/23/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME ST JUDE CHILDREN'S HOSPITAL GRANTEE AD DRESS 501 ST JUDE PLACE MEMPHIS, TN 38105 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/ 01/15 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SUSAN G KOMAN RACE FOR A CURE GRANTEE ADDRESS P O BOX 650309 DALLAS, TX 75265 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/09 /15 AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TAP GRANTEE ADDRESS 300 PENDLETON WAY OAKLAND, CA 94621 GRANTEE RELATIONSHIP NONE DATE OF GIFT 02/26/15 AMOUNT GIVEN 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TARP GRANTEE ADDRESS 1620 NO CARPENTER ROAD, SUITE C12 MODESTO, CA 95351 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/02/15 AMOUNT GIVEN 40,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TEAMSTER HORSEMEN CH 42 GRANTEE ADDRES S 14766 COBALT STREET SYLMAR, CA 91342 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01/1 5 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TEAMSTERS JOINT COUNCIL 42 CHARITY FUND GRANTEE ADDRESS 981 CORPORATE CENTER DRIVE, SUITE 200 POMONA, CA 91768 GRANTEE RELATION SHIP NONE DATE OF GIFT 12/29/15 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TEAMSTERS LGBT CAUCUS GRANTEE ADDRESS P O BOX 58812 SEATTLE, WA 98138 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/17/15 AMOU NT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TEAMSTERS LOCAL 174 GRANTEE ADDRESS 14 675 INTERURBAN AVENUE S, SUITE 303 TUKWILA, WA 98168 GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/24/15 AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TEAMSTERS LOCAL 299 COMMUNITY SERVICES GRANTEE ADDRESS 2741 TRUMBULL AVENUE DETROIT, MI 48216 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/04/15 AMOUNT GIVEN 300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME THE AMERICAN FRIENDS -YITZHAK RABIN CNTR GRANTEE ADDRESS 36-12 34TH AVENUE, 4TH FLOOR ASTORIA, NY 11106 GRANTEE RELATIONSHIP N ONE DATE OF GIFT 05/19/15 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME THE COMMUNITY WATER CENTER GRANTEE ADDR ESS 311 W MURRAY AVENUE VISALIA, CA 93291 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/ 30/15 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME THE DOLORES HUERTA FOUNDATION GRANTEE A DDRESS P O BOX 2087 BAKERSFIELD, CA 93303 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/ 09/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME THE SALVATION ARMY GRANTEE ADDRESS P O BOX 193465 SAN FRANCISCO, CA 94119 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/23/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TODOS UNIDOS GRANTEE ADDRESS 3001 KODI AK STREET, SUITE 129 ANTIOCH, CA 94531 GRANTEE RELATIONSHIP NONE DATE OF GIFT 02/18/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME TRADESWOMEN INC GRANTEE ADDRESS 1433 WEBSTER STREET, #100 OAKLAND, CA 94612 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/20/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME UNITED FARM WORKERS GRANTEE ADDRESS 20 05 N STREET SACRAMENTO, CA 95814 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/22/15 AMOU NT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME WESTERN WORKERS LABOR HERITAGE FESTIVAL GRANTEE ADDRESS P O BOX 7184 SANTA CRUZ, CA 95061 GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/02/15 AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME WORKING PARTNERSHIPS USA GRANTEE ADDRES S 2102 ALMADEN ROAD, SUITE 112 SAN JOSE, CA 95125 GRANTEE RELATIONSHIP NONE DATE OF GI FT 09/14/15 AMOUNT GIVEN 2,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME WORKSAFE, INC GRANTEE ADDRESS 55 HARR ISON STREET, SUITE 400 OAKLAND, CA 94607 GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/24/ 15 AMOUNT GIVEN 550 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 117,343
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK SERVICE CHARGES AMOUNT 567 DESCRIPTION RENEWAL FEE REPORT AMOUNT 25 TOTAL TO FORM 990-EZ, LINE 16 592