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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: DEFENSE FUND INC. Number and street (or P O box, if mail is not delivered to street address): 1630 S COMMERCE STREET. City or town, state or country, and ZIP + 4: LAS VEGAS, NV 89102

D Employer identification number: 26-4349604. E Telephone number: (415) 597-7200. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

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

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$167,499

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II **Balance Sheets**

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	178,252	22 223,955
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	178,252	25 223,955
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,252	27 223,955

Part III **Statement of Program Service Accomplishments**

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 and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
THE DEFENSE FUND, INC PROVIDES FOR THE SUPPORT AND DEFENSE OF LOCAL UNIONS AND UNION EMPLOYEES WHO ARE VICTIMIZED IN THE PURSUIT OF DEMOCRATIC REFORM OF UNION GOVERNANCE, AND PROTECTS THE FINANCIAL AND REPRESENTATIVE INTERESTS OF INTERNATIONAL UNIONS THAT ARE THREATENED BY ANTI-DEMOCRATIC FORCES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROVIDE FOR EXPENSES FOR COMMUNICATIONS AND RESEARCH TO DEVELOP PUBLIC AND LABOR MOVEMENT AWARENESS, TO PROVIDE SUPPORT FOR THE CONTINUANCE OF UNITE HERE INTERNATIONAL UNION AS A SINGLE ENTITY, TO PROVIDE FOR EXPENSES INCLUDING ATTORNEY'S FEES, INCURRED IN THE PROTECTION OR RECOVERY OF UNITE HERE INTERNATIONAL UNION ASSETS AND PAYMENT OF RENTS, UTILITIES AND TAXES FOR REAL PROPERTY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	121,796
29 PROVIDE COMPENSATION FOR THOSE TERMINATED FROM JOINT BOARD EMPLOYMENT (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	121,796

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
D TAYLOR 1630 S COMMERCE STREET LAS VEGAS, NV 89102	DIRECTOR 1 00	0		
THOMAS SNYDER 1775 K STREET NW WASHINGTON, DC 20006	DIRECTOR 1 00	0		
PETER WARD 709 EIGHTH AVENUE NEW YORK, NY 10036	DIRECTOR 1 00	0		

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	b Did the organization file Form 1120-POL for this year?		No
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?		No
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	c <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
40d	d <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>MICHAEL LEWIS</u> Telephone no <input type="checkbox"/> <u>(702) 387-7022</u> Located at <input type="checkbox"/> <u>1630 S COMMERCE STREET</u> <u>LAS VEGAS, NV</u> ZIP + 4 <input type="checkbox"/> <u>89102</u>		
42b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		

		Yes	No
44a	44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
44b	44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	44c Did the organization receive any payments for indoor tanning services during the year?		No
44d	44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a 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 must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (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

Table with 2 columns: Question ID, Answer (Yes/No)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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? If "Yes," complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

51(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here section containing signature of officer and date.

Paid Preparer's Use Only section containing preparer's signature, date, firm's name, address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
DEFENSE FUND INC

Employer identification number

26-4349604

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	REFUNDS & REIMBURSEMENTS 38,044 TOTAL 38,044

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES COMPUTER SOFTWARE 304 BANK CHARGES & FEES 30 COPY ING EXPENSE 38 ADMINISTRATION EXPENSES 850 TOTAL 1,222

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE DEFENSE FUND, INC PROVIDES FOR THE SUPPORT AND DEFENSE OF LOCAL UNIONS AND UNION EMPLOYEES WHO ARE VICTIMIZED IN THE PURSUIT OF DEMOCRATIC REFORM OF UNION GOVERNANCE, AND PROTECTS THE FINANCIAL AND REPRESENTATIVE INTERESTS OF INTERNATIONAL UNIONS THAT ARE THREATENED BY ANTI-DEMOCRATIC FORCES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	TO PROVIDE FOR EXPENSES FOR COMMUNICATIONS AND RESEARCH TO DEVELOP PUBLIC AND LABOR MOVEMENT AWARENESS, TO PROVIDE SUPPORT FOR THE CONTINUANCE OF UNITE HERE INTERNATIONAL UNION AS A SINGLE ENTITY , TO PROVIDE FOR EXPENSES INCLUDING ATTORNEY'S FEES, INCURRED IN THE PROTECTION OR RECOVERY OF UNITE HERE INTERNATIONAL UNION ASSETS AND PAYMENT OF RENTS, UTILITIES AND TAXES FOR REAL PROPERTY

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	PROVIDE COMPENSATION FOR THOSE TERMINATED FROM JOINT BOARD EMPLOYMENT

TY 2010 Compensation Explanation

Name: DEFENSE FUND INC

EIN: 26-4349604

Person Name	Explanation
D TAYLOR	
THOMAS SNYDER	
PETER WARD	