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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 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

A For the 2010 calendar year, or tax year beginning **and ending**

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NEVADA & UTAH LABORERS
DISTRICT COUNCIL

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
570 REACTOR WAY

City or town, state or country, and ZIP + 4
RENO, NV 89502-4109

D Employer identification number
51-0224090

E Telephone number
775-856-0169

F Group Exemption Number ▶ 0121

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] 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) [X] 501(c) (5) ◀(insert no) [ ] 4947(a)(1) or [ ] 527

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 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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 ▶ $ 94,000.

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]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	94,000.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	94,000.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	96,400.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	810.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	398.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	97,608.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,608.
	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	28,276.
	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	24,668.

LHA **For Paperwork Reduction Act Notice, see the separate Instructions.** Form **990-EZ** (2010)

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02-02-11

A

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	28,276.	22	24,668.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	28,276.	25	24,668.
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)	28,276.	27	24,668.

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 ORGANIZE AND UNIFY AFFILIATED NEVADA AND UTAH LOCAL UNIONS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

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

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
RICHARD DALY 2180 4TH ST, SPARKS, NV 89431	BUSINESS MANAGER/SEC/TRES 1.00	0.	0.	0.
MICHAEL KINNEY 3885 PEREGRINE CIRCLE, RENO, NV 89508	SGT-AT-ARMS 1.00	0.	0.	0.
THOMAS WHITE, 8225 OLD CISTERN COURT, LAS VEGAS, NV 89131	PRESIDENT 1.00	0.	0.	0.
MIKE MADRID, 4835 S 4620 W, SALT LAKE CITY, UT 84118	VICE PRESIDENT 1.00	0.	0.	0.
MARCO HERNADEZ, 6171 EVENSAIL DRIVE, LAS VEGAS, NV 89156	EXECUTIVE BOARD 1.00	0.	0.	0.
DAVID MCCUNE 2415 CAROLINE CT, LAS VEGAS, NV 89031	AUDITOR 1.00	0.	0.	0.
FLAVIO PENA 1896 N. 135 W., OREM, UT 84058	AUDITOR 1.00	0.	0.	0.
JOHNATHON RUSSELL 1014 RINGNECK WAY, SPARKS, NV 89436	EXECUTIVE BOARD 1.00	0.	0.	0.
JESSE LOOSE 654 E. 3750 N., PROVO, UT 84604	AUDITOR 1.00	0.	0.	0.
GEORGE ERICHSON 65 LAKEVIEW, TOOELE, UT 84074	EXECUTIVE BOARD 1.00	0.	0.	0.
PATRICK DONNAN, 8336 CLASSIC VILLA COURT, LAS VEGAS, NV 89128	EXECUTIVE BOARD 1.00	0.	0.	0.
RONALD CARPENTER 5325 TANNERWOOD DRIVE, RENO, NV 89511	EXECUTIVE BOARD 1.00	0.	0.	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 [X]

			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	33		X
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		X
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			
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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 10,000.	37b		X
b	Did the organization file **Form 1120-POL** for this year?			
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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		X
41	List the states with which a copy of this return is filed. ▶ NV			
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 775-856-0169 Located at ▶ 570 REACTOR WAY, RENO, NV ZIP + 4 ▶ 89502-4109			
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 ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
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 ▶	42c		X
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 N/A			

			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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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	45a		X
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		X

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, 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? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 address of each employee paid more than $100,000 N/A	(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

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" N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

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

▶ Signature of officer Richard Daly Date

▶ RICHARD DALY, BUSINESS MANAGER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAUREN SANKOVICH, CPA	Lauren Sankovich	3/5/2011		

Firm's name ▶ MUCKEL ANDERSON CPAS Firm's EIN ▶

Firm's address ▶ 100 W. LIBERTY STREET, SUITE 690 RENO, NV 89501 Phone no (775) 686-3200

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 990-EZ 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: NEVADA & UTAH LABORERS DISTRICT COUNCIL

Employer identification number: 51-0224090

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: NORTHWEST REGIONAL ORGANIZATION COMMITTEE

AFFILIATE ADDRESS: 12201 TUKWILA INTERNATIONAL BLVD #135

SEATTLE, WA 98168-5121

PURPOSE OF PAYMENT: ORGANIZING FEES

AMOUNT OF PAYMENT: 66,000.

AFFILIATE NAME: STATE OF NEVADA AFL-CIO

AFFILIATE ADDRESS: 1701 WHITNEY DRIVE, SUITE 102 HENDERSON, NV 89014

PURPOSE OF PAYMENT: DONATION

AMOUNT OF PAYMENT: 5,000.

AFFILIATE NAME: STATE OF NEVADA AFL-CIO

AFFILIATE ADDRESS: 1701 WHITNEY DRIVE, SUITE 102 HENDERSON, NV 89014

PURPOSE OF PAYMENT: AFFILIATION FEES

AMOUNT OF PAYMENT: 400.

AFFILIATE NAME: UTAH LABORERS POLITICAL LEAGUE

AFFILIATE ADDRESS: PO BOX 26827 SALT LAKE CITY, UT 84126

PURPOSE OF PAYMENT: DONATION

AMOUNT OF PAYMENT: 5,000.

AFFILIATE NAME: AMERICAN FRIENDS OF THE YITZHAK RABIN CENTER

AFFILIATE ADDRESS: 866 SECOND AVENUE, 10TH FLOOR NEW YORK, NY 10017

PURPOSE OF PAYMENT: DONATION

AMOUNT OF PAYMENT: 10,000.

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: NEVADA & UTAH LABORERS DISTRICT COUNCIL

Employer identification number: 51-0224090

AFFILIATE NAME: NEVADA REPUBLIC ALLIANCE PAC

AFFILIATE ADDRESS: 570 REACTOR WAY RENO, NV 89502

PURPOSE OF PAYMENT: DONATION

AMOUNT OF PAYMENT: 10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 96,400.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
REGISTRATION FEES	340.
BANK FEES	58.
TOTAL TO FORM 990-EZ, LINE 16	398.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO UNIFY ALL OF THE ECONOMIC AND OTHER FORCES OF THE AFFILIATED LOCAL UNIONS IN THE ORGANIZATIONS AREA.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.

Name of the organization NEVADA & UTAH LABORERS DISTRICT COUNCIL

Employer identification number 51-0224090

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for 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
DIANE LEWS (NEW) 570 REACTOR WAY, RENO, NV 89502	VICE - PRESIDENT 1.00	0.	0.	0.
PERRY MACE (NEW) 570 REACTOR WAY, RENO, NV 89502	AUDITOR 1.00	0.	0.	0.