

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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, 2011

OMB No 1545-1150

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

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

A F	or th	e 201	1 calendar year, or tax year beginning	, 2011, and er	nding	-		, 20	
В	heck (f	ole	C Name of organization			D Empl	oyer ider	ntification number	
	ddress	change	UTAH BUILDING AND CONSTRUCTION						
\prod	lame cl	hange	TRADES COUNCIL	87-0	87-0118999				
l lr	nitial re	tum	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number					
Пт	ermina	ited	2261 S REDWOOD ROAD	801-972-5714					
П	mende	ed return	City or town, state or country, and ZIP + 4	F Group Exemption					
ΠA	pplicat ending	ion	SALT LAKE CITY UT 84119-1302	Number ►					
G A	ccou	ntıng l	Method ☒ Cash Accrual Other (specify) ▶			H Chec	k ▶ ∐ if th	e organization is not	
I V	Vebsi	ite: 1				requi	red to atta	ach Schedule B	
J Ta	ax-ex	empt	status (check only one) - 501(c)(3) X 501(c)(5) ◀ (insert no) 4947(a)(1) or 527	(Form	1 990, 990)-EZ, or 990-PF)	
KC	neck	•	If the organization is not a section 509(a)(3) supporting organization	ation and its g	ross receipts a	re norma	lly not mo	ore than \$50,000	
Α	Form	1 990-	EZ or Form 990 return is not required though Form 990-N (e-postca	ard) may be re	quired (see ins	structions) But if th	ie organization chooses	
to	file a	retur	n, be sure to file a complete return						
			6c, and 7b, to line 9 to determine gross receipts. If gross receipts					4.60 074	
			art II, line 25, column (B) below) are \$500,000 or more, file Form 99			<u> </u>	\$	168,071.	
P	art I		evenue, Expenses, and Changes in Net Assets or F		ices (See	the instru	ctions for	Part I)	
			eck if the organization used Schedule O to respond to any question	n in this Part I				(O O C O	
			intributions, gifts, grants, and similar amounts received					69,852.	
	2		ogram service revenue including government fees and contracts				2	00 000	
	3		embership dues and assessments			_	3	98,089. 130.	
	1 4		restment income	احا			!	130.	
2012	5		oss amount from sale of assets other than inventory	5a		y y	4 *****		
9			ss cost or other basis and sales expenses	5b					
674	. _		nin or (loss) from sale of assets other than inventory (Subtract line 5	b from line 5a	1)	1,4	ic		
مرةً	6		iming and fundraising events	0) 6a			. + 1		
APR 2			oss income from gaming (attach Schedule G if greater than \$15,00	(I) [6a]	of contribu	itions			
	.]		oss income from fundraising events (not including \$		01 COMMIDU				
Щ			m fundraising events reported on line 1) (attach Schedule G if the s such gross income and contributions exceed \$15,000)	6b		\(\frac{1}{4}\)	:		
z	-		ss direct expenses from gaming and fundraising events	6c		 :.'			
SCANNED	ı		et income or (loss) from gaming and fundraising events (add lines 6		subtract line 6	2) 6	d		
ပ္က	7		oss sales of inventory, less returns and allowances	7a		"	<u>: - , </u>		
3 3	1.		ss cost of goods sold	7b			·.'		
			oss profit or (loss) from sales of inventory (Subtract line 7b from line	e 7a)		7	·cĺ		
	8		her revenue (describe in Schedule O)	,		1	3		
	9		tal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 3	9	168,071.	
	10		ants and similar amounts paid (list in Schedule O)	ECEIV	FD	1	0	55,747.	
	11	l Be	ments baid to or for members	LULIVI		_ 1	1		
ď	12	2 Sa	laries, other compensation, and employee benefits	100 A 5 21	D12 Š	_1	2	26,911.	
Fxnenses	13	3 Pr	ofessional fees and other payments to independent contractors	APR 0 5 21		_ 1	3	1,350.	
Ž	14	1 Oc	cupancy, rent, utilities, and maintenance	1	4	12,396.			
ш	15	5 Pr	nting, publications, postage, and shipping	GDEN,	UT	1	5		
	16	6 Ot	her expenses (describe in Schedule O)			_	6	48,071.	
	17	7 To	tal expenses. Add lines 10 through 16			_ ▶ 1	7	144,475.	
y	18		cess or (deficit) for the year (Subtract line 17 from line 9)			. 1	8	23,596.	
Net Assets	19) Ne	t assets or fund balances at beginning of year (from line 27, colum	n (A)) (must a	gree with			140 064	
Ā			d-of-year figure reported on prior year's return)				9	142,864.	
Ž	20		her changes in net assets or fund balances (explain in Schedule O			 -	20	166 460	
_	21	l Ne	t assets or fund balances at end of year Combine lines 18 through	20		▶ 2	1	166,460.	
For	Pape	erwor	k Reduction Act Notice, see the separate instructions.				For	m 990-EZ (2011)	

For Paperwork Reduction Act Notice, see the separate instructions.

	Balance Sheets. (see the instructions for P	•	this Dort II			. 🛛
	Check if the organization used Schedule O to re	spond to any question in t		ning of year		B) End of year
22	Cash, savings, and investments				22	89,071.
	Land and buildings	•			23	14,274.
	Other assets (describe in Schedule O)			610.	24	64,556.
	Total assets			1,406.	25	167,901.
	Total liabilities (describe in Schedule O)			L,542.	26	1,441.
	Net assets or fund balances (line 27 of column (B) mu	st agree with line 21)		2,864.	27	166,460.
	Irt III Statement of Program Service Acco					
	Check if the organization used Schedule O to re	•		ÍΠ		Expenses
Des me	at is the organization's primary exempt purpose? PROV cribe the organization's program service accomplishmen asured by expenses. In a clear and concise manner, des efited, and other relevant information for each program to	ts for each of its three largeribe the services provided	est program service:	s, as	and 501 section	ed for section 501(c)(3) (c)(4) organizations and 4947(a)(1) trusts, for others)
	PROVIDED SAFETY TRAINING, SUPROMOTE UNION MEMBERSHIPS AN	JPPLIES AND E	VENTS TO			
	(Grants \$) If this amount include	des foreign grants, check l	here .	•	28a	
29						
	(Grants \$) If this amount include	des foreign grants, check l	here	•	29a	
30						- ·
	(Opening C	da - fara			20-	
21	(Grants \$) If this amount include Other program services (describe in Schedule O)	des foreign grants, check i	nere		30a	
J 1	, ,	des foreign grants, check	here	▶ □	31a	
32	Total program service expenses (add lines 28a through			•	32	
	Irt IV List of Officers, Directors, Trustees, and Key	·	one even if not compe	ensated (se	e the in	structions for Part IV)
	Check if the organization used Schedule O to re	spond to any question in t				
	(a) Name and address	(b) Average hours per week	(c) Reportable compensation (For, W-2/1099-MISC)	(d) Contrit employee be	nefit plans	
T.Z	RRY FACER	PRESIDENT	(If not paid, enter-0-)	& deferre	d comp	other compensation
	61 S RED SALT LAKE UT 84119		0			
	CH KINGERY	V PRESIDEN	<u> </u>	1		
	61 S RED SALT LAKE UT 84119		0			
M3	KE MCDONALD	SEC/TREAS				
_	61 S RED SALT LAKE UT 84119	_i	0			
		<u> </u>				
		-				
_				 		
		-				
		1		1		
		1				
					-	
_						
						Form 990-EZ (2011)

US990EZ2

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruction Part V.) Check if the organization used Schedule O to respond to any question in this Part V.	tions f	or	П
	, and		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each	ı		
	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			\ _V
	(see instructions)	34		X
35 a		25-		X
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		
ь	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	330		
00	If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 2, 200.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a				T
	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			Г
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b]		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under] ,		
	section 4911▶, section 4912 ▶, section 4955 ▶			
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		<u> </u>
С				
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d				
	the organization		}	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40-		
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► The organizations books are in care o► RICH KINGERY Telephone no ► 801	L-97	2-5	71
42a	The organizations books are in care o► RICH KINGERY Located at ► 2261 S REDWOOD ROAD UT SALT LAKE CITY ZIP+4 ► 841			, , 1
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	N-
	account)?	42b		X
	If "Yes," enter the name of the foreign country ▶			\top
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		×
	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			
			Yes	N
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	<u> </u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			1.
	of Form 990-EZ .	44b		X
С	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		,
45a		45a		X
45b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4		
	Form 990-EZ (see instructions)	45b	<u> </u>	X

BCA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 **2011**

> Open to Public Inspection

Name of the organization UTAH BUILDING AND CONSTRUCTION	Employer identification number 87-0118999
SEE ATTACHED SCHEDULE FOR PART 1 LINE 10, GRANTS PAID	
SEE ATTACHED SCHEDULE FOR PART 1, LINE 16, OTHER EXPENSE	ES
SEE ATTACHED SCHEDULE FOR PART 2 LINE 24, OTHER ASSETS	
SEE ATTACHED SCHEDULE FOR PART 2 KINE 26 OTHER LIABILIT	IES

Detail Sheet

ID: 87-0118999 Name: UTAH BUILDING AND CONSTRUCTION Description: PART 1 LINE 10 GRANTS PAID Amount Type 2011 SAFETY TRAINING GRANTS TO: OPERATING ENGINEERS 3 JATC 20,400. 1958 WEST NORTH TEMPLE SALT LAKE CITY, UT 84116 AFFILIATE LABOR UNION NORTHWEST LABORERS TRUST JATC 20,363. 2261 S REDWOOD ROAD SALT LAKE CITY UT 84119 AFFILIATE LABOR UNION IRON WORKERS JATC 6,911. 2261 S REDWOOD ROAD SALT LAKE CITY, UT 84119 AFFILIATE UNION ALL OTHER GRANTS LESS THAN \$5,000 PER ENTITY 8,073. 55,747. Total

Name: UTAH BUILDING AND CONSTRUCTION

ı**n**: 87-0118999

Description: FART I DINE TO OTHER EXPENSES	Description: PART 1 LINE 16 OTHER EXPENSES
--	--

Туре	Amount
ORGANIZING ACTIVITIES	2,960.
OFFICE SUPPLIES	421.
DUES AND SUBSCRIPTIONS	481.
FIDELITY BOND	482.
CONFERENCES AND TRAVEL	8,693.
SEMINARS AND TRAINING	6,332.
POLITICAL CONTRIBUTIONS	2,200.
DONATIONS TO CHARITIES AND LOCAL ELEMENTARY SCHOOL	23,281.
PARTNERSHIP FORM K-1 LOSS	3,221.
	
	
	
7	
	
	-
	10 03
Total	48,071.
© 2011 CCH Small Firm Services All rights reserved	USWDET\$1

Name: UTAH BUILDING AND CONSTRUCTION	ю: 87 - 0118999
Description: PART 2 LINE 24 OTHER ASSETS	
Туре	Amount
NET FURNITURE ANDE EQUIPMENT	4,583.
TEMPORARY LOAN ADVANCE TO SALT LAKE LABOR TEMPLE	297.
PARTNERSHIP OWNERSHIP IN UTAH LABOR MAJORITY	59,676.
	·
	
,	···
4	
	
Total	64,556.

Name: UTAH BUILDING AND CONSTRUCTION	ю: 87-0118999
Description: PART 2 LINE 26 TOTAL LIABILITIES	
Type ACCRUED PAYROLL TAX LIABILITIES	Amount 1,441.
ACCROED FAIROLL TAX LIABILITIES	1,441.
- Value	
The state of the s	
, , , , , , , , , , , , , , , , , , ,	
	1 441
Total	1,441.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2011

Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UΊ	AH BUILDING AND	CONSTRUCT	CIONUTAH BU	ILDÍNG TR	ADES			87-0118999
	art Election To Expense				·			
	Note: If you have any	/ listed property, c	omplete Part V before	you complete Par	t I			
1	Maximum amount (see instruction	ons)			 		1	500,000.
2	Total cost of section 179 propert	y placed in service	e (see instructions)	• •			2	
3	Threshold cost of section 179 pr	operty before redu	uction in limitation (see	e instructions)			3	2,000,000.
4	Reduction in limitation Subtract	t line 3 from line 2	If zero or less, enter	-0-			4	
5	Dollar limitation for tax year Su	btract line 4 from	line 1 If zero or less,	enter -0- If marrie	ed			
	filing separately, see instructions						5	
6	(a) Description of pro	perty	(b) Cost (but	siness use only)	(c) Elec	ted cost		
	, , , , , ,	'		· · · · · · · · · · · · · · · · · · ·				
	•			••				i
7	Listed property Enter the amou	int from line 29		7	,			,
8	Total elected cost of section 179	property Add ar	mounts in column (c),	lines 6 and 7			8	
	Tentative deduction Enter the s	• •					9	
10	Carryover of disallowed deduction	on from line 13 of	your 2010 Form 4562				10	
11	Business income limitation Ent	er the smaller of b	ousiness income (not l	ess than zero) or i	ine 5 (see inst	ructions)	11	
	Section 179 expense deduction						12	- ,
13	Carryover of disallowed deduction	on to 2012 Add I	nes 9 and 10, less line	9 12 ▶ 1	3			
No	te: Do not use Part II or Part III b	elow for listed pro	perty Instead, use P	art V				
Pa	art II Special Depreciation	Allowance and	Other Depreciation (I	Do not include list	ed property) (See instru	ction	ns)
14	Special depreciation allowance f	for qualified prope	rty (other than listed p	roperty) placed in	service			
	during the tax year (see instructi	ions)		•			14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including AC	CRS) .	<u></u> :				16	
Pa	art III MACRS Depreciation	n (Do not include	listed property) (See i	instructions)				
			Section	Α				,
17	MACRS deductions for assets p	laced in service in	tax years beginning b	efore 2011	•		17	1,623.
18	If you are electing to group any	assets placed in s	ervice during the tax y	rear			}	
	into one or more general asset a	accounts, check he	ere			<u> </u>	ı	
	Section B-Ass		rvice During 2011 Ta		General Dep	reciation	Sys	tem
•	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	<u> </u>						
_ Ł	5-year property	<u> </u>	·					
	7-year property	<u> </u>						
	1 10-year property	<u> </u>						
E	15-year property	<u> </u>						
f	20-year property	<u> </u>		_				
	· · · · · · · · · · · · · · · · · · ·			25 yrs		S/L		
ŀ	n Residential rental			27 5 yrs	MM	S/L		
	property	ļ		27 5 yrs	MM	S/L		
i				39 yrs	ММ	S/L		
	property		····	<u> </u>	MM	S/L		
	· · · · · · · · · · · · · · · · · · ·	ets Placed in Sen	vice During 2011 Tax	Year Using the	Alternative De	1	n Sy	rstem
20a		ļ		- 		S/L		
	12-year	 		12 yrs		S/L		
	40-year	<u> </u>		40 yrs	MM	S/L		
_	art IV Summary (See instru							
21	Listed property Enter amoun						21	
22	Total. Add amounts from line		-					1 622
22	Enter here and on the appropri				- see instruct	ions .	22	1,623.
23	For assets shown above and portion of the basis attributable			, enter the	23			
	and busing an induction				1 1			

Part V Lis

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B, and Section C if applicable

	, _	ino, ooisimio (a) tiiro	-3 (0, 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 411 01 0		,	00.07.	,, app.,oa.						
	Sec	tion A-Depreciatio	n and Oth	er Inform	ation (C	aution:	See the	instruc	tions for I	ımıts foi	r passer	ger auto	mobiles)	
24	a Do you have e	vidence to support t	,		use clair	ned?	Yes	No	24b 1	f "Yes,"	is the e	vidence	written?		
	(a)	(b) Date	(c) Busn						(f)	1 ((g)	((h)		(i) ected
	ype of property	placed in	use	0	ost or		isn /inve		Recover	y Me	thod/	Depre	eciation		on 179
(1	ist vehicles first)	service	percentag	e oth	er basıs	, -	use or		period	Conv	vention	ded	uction		ost
25	Special deprecia	ation allowance for q	ualified liste	ed proper	ty placed	ın serv	ice durin	g the ta	x year						
	and used more t	han 50% in a qualifi	ed busines	s use (see	e instruc	tions)					25				
26	Property used m	ore than 50% in a q	ualified bus	iness use)										
			0.0	%					T					ļ	
			0.0	6											
			0.0	%											
27	Property used 50	0% or less in a quali	fied busine	ss use				-							
			0.0	%						S/L-					
			0.0	%						S/L-					
			0.0	%						S/L-					
28	Add amounts in	column (h), lines 25	through 27	Enter h	ere and	on line 2	21, page	: 1			28				
29	Add amounts in	column (ı), line 26	Enter here	and on lir	ne 7, pag	je 1							29		
				Section	B-Infor	mation	on Use	of Vehi	cles						
Co	mplete this sectio	n for vehicles used t	oy a sole pi	oprietor,	partner,	or other	"more tl	han 5%	owner," o	r relate	d persor	n If you	provide	d	
		oloyees, first answer													s
				(a			(b)	T	(c)		 d)		e)	(1	
30	Total business/ir	nvestment miles driv	en during	Vehic	cle 1	Veh	iicle 2	Veh	nicle 3	Veh	ıcle 4	Veh	icle 5		icle 6
	the year (do not	include commuting	miles)												
31	Total commuting	Total commuting miles driven during the year										ĺ			
32	Total other person	Total other personal (noncommuting)													
	miles driven	•	·												
33	Total miles drive	n during the year A	Add												
	lines 30 through	• •												İ	
34	•	available for person	al Ì	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-di	•													
35	_	used primarily by a													
		wner or related pers	on?				l								
36		le available for perso	<u> </u>												
	use?	·							i						
_		Section C-	Questions	for Emp	loyers V	Vho Pro	vide Ve	hicles f	or Use by	y Their	Employ	ees			
An:	swer these questi ners or related pe	ons to determine if y ersons (see instruction	/ou meet ai ons)	n exception	on to con	npleting	Section	B for ve	hicles us	ed by e	mployee	s who a	e not m	ore than	5%
				an exception to completing Section B for vehicles used by employee at prohibits all personal use of vehicles, including commuting,									Yes	No	
	by your employe	es?		•	•			-			•				
38	Do you maintain	a written policy stat	ement that	prohibits	persona	l use of	vehicles	, except	commuti	ng, by y	our em	ployees?	,		
		ons for vehicles use								Ų. , ,					
39		use of vehicles by er				·								<u> </u>	
	•	more than five vehic	•			ınforma	ation froi	m your e	emplovee	s about	the use				
		and retain the inform	-					,	,						
41	•	requirements conce			mobile d	emonstr	ation us	e? (See	instructio	ns)					
		swer to 37, 38, 39,	=												
P		ortization	,												
		a)	1	b)	<u> </u>	1	c)		(d)		(e)			(f)	
	•	on of costs	•	ortization	,		tızable	1	Cod		Amortiza	tion	Amo	rtization	for
	3 000 pho		ľ.	gins			ount		secti		period of percental			ns year	
42	Amortization of o	costs that begins dui		-	ar (see	instruction	ons)				1				
_			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(333)		,								
								$\neg +$				- 	••		
43	Amortization of o	costs that began bef	ore vour 20	11 tax ve	ar							43			
		unts in column (f)	=	•		e to reno	ort					44			
_		,, <u>,,</u>					·					 	For	m 456 2	2 (2011)