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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

NEVADA & UTAH LABORERS
DISTRICT COUNCIL

D Employer identification number

51-0224090

Number and street (or P.O. box, if mail is not delivered to street address)

570 REACTOR WAY

Room/suite

E Telephone number

775-856-0169

City or town, state or country, and ZIP + 4

RENO, NV 89502-4109

F Group Exemption

Number 0121

G Accounting Method:

☒ Cash☐ Accrual

Other (specify) _____

H Check ☒ If the organization is not

required to attach Schedule B

I Website: N/A

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

\$ 31,500.

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

☒

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	24,000.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	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	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	7,500.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,500.
10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	30,000.
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	768.
17	Total expenses. Add lines 10 through 16	17	31,578.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-78.
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	30,711.
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	30,633.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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	30,711.	22	30,633.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	30,711.	25	30,633.
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)	30,711.	27	30,633.

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

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 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 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
RICHARD DALY				
BUSINESS MANAGER/SEC/TRES	1.00	0.	0.	0.
MICHAEL KINNEY				
SGT-AT-ARMS	1.00	0.	0.	0.
THOMAS WHITE				
PRESIDENT	1.00	0.	0.	0.
MARCO HERNANDEZ				
EXECUTIVE BOARD	1.00	0.	0.	0.
DAVID MCCUNE				
AUDITOR	1.00	0.	0.	0.
JOHNATHON RUSSELL				
EXECUTIVE BOARD	1.00	0.	0.	0.
GEORGE ERICHSON				
EXECUTIVE BOARD	1.00	0.	0.	0.
PATRICK DONNAN				
EXECUTIVE BOARD	1.00	0.	0.	0.
DIANE LEWIS				
VICE - PRESIDENT	1.00	0.	0.	0.
PERRY MACE				
AUDITOR	1.00	0.	0.	0.
RONALD CARPENTER				
EXECUTIVE BOARD	1.00	0.	0.	0.
JESSE LOOSE				
AUDITOR	1.00	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 Sch. 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

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)

X

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)?

X

35b

If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

N/A

35c

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

X

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

X

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions

11,500.

37b

Did the organization file Form 1120-POL for this year?

X

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?

X

38b

If "Yes," complete Schedule L, Part II and enter the total amount involved

N/A

39a

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

N/A

39b

Gross receipts, included on line 9, for public use of club facilities

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

40b

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

N/A

40c

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

40d

Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

N/A

40e

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

X

41

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

NONE

42a

The organization's books are in care of

THE ORGANIZATION

42b

Located at

570 REACTOR WAY, RENO, NV

42c

Telephone no.

775-856-0169

42d

ZIP + 4

89502-4109

42e

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)?

X

42f

If "Yes," enter the name of the foreign country:

42g

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42h

At any time during the calendar year, did the organization maintain an office outside of the U.S.?

X

42i

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

43a

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

N/A

44a

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

X

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

X

44c

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

X

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

45a

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

X

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)

232173 01-11-13

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Form 990-EZ (2012)

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

	Yes	No
46	X	

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
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 title of each employee paid more than \$100,000	(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
N/A				

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

Date

RICHARD DALY, BUSINESS MANAGER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LAUREN SANKOVICH,
CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00497754

Firm's name MUCKEL ANDERSON CPAS

Firm's EIN 88-0350205

Firm's address 300 EAST 2ND STREET, SUITE 1320
RENO, NV 89501

Phone no. (775) 686-3200

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

☒ Yes	☐ No
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Form 990-EZ (2012)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2012

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	NEVADA & UTAH LABORERS DISTRICT COUNCIL	Employer identification number	51-0224090
----------------------	--	--------------------------------	------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

▶ \$ 11,500.

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

NEVADA & UTAH LABORERS

Schedule C (Form 990 or 990-EZ) 2012 DISTRICT COUNCIL

51-0224090 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

51-0224090 Page 3

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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

2012

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Inspection

Name of the organization

NEVADA & UTAH LABORERS
DISTRICT COUNCIL

Employer identification number
51-0224090

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
CONTRIBUTION FROM NW REGIONAL ORGANIZATION COMMITTEE	7,500.

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: AFFILIATION FEES

AMOUNT OF PAYMENT: 6,000.

AFFILIATE NAME: LABORERS POLITICAL LEAGUE

AFFILIATE ADDRESS: 2261 SOUTH REWOOD ROAD SALT LAKE CITY, UT 84119

PURPOSE OF PAYMENT: POLITICAL DONATION

AMOUNT OF PAYMENT: 5,000.

AFFILIATE NAME: DEMOCRATIC ASSEMBLY CAUCUS

AFFILIATE ADDRESS: 2251 N. RAMPART, #341 LAS VEGAS, NV 89128

PURPOSE OF PAYMENT: POLITICAL DONATION

AMOUNT OF PAYMENT: 3,000.

AFFILIATE NAME: WHITE RABBIT PAC

AFFILIATE ADDRESS: 570 REACTOR WAY RENO, NV 89502

PURPOSE OF PAYMENT: POLITICAL DONATION

AMOUNT OF PAYMENT: 1,000.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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Name of the organization

NEVADA & UTAH LABORERS
DISTRICT COUNCIL

Employer identification number
51-0224090

AFFILIATE NAME: LABORERS LOCAL 169

AFFILIATE ADDRESS: 570 REACTOR WAY RENO, NV 89502

PURPOSE OF PAYMENT: GRANT

AMOUNT OF PAYMENT: 2,500.

AFFILIATE NAME: LABORERS LOCAL 872

AFFILIATE ADDRESS: 2345 RED ROCK LAS VEGAS, NV 89146

PURPOSE OF PAYMENT: GRANT

AMOUNT OF PAYMENT: 2,500.

AFFILIATE NAME: LABORERS CHARITABLE FOUNDATION

AFFILIATE ADDRESS: 905 16TH STREET, NORTHWEST WASHINGTON, DC 20006

PURPOSE OF PAYMENT: DONATION

AMOUNT OF PAYMENT: 5,000.

AFFILIATE NAME: NEVADA STATE AFL-CIO

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

PURPOSE OF PAYMENT: POLITICAL DONATION

AMOUNT OF PAYMENT: 2,500.

AFFILIATE NAME: LABORERS LOCAL 295

AFFILIATE ADDRESS: 2261 SOUTH REWOOD ROAD SALT LAKE CITY, UT 84119

PURPOSE OF PAYMENT: GRANT

AMOUNT OF PAYMENT: 2,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 30,000.

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

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Open to Public
Inspection

Name of the organization

NEVADA & UTAH LABORERS
DISTRICT COUNCIL

Employer identification number
51-0224090

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

REGISTRATION FEES

385.

BANK FEES

84.

INSURANCE EXPENSE

299.

TOTAL TO FORM 990-EZ, LINE 16

768.

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.

FORM 990-EZ, PART V, LINE 34

THE CONSTITUTION THAT GOVERNS OUR ORGANIZATION WAS CHANGED TO REFLECT
AMENDMENTS MADE DURING THE 24TH CONVENTION HELD SEPTEMBER 12-15, 2011.