EXTENDED TO NOVEMBER 15, 2018 Short Form

03 905091

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

99

A	or the	2017 calendar year, or tax year beginning and ending			
В	check if	C Name of organization	mployer i	dentification number	
ΓÌ	_	ess change NEVADA & UTAH LABORERS			
┌─	7		51-0224090		
	7		E Telephone number		
F	TFInal		775-856-0169		
F	7		Group Exemption		
F	_		Number ▶ 0121		
G				X if the organization is	
				ed to attach Schedule B	
				, 990-EZ, or 990-PF).	
		of organization: Corporation Trust X Association Other		,	
		es 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,			
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	18,500.	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction			
		Check if the organization used Schedule O to respond to any question in this Part I		X	
	T 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	18,500.	
	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	7		
	0	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
a)	a	Gross income from gaming (attach Schedule G if greater than			
Ž		\$15,000) 6a			
Revenue	Ь	Gross income from fundraising events (not including \$	7 !		
œ	-	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)			
	C	Less: direct expenses from gaming and fundraising events			
	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			
	Ь	Less; cost of goods sold 7b			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule 0) RECEIVED	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,500.	
	10	Grants and similar amounts paid (list in Schedule 0)	10		
	11	Benefits paid to or for members	11		
Ş	12	Salaries other compensation, and employee henefits	12		
nse	13	Professional fees and other payments to independent contractors OGDEN, UT	13	904.	
<u>5</u> 6	14	Occupancy, rent, utilities, and maintenance	14		
€UIØ Expenses	15	Printing, publications, postage, and shipping	15		
€	16	Other expenses (describe in Schedule 0) SEE SCHEDULE Q	16	15,697.	
P	17	Total expenses. Add lines 10 through 16	- 17	16,601.	
ے۔ تے۔۔۔	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,899.	
žėts	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Ass		(must agree with end-of-year figure reported on prior year's return)	19	36,795.	
AUU Net Assets	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	38,694.	
LHA		Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)	

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Pa	art II Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to res	spond to any que	stion in this Part II			. \square
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		36,795	. 22		38,694.
23	Land and buildings	ĺ		23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets	[36,795	. 25		38,694.
26	Total liabilities (describe in Schedule 0)	[0	. 26		0.
27			36,795			38,694.
Pa	art III Statement of Program Service Accomplishmen	n ts (see the instr	uctions for Part III))	Ex	penses
	Check if the organization used Schedule O to res	spond to any que	estion in this Part II	I X		for section
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE O)	•			and 501(c)(4) ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	penses in a clear and concise		others.)	, ,
mann	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title				
28	ORGANIZE AND UNIFY AFFILIATED NEVAD	A AND UTAH	LOCAL UNION	IS_		
					1	
	(Grants \$) If this amount includes foreign g	rants, check here	<u>.</u> >		28a	
29						
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		29a	
30						
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u> . ▶	<u> </u>	30a	
31	Other program services (describe in Schedule O)			_	!	
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		31a	
~~						
	Total program service expenses (add lines 28a through 31a)		•	<u> </u>	32	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E					or Part IV)
	Total program service expenses (add lines 28a through 31a)	pond to any que	estion in this Part I	/	instructions f	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que	estion in this Part IV	√ (d) не	instructions f	(e) Estimated
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	(b) Average hours per week devoted	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contre	instructions f	(e) Estimated amount of other
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	pond to any que	estion in this Part IV	(d) He contr emplo plans,	instructions f	(e) Estimated
Pa EL	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	spond to any que (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
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NEVADA & UTAH LABORERS

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Form 990-EZ (2017)

Form 990-EZ (2017) DISTRICT COUNCIL 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 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 X 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) Х 34 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 35a N/A 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 X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." Х complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 13,100. b Did the organization file Form 1120-POL for this year? 37b Х 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 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 38b Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A; section 4912 🕨 N/A 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 N/A of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 sections 4912, 4955, and 4958 N/A d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Х 41 List the states with which a copy of this return is filed **NONE** Telephone no. $\triangleright 775 - 856 - 0169$ 42 a The organization's books are in care of ► RICHARD DALY Located at ≥ 570 REACTOR WAY, RENO, NV ZIP+4 > 89502-4109b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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 United States? 42c if "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **▶** 43 and enter the amount of tax-exempt interest received or accrued during the tax year 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 Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b of Form 990-F7 X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d Х 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b 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)

	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
aid	LAUREN SANKOVICH,	LAUREN SANKOVICH,		self- employed				
	CPA	CPA	06/05/18		P00497754			
Jse Only	Firm's name ► EIDE BAILLY	Fırm's EIN ▶ 4	5-0250958					
oc ciny	Firm's address ► 5441 KIETZK	Phone no. 77	5-689-9100					
	RENO, NV 89511-2094							
lay the IRS dis	cuss this return with the preparer shown above	ve? See instructions			X Yes			

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

Type or print name and title Print/Type preparer's name

Form 990-EZ (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2017

Department of the Treasury

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

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

	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization NEVADA	& UTAH LABORERS	5	Empl	loyer identification number
	DISTRIC	CT COUNCIL			51-0224090
Pa	irt I-A Complete if the or	ganization is exempt ui	nder section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	tures	itical campaign activities	s in Part IV. 	13,100.
Pa	rt I-B Complete if the or	ganization is exempt u	nder section 501(c	:)(3).	
1	Enter the amount of any excise tax	cincurred by the organization to	under section 4955	. ▶\$	
2	Enter the amount of any excise tax	cincurred by organization mana	agers under section 495	i5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 47	20 for this year?		Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pe		ganization is exempt ui		·	
1	• • •		•	• •	
2	Enter the amount of the filing organ	nization's funds contributed to	other organizations for		
	exempt function activities			▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter her	e and on Form 1120-PO		
	line 17b Did the filing organization file Form			▶\$	Yes No
5	Enter the names, addresses and e made payments. For each organiza contributions received that were political action committee (PAC). If	ation listed, enter the amount promptly and directly delivered t	oald from the filing organ to a separate political or	nzation's funds Also enter th ganization, such as a separa	ne amount of political
	(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) 2017

NEVADA & UTAH LABORERS

Schedule C (Form 990 or 990-EZ) 2017	<u>DISTR</u>	ICT CO	UNCIL			0224090 Page 2
Part II-A Complete if the org section 501(h)).	anizatio	n is exe	npt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
A Check ▶ ☐ if the filing organiza	tion belong	gs to an affi	liated group (and list	in Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and shar	re of exces	s lobbying	expenditures)			
B Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	nd "limited control" pi	rovisions apply.		
		oying Expe eans amou	nditures ints paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	•	•	·			
c Total lobbying expenditures (add li		-	, (.		·	
d Other exempt purpose expenditure		,		.		
e Total exempt purpose expenditure	-	 s 1c and 1c				
f Lobbying nontaxable amount. Ente	•		•	th columns		
If the amount on line 1e, column (a) o			bying nontaxable an			
Not over \$500,000	1 (5) 10.		the amount on line 1			
Over \$500,000 but not over \$1,000	2,000		0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,				ess over \$1,500,000.		
Over \$17,000,000	000,000	\$1,000.0		ess over \$1,500,000.		
(ονεί ψ17,000,000		Ψ1,000,	300.			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero			•• •	•	·	
i Subtract line 1f from line 1c If zero			• • •			
j If there is an amount other than ze			line 1: did the organi	L zation file Form 4720		<u> </u>
reporting section 4911 tax for this			iiio ii, ala tilo organi	Eation life i oilli 4720		Yes No
reporting deducti 4011 tax for time		4-Vear Ave	eraging Period Unde	r section 501(h)	·	
(Some organizations the	hat made	a section 5	01(h) election do no	t section oo ((i) t have to complete all (ines 2a through 2f.)	of the five columns	below.
	Lobb	ying Exper	nditures During 4-Ye	ear Averaging Period		
						T -
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(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))						1
(12272 31 1112 23, 33, 33, 31, 31, 31, 31, 31, 31, 31, 3						

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 DISTRICT COUNCIL 51-0224090 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?		<u> </u>		
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
Other activities?		 _		
j Total Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>]	
art III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ection	
			Yes	
Were substantially all (90% or more) dues received nondeductible by members?		1_		
		1 2		
	on 501(c)	2 (5), or se		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)	2 3 (5), or se R (b) Par		
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SCHEDULE O

Internal Revenue Service

7 6 F

(Form 990 or 990⊃EZ) Department of the Treasury

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.

A tach to Form 990 or 990-EZ.

Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. **NEVADA & UTAH LABORERS** DISTRICT COUNCIL

Employer identification number 0224090

DISTRICT COUNCIL	1 31-0224090
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
REGISTRATION FEES	200.
BANK FEES	69.
MEETING EXPENSES	2,328.
POLITICAL CONTRIBUTION	13,100.
TOTAL TO FORM 990-EZ, LINE 16	15,697.
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 BENE	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FOR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	IIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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