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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 \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable

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

**C** Name of organization  
**SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**36301 DELTA GOLD CT.**

City or town, state or country, and ZIP + 4  
**ZEPHYRHILLS FL 33541**

**D** Employer identification number  
**59-1596340**

**E** Telephone number  
**813-989-7822**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **WWW.SUCA.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **6** ) ◀ (insert no)  4947(a)(1) or  527

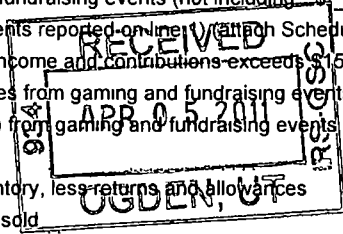
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a 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 ▶ \$ **178,542**

**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

SCANNED APR 18 2011

	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	<b>170,877</b>
	<b>4</b>	Investment income	<b>4</b>	<b>7,665</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</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))	<b>6b</b>		
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>178,542</b>
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>46,575</b>
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>59,068</b>
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>9,547</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>18,137</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>1,529</b>
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<b>68,222</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>203,078</b>
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-24,536</b>
	<b>19</b>	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)	<b>19</b>	<b>406,691</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	<b>382,155</b>



*pb*

**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	405,475	22	380,383
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,414	24	2,987
25 Total assets	409,889	25	383,370
26 Total liabilities (describe in Schedule O)	3,198	26	1,215
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	406,691	27	382,155

**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?

TRADE ASSOCIATION

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, or other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 CONFERENCE AND MONTHLY MEMBERSHIP MEETINGS TO ADVISE MEMBERS OF INDUSTRY DEVELOPMENTS AND INNOVATIONS. ALL MEMBERS SERVED. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 SOCIAL EVENTS CONDUCTED TO PROVIDE SUPPORT FOR A SCHOLARSHIP FUND SPONSORED BY THE ASSOCIATION. ALL MEMBERS SERVED. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 CONFERENCES WITH MEMBERS AND WITH LOCAL ADMINISTRATIVE AGENCIES TO DISCUSS THE UNIQUE ISSUES AND PROBLEMS WHICH AFFECT THE INDUSTRY. ALL MEMBERS SERVED. (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

**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
BEETLE THOMPSON 3910 GOLF PARK LOOP, #4 BRADENTON FL 34203		0.00	0	0
STEVEN KENNEDY 8008 E. SLIGH AVE. TAMPA FL 33610	TREASURER	0.00	0	0
BRUCE AKERS 8008 E. SLIGH AVE. TAMPA FL 33610	PAST CHAIRMAN	0.00	0	0
MISTY MCKENDREE 36301 DELTA COLD CT. ZEPHYRHILLS FL 33541	EXECUTIVE DI	40.00	46,500	0
BILL HAAN P.O. BOX 1149 PALMETTO FL 34220	PAST CHAIRMAN	0.00	0	0
KEVIN J. FULCHER 6001 N. 50TH ST. TAMPA FL 33610	PAST CHAIRMAN	0.00	0	0
LINDA SHUTT 3483 ALT HWY 19 PALM HARBOR FL 34683	SECRETARY	0.00	0	0
KEVIN D. ROWLAND 6855 102ND AVE. N. PINELLAS PARK FL 33782	PAST CHAIRMAN	0.00	0	0
DONALD R. VANCE 10149 FISHER AVE. TAMPA FL 33619	BOARD MEMBER	0.00	0	0
DAVID RUNYAN 8011 LAND O' LAKES BLVD. LAND O' LAKES FL 34638	BOARD MEMBER	0.00	0	0
LISA JUDGE 1550 STARKEY RD. LARGO FL 33771	BOARD MEMBER	0.00	0	0
LARRY FALLS 25352 S.R. 54 LUTZ FL 33559	BOARD MEMBER	0.00	0	0
JEFF MEEK 903 E. 17TH AVE. TAMPA FL 33605	BOARD MEMBER	0.00	0	0

**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		22	
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	0	25	0
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)	0	27	0

**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?

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, or other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28			
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	
29			
(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)	<input type="checkbox"/>	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
RON SHERWOOD 9240 CAUSEWAY BLVD. TAMPA FL 33619	BOARD MEMBER 0.00	0	0	0
KEN WACHMAN 6001 N. 50TH ST TAMPA FL 33610	CHAIRMAN 0.00	0	0	0
BILL DUGAN JR 2140 PONDELLA RD., CAPE CORAL FL 33909	BOARD MEMBER 0.00	0	0	0
BILL CAMMANN 3000 BAYPORT DR., #1000 TAMPA FL 33607	BOARD MEMBER 0.00	0	0	0
MICKEY BELL P O. BOX 33020 ST PETERSBURG FL 33733	BOARD MEMBER 0.00	0	0	0
NICK FREEMAN 903 E. 17TH AVE. TAMPA FL 33605	BOARD MEMBER 0.00	0	0	0
GREG HASTY 9797 GIBSONTON DR. RIVERVIEW FL 33569	BOARD MEMBER 0.00	0	0	0
MIKE BEUKEMA P.O BOX 1149 PALMETTO FL 34220	BOARD MEMBER 0.00	0	0	0
RICH CUTTING 10328 MAIN STREET THONOTOSASSA FL 33592	BOARD MEMBER 0.00	0	0	0
ROBERT VANVALIN 12950 RACE TRACK RD. TAMPA FL 33626	BOARD MEMBER 0.00	0	0	0
STEVE GAMM 918 E. BUSCH BLVD. TAMPA FL 33612	BOARD MEMBER 0.00	0	0	0
MATT RIGGS 10421 FERN HILL DR. RIVERVIEW FL 33578	BOARD MEMBER 0.00	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

- 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
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)
- 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?
  - 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
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | 8,687
- 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?
  - b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations Enter
  - a Initiation fees and capital contributions included on line 9
  - b Gross receipts, included on line 9, for public use of club facilities
- 40a 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
- 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 ▶ \_\_\_\_\_
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ \_\_\_\_\_
- 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

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ MISTY MCKENDREE Telephone no ▶ 813-989-7822  
 36301 DELTA GOLD CT.  
 Located at ▶ ZEPHYRHILLS FL ZIP + 4 ▶ 33541

- 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.
- 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 ▶ \_\_\_\_\_

	Yes	No
42b		X
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

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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
- c Did the organization receive any payments for indoor tanning services during the year?
- 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

	Yes	No
44a		X
44b		X
44c		X
44d		

<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	Yes	No
<b>a</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)	<b>45a</b>		<b>X</b>
<b>46</b>	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	<b>46</b>		<b>X</b>

**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

<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	Yes	No
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization a section 527 organization?	<b>49b</b>		

**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	(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"

(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: *[Handwritten Signature]* Date: **3/31/2011**  
Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name: **STUART C. ANGELO, CPA**  
Preparer's signature: *[Handwritten Signature]* Date: **3/31/11**  
Check  if self-employed  
Firm's name: **STUART ANGELO & COMPANY, PA, CPA'S** PTIN: **P00542114**  
Firm's address: **201 E. KENNEDY BLVD., #1620 TAMPA, FL 33602** Firm's EIN: **59-2817866**  
Phone no: **813-229-8889**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE Q**  
(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 **SUNCOAST UTILITY CONTRACTORS  
ASSOCIATION, INC.**

Employer identification number  
**59-1596340**

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

NAME AND ADDRESS	PURPOSE	AMOUNT
NUCA	NATIONAL DUES	\$ 41,675
UUCF	STATE DUES	\$ 4,900

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

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
CONFERENCES AND MEETINGS	\$ 46,658
INSURANCE	\$ 6,729
TRAVEL	\$ 8,186
SPONSORSHIPS AND DONATION	\$ 4,528
TAXES AND LICENSES	\$ 290
BANK CHARGES	\$ 321
MISCELLANEOUS	\$ 1,510
<b>TOTAL</b>	<b>\$ 68,222</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 978	\$ 428
CAPITAL ASSETS	\$ 12,847	\$ 13,081
LESS ACCUMULATED DEPRECIATION	\$ 10,754	\$ 11,470
COMPUTER SOFTWARE, NET OF AMORT.	\$ 429	\$ 34
DEPOSITS	\$ 914	\$ 914
<b>TOTAL</b>	<b>\$ 4,414</b>	<b>\$ 2,987</b>

Name of the organization

SUNCOAST UTILITY CONTRACTORS

Employer identification number

59-1596340

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 998	\$ 0
DUE TO PAC	\$ 2,200	\$ 0
PAYROLL TAXES PAYABLE	\$ 0	\$ 1,215

## FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS

PUBLICATION OF THE ASSOCIATION DIRECTORY. ALL MEMBERS SERVED.