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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 (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

**2012**

**Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning , and ending

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

C Name of organization
NATIONAL UTILITY CONTRACTORS ASSOCIATION OF THE CAROLINAS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 10519

City or town, state or country, and ZIP + 4
WILMINGTON NC 28404

D Employer identification number
56-1279712

E Telephone number
919-845-7733

F Group Exemption Number ▶

G Accounting Method [ ] Cash [X] 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:** ▶ WWW.NCUCA.ORG

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

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 ▶ $ 126,125

## 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 | 51,845 |
| | 3 | Membership dues and assessments **See Statement** | | 3 | 59,534 |
| | 4 | Investment income | | 4 | 170 |
| | 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 | 14,546 | |
| | c | Less direct expenses from gaming and fundraising events | 6c | 5,968 | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 8,578 |
| | 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 | 30 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 120,157 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 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 | 31,415 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | 207 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 75,099 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 106,721 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 13,436 |
| | 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 | 135,941 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 149,377 |

**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 [X]

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 156,996 | 22 | 149,125 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 252 |
| 25 **Total assets** | 156,996 | 25 | 149,377 |
| 26 **Total liabilities** (describe in Schedule O) | 21,055 | 26 | 0 |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 135,941 | 27 | 149,377 |

**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 [X]

**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 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 See Schedule O

(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) Heath benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| MATT MUELLER<br>PAST PRESIDENT | 0.00 | 0 | 0 | 0 |
| ROB GOSLEE<br>PAST PRESIDENT | 0.00 | 0 | 0 | 0 |
| STEVE BROWN<br>PRESIDENT | 0.00 | 0 | 0 | 0 |
| KEITH BURKE<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| JUSTUS EVERETT<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| GRAY LEWIS<br>SECRETARY/TREASURER | 0.00 | 0 | 0 | 0 |
| KENNETH SMITH<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| SCOTT THOMAS<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| JOE WILLIAMS<br>VICE PRESIDENT | 0.00 | 0 | 0 | 0 |
| JARROD WILLIAMSON<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| CHRIS HUMBERT<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| JAKE ROGERS<br>DIRECTOR | 0.00 | 0 | 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 | 0 | 22 | |
| 23 | Land and buildings | 0 | 23 | |
| 24 | Other assets (describe in Schedule O) | 0 | 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 ☐

**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?

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

(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) Heath benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| BEN ATON<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| CHRIS MUNARETTO<br>DIRECTOR | 0.00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
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**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 Schedule 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 | 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 | |
| 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)? | 35a | | X |
| 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 | 35c | | 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 | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | 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? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 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 | 40b | | |
| 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 | 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 ▶ LINDA GOSLEE Telephone no ▶ 910-686-2331 | | | |
| | Located at ▶ PO BOX 10519 WILMINGTON NC ZIP + 4 ▶ 28404 | | | |
| 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 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 | | | |
| | | | 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 | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 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) | 45b | | X |

| | | | Yes | No |
|---|---|---|---|---|
| 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 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 ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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: W. Robert Joyce Past President Date: 06 March 2013

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| D. KEITH JOYCE, CPA | D. KEITH JOYCE, CPA | 03/01/13 | | P00412240 |

Firm's name ▶ Joyce and Company, CPA Firm's EIN ▶ 56-2202813

Firm's address ▶ 104 Brady Ct, Cary, NC 27511 Phone no 919-466-0946

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

**2012**

Open to Public Inspection

Name of the organization: NATIONAL UTILITY CONTRACTORS ASSOCIATION OF THE CAROLINAS

Employer identification number: 56-1279712

### Form 990-EZ, Part I, Line 8 - Other Revenue

| Description | | Amount |
|---|---|---|
| MISCELLANEOUS | $ | 30 |
| Total | $ | 30 |

### Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | | Amount |
|---|---|---|
| Expenses | | |
| TELEPHONE AND FAX | $ | 2,347 |
| OFFICE SUPPLIES | $ | 1,071 |
| WEBSITE | $ | 809 |
| Travel | $ | 5,421 |
| CONFERENCES | $ | 29,015 |
| COMMITTEE MEETINGS | $ | 783 |
| Insurance | $ | 509 |
| NATIONAL DUES | $ | 34,316 |
| MISCELLANEOUS | $ | 492 |
| Non-investment Depreciation | $ | 336 |
| Total | $ | 75,099 |

### Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg. of Year | End of Year |
|---|---|---|
| | $ 0 | $ 587 |
| Less Accumulated Depreciation | $ 0 | $ 335 |
| Total | $ 0 | $ 252 |

Name of the organization: NATIONAL UTILITY CONTRACTORS

Employer identification number: 56-1279712

Form 990-EZ, Part II, Line 26 - Other Liabilities

| Description | Beg. of Year | End of Year |
|---|---|---|
| Deferred Revenue | $ 21,055 | $ 0 |

Form 990-EZ, Part III - Primary Exempt Purpose

TO REPRESENT THE BEST INTERESTS OF UTILITY CONTRACTORS; TO WORK TOGETHER TO PROMOTE BETTER RELATIONS, ENCOURAGE AND MAINTAIN SAFETY STANDARDS AND TO REPRESENT THE COMMON INTERESTS OF UTILITY CONTRACTORS IN ANY NECESSARY AREA.

Form 990-EZ, Part III, Line 28 - First Accomplishment

SPRING AND FALL CONFERENCES ARE HELD TO PROVIDE EDUCATIONAL SEMINARS FOR MEMBERS AND UPDATE THEM ON ACTIVITIES WITHIN THEIR PROFESSION. NEWSLETTERS ARE PUBLISHED TO INFORM MEMBERS OF ACTIVITIES.

Form 990-EZ, Part V, Line 34 - Changes to Organizational Documents

NAME CHANGED TO UTILITY CONTRACTORS ASSOCIATION OF THE CAROLINAS TO BETTER REFLECT GEOGRAPHIC MARKET.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2012**

Attachment Sequence No **179**

Name(s) shown on return: NATIONAL UTILITY CONTRACTORS ASSOCIATION OF THE CAROLINAS

Identifying number: 56-1279712

Business or activity to which this form relates: Indirect Depreciation

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | | |
|---|---|---|---|---|
| 7 | Listed property Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | | 8 | |
| 9 | Tentative deduction Enter the **smaller** of line 5 or line 8 | | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | | 12 | |
| 13 | Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶ | 13 | | |

**Note:** Do not use Part II or Part III below for listed property Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 294 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions )

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

### Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only–see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | 293 | 7.0 | HY | 200DB | 42 |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | | 27 5 yrs | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs | | S/L | |
| c | 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (See instructions )

| | | | |
|---|---|---|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 336 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |



There are no amounts for Page 2

# NORTH CAROLINA
## Department of The Secretary of State

**To all whom these presents shall come, Greetings:**

**I, ELAINE F. MARSHALL,** Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

**ARTICLES OF AMENDMENT**

**OF**

**NORTH CAROLINA UTILITY CONTRACTORS ASSOCIATION, INC.**
**WHICH CHANGED ITS NAME TO**
**NATIONAL UTILITY CONTRACTORS ASSOCIATION OF THE CAROLINAS**

the original of which was filed in this office on the 11th day of December, 2012.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of December, 2012

Elaine F. Marshall

**Secretary of State**

**Document Id: C201232400711**

C201232400711

SOSID: 0105050
Date Filed: 12/11/2012 5:26:00 PM
Elaine F. Marshall
North Carolina Secretary of State

C201232400711

**State of North Carolina**
**Department of the Secretary of State**

# ARTICLES OF AMENDMENT
# NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: North Carolina Utility Contractors Association, Inc.

2. The text of each amendment adopted is as follows (*state below or attach*):

   See Attached Resolution

3. The date of adoption of each amendment was as follows:

   October 20, 2012

4. (*Check a, b, and/or c, as applicable*)

   a. ✓ The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (*set forth a brief explanation of why member approval was not required*) Pursuant to N.C.G.S. 55A-10-02(a)(3), the Board of Directors may change a geographical attribution of a corporation's name without member approval. This change to the the corporation's name is such a change in geographical attribution.

   b. _____ The amendment(s) was (were) approved by the members as required by Chapter 55A.

   c. _____ Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filing, unless a date and/or time is specified:_____

This the 12th day of November, 2012

North Carolina Utility Contractors Association, Inc.
Name of Corporation

Steve H. Brown
Signature

Steve Brown, President
Type or Print Name and Title

Notes:
1. Filing fee is $25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

C201232400711

**RESOLUTION OF**
**THE BOARD OF DIRECTORS OF**
**NORTH CAROLINA UTILITY CONTRACTORS ASSOCIATION, INC.**

The undersigned Directors, constituting a majority of the Directors of North Carolina Utility Contractors Association, Inc., hereby approve the following Resolution at their regularly scheduled meeting:

RESOLVED, that the name of North Carolina Utility Contractors Association, Inc. shall be changed to National Utility Contractors Association of the Carolinas.

This the 20th day of October, 2012.