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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- B** Check if applicable
- X** 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
12034 KNOTTY PINE LOOP

City or town, state or country, and ZIP + 4
SAN ANTONIO FL 33576

D Employer identification number
59-1596340

E Telephone number
813-355-4879

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

H Check if the organization is not required to attach Schedule B (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.

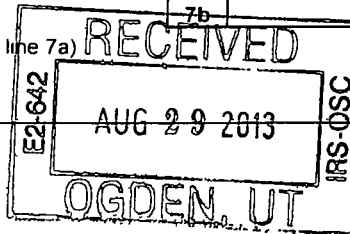
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **179,707**

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 | 177,619 |
| | 4 | Investment income | 4 | 2,088 |
| | 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 | | |
| | 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 | |
| | c | Less direct expenses from gaming and fundraising events | 6c | |
| | 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 | |
| | 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 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 179,707 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 50,870 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 53,807 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 6,100 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 13,717 |
| | 15 | Printing, publications, postage, and shipping | 15 | 912 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 89,058 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 214,464 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -34,757 |
| | 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 | 319,076 |
| | 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 | 284,319 |

SEE STATEMENT



SCANNED SEP 17 2013

Expenses

Net Assets

Handwritten initials: 2/3/12

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 | 320,685 | 22 | 294,515 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 2,750 | 24 | 2,632 |
| 25 Total assets | 323,435 | 25 | 297,147 |
| 26 Total liabilities (describe in Schedule O) | 4,359 | 26 | 12,828 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 319,076 | 27 | 284,319 |

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 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

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 | 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 | 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 | 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 |
|-----------------------------------|--|--|---|--|
| TOM BUTLER SECRETARY | 0.00 | 0 | 0 | 0 |
| DAVID WIRTH BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| BRUCE AKERS PAST CHAIRMAN | 0.00 | 0 | 0 | 0 |
| MISTY MCKENDREE EXECUTIVE DI | 40.00 | 48,000 | 5,084 | 0 |
| PENNY DANIELECKI BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| TOM WOODWARD BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| JAMES ADAMS BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| KEVIN D. ROWLAND PAST CHAIRMAN | 0.00 | 0 | 0 | 0 |
| CURT HINSON BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| LARRY FALLS BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| WAYNE JENSEN BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| KEN WACHMAN CHAIRMAN | 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

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

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 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 |
|----------------------------------|--|--|---|--|
| DYLAN MCCANDLESS BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| BILL CAMMANN BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| MIKE BEUKEMA VICE-CHAIRMAN | 0.00 | 0 | 0 | 0 |
| DAVID RUNYAN BOARD MEMBER | 0.00 | 0 | 0 | 0 |
| LISA JUDGE TREASURER | 0.00 | 0 | 0 | 0 |
| ROBERT VANVALIN BOARD MEMBER | 0.00 | 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 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 | | 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 | | |
| 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 | 9,492 | |
| 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 | | |
| 39a | Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9 | | |
| 39b | 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 | | |
| 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 | | |
| 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 | | |
| 40d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| 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 | MISTY MCKENDREE | |
| | 12034 KNOTTY PINE LOOP | | |
| | Located at | SAN ANTONIO | |
| | | FL | |
| | | ZIP + 4 | 33576 |
| | Telephone no | 813-355-4879 | |
| 42b | 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 | | X |
| 42c | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 | | 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 | | 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) | | X |

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

Table with 3 columns: Question, Yes, No. Row 46: Yes, No, 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 Schedule C, Part II

Table with 3 columns: Question, Yes, No. Rows 47, 48, 49a, 49b

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000, (b) Average hours per week devoted to position, (c) Reportable compensation, (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

Table with 3 columns: (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 Kenneth Wachman, Date 8/15/2013

Paid Preparer Use Only: Print/Type preparer's name STUART C ANGELO, CPA; Preparer's signature; Date 8/13; Check if self-employed; PTIN P00542114; Firm's name STUART ANGELO & COMPANY, PA, CPA'S; 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 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

**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 | \$ 44,170 |
| UUCF | STATE DUES | \$ 6,700 |

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

| DESCRIPTION | AMOUNT |
|-----------------------------|------------------|
| EXPENSES | |
| INTEREST | \$ 101 |
| INSURANCE | \$ 7,193 |
| BANK CHARGES | \$ 367 |
| CHARITABLE CONTRIBUTIONS | \$ 1,738 |
| CONFERENCES AND MEETINGS | \$ 60,408 |
| MISCELLANEOUS | \$ 1,028 |
| SPONSORSHIPS AND DONATION | \$ 6,213 |
| TAXES AND LICENSES | \$ 549 |
| TRAVEL | \$ 10,813 |
| NON-INVESTMENT DEPRECIATION | \$ 648 |
| TOTAL | \$ 89,058 |

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

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | \$ 428 | \$ 428 |
| CAPITAL ASSETS | \$ 12,982 | \$ 8,353 |
| LESS ACCUMULATED DEPRECIATION | \$ 11,574 | \$ 7,166 |

Name of the organization

SUNCOAST UTILITY CONTRACTORS

Employer identification number

59-1596340

| | | | | |
|-------------------------------|----|-------|----|-------|
| | \$ | 2,516 | \$ | 2,665 |
| LESS ACCUMULATED AMORTIZATION | \$ | 2,516 | \$ | 2,562 |
| DEPOSITS | \$ | 914 | \$ | 914 |
| TOTAL | \$ | 2,750 | \$ | 2,632 |

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

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 519 | \$ 9,310 |
| PAYROLL TAXES PAYABLE | \$ 3,840 | \$ 1,505 |
| OWED TO AFFILIATES | \$ 0 | \$ 2,013 |

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

PUBLICATION OF THE ASSOCIATION DIRECTORY. ALL MEMBERS

SERVED.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

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

Attachment Sequence No **179**

Name(s) shown on return **SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.**

Identifying number
59-1596340

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 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 46 |

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 | 566 |
| 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 | ▶ <input type="checkbox"/> | |

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 | | 201 | 5.0 | MQ | 200DB | 30 |
| c | 7-year property | | 180 | 7.0 | MQ | 200DB | 6 |
| 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 | 648 |
| 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 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Year Ended. December 31, 2012

59-1596340

SUNCOAST UTILITY CONTRACTORS
ASSOCIATION, INC.
12034 KNOTTY PINE LOOP
SAN ANTONIO, FL 33576

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

24120 SUNCOAST UTILITY CONTRACTORS

59-1596340

Federal Statements

FYE: 12/31/2012

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

| <u>Description</u> | <u>Amount</u> |
|----------------------|---------------|
| DUES AND ASSESSMENTS | \$ 177,619 |
| TOTAL | \$ 177,619 |

24120 SUNCOAST UTILITY CONTRACTORS

59-1596340

FYE: 12/31/2012

Federal Statements

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

| How Received | Description | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Depreciation | Gain / Loss |
|---------------------------|-------------|-----------|---------------|-----------|------------|----------------|--------------|-------------|
| PRINTER STAND PURCHASE | | | 1/29/90 | 12/31/12 | \$ 79 | \$ 79 | 79 | \$ |
| CANNON LASER FAX PURCHASE | | | 5/12/92 | 12/31/12 | 2,902 | 2,902 | 2,902 | |
| FAX MACHINE PURCHASE | | | 10/28/00 | 12/31/12 | 1,926 | 1,926 | 1,926 | |
| GE PHONE PURCHASE | | | 2/13/05 | 12/31/12 | 104 | 104 | 104 | |
| TOTAL | | | | | \$ 0 | \$ 5,011 | \$ 5,011 | \$ 0 |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

| | | |
|---|--|--|
| Type or print | Name of exempt organization or other filer, see instructions SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC. | Employer identification number (EIN) or 59-1596340 |
| | Number, street, and room or suite no. If a P O box, see instructions 12034 KNOTTY PINE LOOP | Social security number (SSN) |
| File by the due date for filing your return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN ANTONIO FL 33576 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ►

Telephone No ►

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► calendar year _____ or
 ► tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

| | | |
|---|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|---|---|--|
| Type or print File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC. | Employer identification number (EIN) or 59-1596340 |
| | Number, street, and room or suite no If a P O box, see instructions 12034 KNOTTY PINE LOOP | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions SAN ANTONIO FL 33576 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MISTY MCKENDREE**
Telephone No **813-355-4879** FAX No **813-355-4883**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for


- 4 I request an additional 3-month extension of time until **11/15/13**
- 5 For calendar year **2012**, or other tax year beginning _____, and ending _____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO OBTAIN THE SIGNATURE OF AN OFFICER OF THE ASSOCIATION ON THE RETURN TO BE FILED.

| | | |
|--|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ |
| c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 8c | \$ |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **STUART C. ANGELO, CPA** Date **8/7/13**

Form **8868** (Rev 1-2013)