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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 private foundations)

OMB No 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www irs.gov/form990.

Ā	For the	e 2015 calend	dar year, or tax year beginning , and ending		
В	Check if	applicable	C Name of organization	D Emple	oyer identification number
$\Box$	Address	change	NATIONAL UTILITY CONTRACTORS ASSOC		
П	Name ch	ange	OF NEBRASKA, INC	27	-1498746
П	Initial retu	urn	Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Telepi	hone number
$\sqcap$	Final retu	urn/terminated	40	402-527-8344	
$\sqcap$	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemption
	Application	on pending	LINCOLN NE 68512	Numt	per ▶ 5753
G	Accour	nting Method:	Cash X Accrual Other (specify) ▶ H Che	ck ▶ X	if the organization is not
1	Websi	te: ▶ <u>WWW</u>	.NUCANEBRASKA.COM requ	ured to atta	ach Schedule B
J	Tax-exe	empt status (cl	neck only one) — 501(c)(3) <b>X</b> 501(c)( 6 ) <b>4</b> (insert no ) 4947(a)(1) or 527 (For	m 990, 990	0-EZ, or 990-PF).
		of organization			
L.	Add line	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	<del></del>	
(Par	t II, colu	mn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	182,696
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for	Part I)
		Check	f the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions,	gifts, grants, and similar amounts received	1	5,060
	2	Program ser	vice revenue including government fees and contracts	2	33,250
	3	Membership	dues and assessments	3	105,583
	4	Investment i	ncome	4	1,640
	5a	Gross amou	nt from sale of assets other than inventory 5a	_	
	b	Less cost o	r other basis and sales expenses5b		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and	fundraising events		
	a	Gross incom	e from gaming (attach Schedule G if greater than		
ne		\$15,000)	6a	_	
/en	b	Gross incom	e from fundraising events (not including \$ of contributions		
Revenue		from fundrai			
		sum of such	gross income and contributions exceeds \$15,000) 6b 28,4	55	
2016	С	Less: direct	expenses from gaming and fundraising events 6c 17,8	41	
20	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
₹		line 6c)		6d	10,614
03	7a	Gross sales	of inventory, less returns and allowances 7a		
N	b	Less: cost of	f goods sold 7b	_	
=	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revent	ue (describe in Schedule O)	8	8,708
Щ.	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,855
Z	10	Grants and s	similar amounts paid (list in Schedule O)  RECEIVED	10	
ExpenseSCAN	11	Benefits paid	to or for members <u>NEULIVED</u>	11	<del></del>
Call Call	12	Salaries, oth	er compensation, and employee benefits	12	<del></del>
, Inst	13	Professional	rent, utilities, and maintenance	13	50,984
ed x	14	Occupancy,	rent, utilities, and maintenance	14	<del></del>
Ш	15	Printing, pub	lications, postage, and shipping	15	3,390
	16		ses (describe in Schedule O)	16	97,290
	17		ses. Add lines 10 through 16	▶ 17	151,664
v	18	•	eficit) for the year (Subtract line 17 from line 9)	18	13,191
set	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		
As	1	=	figure reported on prior year's return)	19	85,945
Net Assets	20	Other chang	es in net assets or fund balances (explain in Schedule O)	20	-2,456
	21		r fund balances at end of year Combine lines 18 through 20	▶ 21	96,680
For	Paper	work Reducti	on Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2015)

Form 990-EZ (2015)

£	Part III	Balance Sheets (se	e the instructions for Pa	art II)				
_		Check if the organizati	on used Schedule O to	respond to any				X
					(A) Beg	ginning of year		(B) End of year
22	Cash, savir	ngs, and investments				173,838	22	143,336
23	Land and b	uildings				0	23	<del></del>
24	Other asse	ts (describe in Schedule O	9)			859	24	6,408
	Total asset					174,697	25	149,744
26	Total liabil	ities (describe in Schedule	e O)		ļ	88,752	26	53,064
•		or fund balances (line 27				85,945	27	96,680
Ī	Part III	Statement of Progr	•	•		11		
		Check if the organizati		respond to any	question in this Part I	<u> </u>		Expenses
Wł	nat is the org	anization's primary exemp	t purpose?			ĺ	,	quired for section
	See Schedu			<del></del>				(c)(3) and 501(c)(4)
		ganization's program servi				1		anizations; optional for
	-	y expenses. In a clear and		-	vided, the number of	{	othe	ers)
		ed, and other relevant info	rmation for each program	title				<del></del>
28	N/A					}	· }	
						}	, <u> </u>	
	(O	,	If the annual control of the					
~~	(Grants \$	<u></u>	If this amount includes f	oreign grants, che	ck nere		28a	
29						ľ		
						ì		
	(C	,	15 th		-1. b		20-	
20	(Grants \$		If this amount includes f	oreign grants, che	ck nere		29a	
30							ĺ	
						ĺ		
	(Consta C	,	If the amount includes f		مدمط بام		20-	
24	(Grants \$		If this amount includes f	oreign grants, che	ck nere		30a	
31	(Grants \$	am services (describe in s' '	•	orojan asanta sha	ak bara		31a	
22		ram service expenses (a	If this amount includes f	oreign grants, che	ck nere		32	<del></del>
	art IV	List of Officers, Director		nplovees (list eac	h one even if not compe	nsated — see the		ctions for Part IV)
		Check if the organization	used Schedule O to response	ond to any questio	n in this Part IV			
		(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Heath bend contributions to er	molovee	(e) Estimated amount of
		(a) Name and the		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred comper	and 1	other compensation
	KELLY TH	HOMPSON	<del></del>		(ii not paid, enter -o )	Gorcifed Compet	iodilon	<del> </del>
	PRESIDEN	<del>-</del>		1.50	o		0	0
_		OKSTROM	<del></del>		<del></del>			<del> </del>
		T-ELECT		1.00	0		0	0
	JEFF JEN	KINS			<del></del>			<del> </del>
:	SECRETA	RY/TREASURER	i	1.00	0		0	0
	JESSE WA	ALZ						<del></del>
1	PAST PRI	ESIDENT		1.00	0		0	0
1	ERIC LEA	THERMAN						
2	ASSOCIAT	TE DIRECTOR		0.50	0		0	0
:	SCOTT EX	MAN						
1	DIRECTOR	<b>}</b>		0.50	0		0	0
1	BRIAN E	R .						
1	DIRECTOR	}		0.50	0		0	0
1	KENTON N	MOORE						1
_ 1	DIRECTOR	<b>}</b>		0.50	0		0	0
1	BRAD WEG	ENER						
_ 1	DIRECTOR	₹		0.50	o		0	0
	JAMIE SI	MMERMAN						
_1	DIRECTOR	<b>}</b>		0.50	o		0	o
		·						
	_							1
								1

'Ofher Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule 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 33 X detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a X activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, X reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 X 36 during the year? If "Yes," complete applicable parts of Schedule N ▶ 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b X 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 Х 38a 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 38b Section 501(c)(7) organizations Enter. 39a a Initiation fees and capital contributions included on line 9 39b **b** Gross receipts, included on line 9, for public use of club facilities 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), 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 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed **None** 41 402-474-7716 42a The organization's books are in care of ▶ MCBRIDE & ASSOCIATES INC Telephone no. ▶ 1633 NORMANDY COURT, STE A 68512-1473 ZIP + 4 ▶ Located at ▶ LINCOLN Yes No 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)? 42b X 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) X c At any time during the calendar year, did the organization maintain an office outside the U S.? 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ 44b X 44c Did the organization receive any payments for indoor tanning services during the year? 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 X 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)

Form 9	90-EZ (2015	i) <b>,</b>	NAT	IONAI	UT	ILITY	CON	TRACTORS	ASSO	C 2	27-14	98746				Page 4
	. Did the orgato to candidate		•	•	•	•	•	campaign activitie	es on bel	half of o	r in oppo	sition		46	Yes	No X
Par	t <b>VI S</b> A 5	Sectional Section 19 and 19 an	on 501 tion 50 l 51.	<b>(c)(3)</b> (1(c)(3) (	organi organi	<b>izations</b> zations m	only oust ans	wer questions 4					tables for l	ines		
	Did the orga		_	-			r have a	section 501(h) elec	ction in e	ffect du	ring the t	ax		47	Yes	No
	-		•				170(b)(1	ا)(A)(۱۱)، If "Yes," c	omplete	Schedu	ıle E			48	<del></del>	
49a	Did the orga	anızatıd	on make	e any trai	nsfers t	to an exem	npt non-c	harıtable related o	rganızatı	ous				49		
	If "Yes," wa			-			-							49	0	<u></u>
	•			•		•	•	ensated employee: pensation from the	•			-	•			
				tle of each				(b) Average hours per week devoted to position	(0	) Report	able	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estima other co	ated amo	
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	<del></del>								ļ							
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f	Total numb	er of o	ther em	ployees	paid ov	er \$100,00	00			▶ _			_			
								ensated independe none, enter "None		actors w	ho each	received m	ore than			
						ach indepe				I	<b>(b)</b> Typ	e of service		(c) Comp	ensatio	n
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										l			}			
										<b> </b>						
										Ì			1			
									-							
	Total numb	er of o	ther ind	enenden	t contra	actors each	h receivir	ng over \$100,000		<del>                                     </del>						
52		anızatıd	on comp					n 501(c)(3) organiz	ations m	ust atta	ich a			-		No
Under	penalties of p	perjury,	I declare	that I have	e exam	ined this re other than o	turn, inclu officer) is t	ding accompanying spased on all informat	chedules on of whi	and stat	tements, a	and to the be by knowledge	st of my knowl			<del></del>
Sign			Janus	- Je	M	1										
Here		Signatu Type or	office from print name	حکو	rth	is, E	Locus	W Die	2~			Mey	9,2	طاه		
	Print/7		parer's na				Pre	parer's signature		7		Date	<del></del>	☐ PT	IN	
Paid	тном	MAS E.	. GRAF	TON				pen d	M	9		05/	Check self-e	<u> </u>	028266	50
Prepa	arer Firm's	name 🕨		GRAF'		& ASS							Firm's EIN	47-0		
Use (	Only Firm's	address		5935 LINC			ST.,	SUITE A					Phone no 4	02-48	6-36	500
May t	he IRS disc	uss thi	is return	with the	prepar	er shown	above? S	See instructions						► X		No
														Form 9	90-EZ	(2015)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

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

• 5	Section 501(c)(4), (5), or (6) organizations_Complete Part III	l							
Vam	e of organization NATIONAL UTILITY CO.	NTRACTORS ASSOC		Employer ident	ification number				
	OF NEBRASKA, INC	<del> </del>		27-14987					
Par	t I-A Complete if the organization is exen	npt under section 501(c	) or is a section	on 527 organization	on.				
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV						
2	Political expenditures			▶ \$					
3	Volunteer hours								
Par	t I-B Complete if the organization is exen	npt under section 501(c	)(3).						
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$					
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$					
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
b	If "Yes," describe in Part IV								
Pai	t I-C Complete if the organization is exen	npt under section 501(c	), except sect	ion 501(c)(3).					
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion						
	activities			▶ \$					
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection						
	527 exempt function activities ▶ \$								
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,								
	line 17b ►\$								
4	4 Did the filing organization file Form 1120-POL for this year?								
5	Enter the names, addresses and employer identification no	umber (EIN) of all section 527 p	political organization	ons to which the filing					
	organization made payments For each organization listed	, enter the amount paid from th	e filing organizatio	n's funds Also enter					
	the amount of political contributions received that were pro-	mptly and directly delivered to	a separate politica	il organization, such					
	as a separate segregated fund or a political action commit	tee (PAC). If additional space is	s needed, provide	information in Part IV					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-				
1)									
2)					<del></del>				
21	<del></del>								
(3)									
4)									
5)									
6)					<del> </del>				

Sch	hedule C (Form 990 or 990-EZ) 2015 NATIO	NAL UTILIT	TY CONTRACT	ORS ASSO	C 27-14	98746	Page <b>2</b>
	art II-A Complete if the organiza	ation is exemp	t under section	501(c)(3) and	filed Form 5	768 (elec	
	section 501(h)).						
A	Check ▶ if the filing organization	n belongs to an	affiliated group (a	and list in Par	t IV each affilia	ted grou	p member's
	name, address, EIN, e	expenses, and s	share of excess lo	obbying exper	nditures).		
В	Check ▶ ☐ if the filing organization	n checked box /	A and "limited cor	ntrol" provisio	ns apply		
	Limits on Lobb	ying Expendit	tures		(a) Filing		(b) Affiliated
_	(The term "expenditures" m	eans amounts p	paid or incurred.)		organization's tota	els	group totals
1	1a Total lobbying expenditures to influence pub	olic opinion (grass r	oots lobbying)	Ĺ			
	<b>b</b> Total lobbying expenditures to influence a le	gislative body (dire	ct lobbying)	ļ			
	c Total lobbying expenditures (add lines 1a ar	nd 1b)		Ĺ			
	d Other exempt purpose expenditures					_	
	e Total exempt purpose expenditures (add line	es 1c and 1d)		Ļ			
	f Lobbying nontaxable amount. Enter the amo	ount from the follow	ing table in both	į		ĺ	
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:	[			
	Not over \$500,000	20% of the amoun	nt on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$5	000,000		ĺ	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1	.000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	500,000			
	Over \$17,000,000	\$1,000,000					<u></u>
	g Grassroots nontaxable amount (enter 25% of	of line 1f)		Ĺ			
	h Subtract line 1g from line 1a. If zero or less,	enter -0-		Į.		_	
	i Subtract line 1f from line 1c. If zero or less,	enter -0-		Į			
	j If there is an amount other than zero on eith	er line 1h or line 1i,	, did the organization	file Form 4720			
_	reporting section 4911 tax for this year?						Yes No
		4-Year Average	ing Period Under	section 501(h	)		
	(Some organizations that made	a section 501(h	) election do not l	have to compl	ete all of the fiv	e colum	ns below.
			nstructions for lin				
_	Lob	bying Expendite	ures During 4-Yea	r Averaging P	eriod		
	Calendar year (or fiscal year						
	beginning in)	(a) 2012	(b) 2013	(c) 2014	(d)	2015	(e) Total
	Jogilling III)			1			
	2a Lobbying nontaxable amount						
	b Lobbying ceiling amount						
	(150% of line 2a, column(e))						
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 NATIONAL UTILITY CONTRACTORS ASSOC Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes description of the lobbying activity. 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 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? 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j Total. Add lines 1c through 1i 2a 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? X 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 105,583 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a -7,612 b Carryover from last year 2b -508 c Total 2c 10,749 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? -11,257

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

### SCHEDULE G. (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

inspection

Doen to Public

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL UTILITY CONTRACTORS ASSOC

Employer identification number

OF NEBRASKA, INC 27-1498746 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions col (i) Yes No 1 6 8 10 Total

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

3

registration or licensing.

. . . . . .

Schedule G (Form, 990 or 990-EZ) 2015 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts o	reater th	an \$5,000.						· 		
				(a) Event #1		(p)	Event #2		(c) Other	events		d) Total events
			GOLF	TOURNAMEN	T	CLAY S	ноот сн	AI.	None		'	d col (a) through
d)				(event type)	<u></u>  .		ent type)		(total nu	mber)	` `	col <b>(c)</b> )
Revenue			l			<del>-</del>					}	00 455
Rev	1	Gross receipts		19,29	90	<del></del>	9,1	165			<del> </del>	28,455
	2	Less: Contributions										
	3	Gross income (line 1 minus	 I	10.04								00 455
	_	line 2)		19,29	90		9,1	-65	<del></del>		┽	28,455
	4	Cash prizes										
	_	Nia		7 -	73			206				379
	5	Noncash prizes			/3	-		.00			+	313
ses	6	Rent/facility costs		9,62	24		6,5	40				16,164
Direct Expenses	_	Part of the desire	ı									
Ω Ü	′	Food and beverages									+	
Dire	8	Entertainment			_ _						<u> </u>	
		Other direct comesses		Q.F	56		2	42				1,298
	9	Other direct expenses	<u> </u>		<u> </u>			121			<del>                                     </del>	
		Direct expense summary		-						<b>•</b>	·	17,841 10,614
		Net income summary. Su						<del></del>	1071 4	<u> </u>	1	
r	art	than \$15,000 o		e organization a	inswe	ered res	on Form 98	ט, א	artiv, iine i	9, or repo	ntea mo	re
Φ		11011 0 101000		(a) Bingo	T	<b>(b)</b> Pu	II tabs/instant		(c) Other		(d) 1	otal gaming (add
Revenue					-	bingo/pr	ogressive bingo		(c) Other		col (	a) through col (c))
æ	1	Gross revenue			- {							
_		0.000.000.000			7						1	
ses	2	Cash prizes	<del></del>		-						<u> </u>	
ect Expenses	3	Noncash prizes			-			ł				
ш घ		·			$\top$		· · · · · · · · · · · · · · · · · · ·					
Dire	4	Rent/facility costs			+						<del> </del>	
	5	Other direct expenses	_		Ì			1				
			Ye			Yes		%	Yes	%	5	
	6	Volunteer labor	No			No No		1	No		<del></del>	
	7	Direct expense summary.	Add lines:	2 through 5 in colum	nn (d)					•		
		Not seem a seem a seem a	O. h.			(1)						
	8	Net gaming income sumn	nary Subtr	act line / from line 1	, colu	imn (a)					٠	
9	Ent	ter the state(s) in which the	organizatı	on conducts gaming	g activ	rities:						
		he organization licensed to	conduct g	aming activities in e	ach o	f these state	s <sup>?</sup>					Yes No
b	וז "ו	No," explain										
	1//0	ere any of the organization's	s damina li	censes revoked suc	enand	ed or termin	ated during the	tav u	2212			Yes No

b If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization NATIONAL UTILITY CONTRACTORS ASSOC Employer identification number

OF NEBRASKA, INC

27-1498746

Description Amount	
MEMBER DIRECTORY&NEWSLETTER \$ 12,	585
MISCELLANEOUS \$	108
LESS:CIRCULATION INCOME \$ -3,	985
Total \$ 8,	708

Form 990-EZ, Part I, Line 16	- Other Exp	penses					
Description		Amount					
MEMBER DIRECTORY&NEWSLETTER							
ADVERTISING	\$	1,074					
READERSHIP COSTS	\$	18,714					
Expenses							
LESS: 990T ADVERTISING	\$	-1,074					
OFFICE EXPENSES	\$	1,480					
WEBSITE DEVELOPMENT	\$	76					
WEBSITE REDESIGN	\$	3,728					
ELECTRONIC COMMUNICATIONS	\$	828					
DATABASE	\$	948					
ANNUAL MEETING	\$	20,126					
BOARD EXPENSES	\$	6,885					
NATIONAL CONVENTION	\$	5,640					
WASHINGTON SUMMIT	\$	1,396					
INSURANCE	\$	2,468					
SAFETY/TRAINING SEMINARS	\$	1,917					

Schedule	O (Form.	990 or	990-F7)	(2015)
SCHEUNIE	O II GIIII		330-LZ1	12010

Schedule O (FQm1.990 or 990-E2) (2013)			rage <b>z</b>
Name of the organization			Employer identification number
NATIONAL UTILITY CONTRACTORS ASS	OC		27-1498746
CREDIT CARD PROCESS FEES	\$	2,581	
NUCA OF NE SCHOLARSHIP	\$	1,000	
NWCEF MEMBERSHIP	\$	1,000	
NATIONAL MEMBERSHIP DUES	\$	45,095	
LESS: READERSHIP COSTS	\$	-18,714	
PROFESSIONAL DEVELOPMENT	\$	999	
LEGISLATIVE DAY	\$	560	
INVESTMENT FEES	\$	563	
То	tal \$	97,290	

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

UNREALIZED LOSS

\$ -2,456

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

Description		Beg. of	Year	End of	Year
Accounts Receivable		\$	75	\$	0
Prepaid Expenses and Deferred Charges		\$	784	\$	6,408
	Total	\$	859	\$	6,408

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

Description	Beg.	of Year	End of Year
Accounts Payable and Accrued Expenses	\$	3,185	\$ 9,431
Deferred Revenue	\$	9,000	\$ 5,368
DEFERRED CHAPTER DUES	\$	40,875	\$ 21,805
DEFERRED NATIONAL DUES	\$	35,505	\$ 16,460
SALES TAX PAYABLE	\$	187	\$ 0
		Page	1 of 2

Form 990-EZ, Part III - Primary Exempt Purpose

IMPROVE THE OPERATIONAL PROFICIENCY AND FINANCIAL PERFORMANCE OF ITS MEMBER

COMPANIES BY PROVIDING SERVICES THAT FOCUS ON SHARED INDUSTRY ISSUES. NUCA

ALSO WORKS TO SECURE MORE FUNDING FOR AMERICA'S AGING UNDERGROUND

INFRASTRUCTURE.