

2017

Open to Public
Inspection

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)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

, 2017, and ending , 20

A For the 2017 calendar year, or tax year beginning

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	National Utility Contractors Colorado aka NUCA of Colorado		26-4350374
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	5023 W. 120th Ave. Box 297		970-376-1190
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► 5753
<input type="checkbox"/> Amended return	Broomfield, CO 80020		
<input type="checkbox"/> Application pending			
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ► www.nucacolorado.com			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

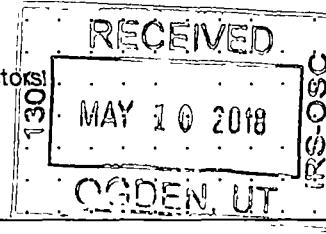
Check if the organization used Schedule O to respond to any question in this Part I

	Revenue	Expenses	Net Assets	
1	Contributions, gifts, grants, and similar amounts received		1	0
2	Program service revenue including government fees and contracts		2	0
3	Membership dues and assessments		3	92,100
4	Investment income		4	1
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	
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)			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			► 172,465
10	Grants and similar amounts paid (list in Schedule O)		10	0
11	Benefits paid to or for members		11	0
12	Salaries, other compensation, and employee benefits		12	0
13	Professional fees and other payments to independent contractors		13	28,362
14	Occupancy, rent, utilities, and maintenance		14	0
15	Printing, publications, postage, and shipping		15	224
16	Other expenses (describe in Schedule O)		16	128,389
17	Total expenses. Add lines 10 through 16		17	156,975
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	15,490
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	14,511
20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	30,001

For Paperwork Reduction Act Notice, see the separate instructions.

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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	14,511	22 30,001
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	Total assets	25	
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,511	27 30,001

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.

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)			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
Harper Daniel, President	2	0	0	0
Dan Ross, Immediate Past President	2	0	0	0
Gilbert Leake, Vice President	2	0	0	0
Andrew Bock, Secretary/Treasurer	2	0	0	0
Ryan Walker, Associate Vice President	2	0	0	0
Mike Kelly, Director	2	0	0	0
Gary Silbernagel, Director	2	0	0	0
Janet Marriage, Director	2	0	0	0
Riley Lindemann, Director	2	0	0	0
David Lustig, Director	2	0	0	0
John McDaniel, Director	2	0	0	0
John Mierzwa, Director	2	0	0	0

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

- 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
- 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
- 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
- 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
- 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
- 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
- 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
- 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 ► 40b
- 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 40c
- 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 ► 40d
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 40e
- 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 40f
- 41 List the states with which a copy of this return is filed ► 41
- 42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ► 42b
- 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c
- c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 42d
- 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 44a
- 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
- c Did the organization receive any payments for indoor tanning services during the year? 44c
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a
- b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

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.

Yes	No
46	✓

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

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, employees) who each received more than \$100,000 of compensation from the organization. If there is none, e

	Yes	No
47		
48		
49a		
49b		

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 business address of each independent contractor	(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 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	 A handwritten signature in black ink, appearing to read "S. C. COO".	Signature of officer	9-25-18	Date
	NANCY DANIELLE - PRESIDENT			
	Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

OMB No 1545-0047

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Name of the organization

National Utility Contractors Colorado aka NUCA of Colorado

Employer identification number

26-4350374

Income

Event Registrations \$2370

Project Preview \$3800

Top Golf \$1250

Rodeo \$2818 14

Golf Tournament \$37910

Clay Shoot \$17550

Government Affairs Briefing/Annual Meeting \$5050

Total Events \$70748.14

Expenses

National Dues \$49695

Event Expense Annual Meeting \$13588.71

Project Preview \$5548.75

Rodeo \$2213.38

Golf Tournament \$23146.99

Clay Shoot \$8119.06

Top Golf \$3833

Bank Charges \$169.90

Conference Calls \$362.49

Credit Card Processing Fees \$3057.59

Design \$2265.22

Event Supplies \$801.24

Insurance \$814

Legal/Lobby Professional Fees \$2600

Name of the organization

National Utility Contractors Colorado aka NUCA of Colorado

Employer identification number

26-4350374

Happy Hours \$4060.73Mileage/Parking \$2.00Office Expense \$702.55Promotional \$805Supplies \$637.78Taxes and License \$10.00Travel Hotel \$1149.11Airfare \$929.28Meals \$114.10Transportation \$62.51Website \$74.39Refunds/Misc \$1391.51Training Expenses \$2234.37Total Expenses \$128388.66**Income**mistaken check/misc \$2965.22Training \$2300Happy Hour \$3035.20Refund/Overcharge \$1315.52Total \$9615.94