2949316622909 9

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning , and ending

	$\neg$	heck if app		C Name of organization		ATIONAL U		CONTRAC	TORS	ASSOC		D	Employer	Identificat	lon number	
	⊒^	ddress cha	inge	Doing business as	01	P NEBRASI	CA, INC			<del></del>		┥.	27-14	1007	16	
65		larne chang	<b>)</b> 0	Number and street (o	r P.O. box if	mail is not delivere	ed to street addre	186)		<del></del>	Room/suite		Telephone		10	
7	<u> </u>	ritial return		1633 NORM			_						<u> 402-!</u>		3344	
6.0		inal return/ erminated	'	City or town, state or	province, co	untry, and ZIP or fo	oreign postal cod	•								
R	_	vmended re		LINCOLN			NE 6851	2				G	Gross rece	ipts\$	<u>2</u> 75,884	
ቧ :	=			F Name and address of	principal of	ficer:					LU/a) la thia		anhum for au	hoolingtes?	Yes X No	
۲		pplication (	pending	SCOTT EY							11(m) 10 U10					
浸				8506 SOT	лтн 1	17TH ST				)	H(b) Are all				Yes No	
X				LAVISTA			<u> </u>	68128		<del>- /)///-</del>	- II.	If "No," attach a list. (see instructions)				
5		Tax-exemp			X 501(c)		(insert no.)	4947(a)(1)	or	527 Y						
劃		Nebalte:		WW. NUCANE			1		<del>}</del>	T	H(c) Group exemption number ► 5753  ear of formation: 2010 M State of legal domicile: NE					
POSTMARK DATE		Form of org			Trust	Association	Other	_	+	] L .Y	ear of formation:	20	10	M State o	f legal domicile: NE	
_,	**************************************	**********		ımmary escribe the organiza	tion's mir	onion or most	nianificant oc	divition:	<del> </del>							
	<u></u>	1 01		Schedule O	IUON 5 IIII	22011 01 111021	signincant ac	uviues	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••			••••••	
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	쭡	٠.				•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••					
1	78	2 CI	heck th	is box ▶ ☐ if the	organizat	ion discontinu	ed its operati	ons or dispo	sed of	forEthan 25	% of its net	asset	s.			
	9	3 N	umber	of voting members	of the go	verning body (	Part VI. line	1a)	_	TEGET	AED	T	3	10		
	3			of independent voti					166)	******		31	4	10	_	
	힇			nber of individuals (					1001	MAY 22	2019	Ş ···	5	0		
	圐			nber of volunteers (		<del>-</del>	•				10	31	6	84		
	<b>&gt;</b>	7 <b>a</b> To	otal unr	elated business rev	enue froi	m Part VIII, co	lumn (C), line	e 12		DGDEN	LIT	1	7a		11,775	
	Revenue ANN REGIVIDA & GOV Smith B	b Ne	et unrel	lated business taxa	ble incom	ne from Form 5	990-T, line 3	В				<u> </u>	7b		0	
	۲										Prior	Year	127	<u>C</u>	9,964	
ò	鸡			tions and grants (Pa						1			, 137 , 586		192,656	
	<b>1</b> 6		_	service revenue (P	-	•,				, 907		1,136				
	8		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  -1									, 957		44,021		
				enue (Part VIII, Col enue – add lines 8 1									673	-	247,777	
	_			nd similar amounts	-								, , , ,		0	
				paid to or for memb				<i>,</i>		·····					0	
				s, other compensation, employee benefits (Part IX, column (A), lines 5–10)									1		0	
				ressional fundraising fees (Part IX, column (A), line 11e)											0	
	Expens			draising expenses (	-					0						
	ũ	17 O	ther ex	penses (Part IX, co	lumn (A),	lines 11a-110	i, 11f–24e)			[			,063		199,093	
		18 To	otal exp	enses. Add lines 1	3–17 (mu	ist equal Part I	IX, column (A	A), line 25)			1		,063		199,093	
			evenue	less expenses. Su	btract line	e 18 from line	12						,610		48,684	
	t Assets or d Balances									- 1	Beginning of				237,185	
		20 To		sets (Part X, line 16									,752 ,213		82,033	
	<b>2</b>	21 10	otai liat	oilities (Part X, line 2 ots or fund balances	(b)					·····	1		,539		155,152	
		art II		gnature Block	. Subtrac	tine 21 from	ine 20					.00	<u> </u>			
					I have ev	amined this retu	m including a	ccompanying	schedule	es and stateme	ents, and to th	e best	of my kn	owiedae s	and belief, it is	
	tru	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any								nas any know	edge.	. C,				
				40.01	-\\	\ <u>\</u>						_	T 5\	1.3/1	Q	
	Sig	n		Signature of Silicer	7~~	"\		· · · · · ·					Date	- (		
	He			JANET SE	LHOF	'F				EXECU	TIVE D	IRE	CTOR	<u> </u>		
			7 1	Type or print name and titl	0										<u> </u>	
			Print/Typ	e preparer's name			Preparer's sign	neture C			Date		Check	□_"]	PTIN	
	Pak	12	Josepi	H J. MEDUNA			ठठा	<u>ny</u>		-	05,	$\overline{}$	.9 self-em		P01378332	
		parer	Firm's na			& ASSC			)			Firm	ts EIN	82	<u>-3725220</u>	
	USB	Only				56TH 8		ITE A						402	_406_3600	
		. 41 - 150	Firm's ad		ICOTN		8516					Pho	ne no.		-486-3600 <b>X</b> Yes	
			_	ss this return with the				ructions)		<u></u>		• • • • • •	<u></u>	·····	Yes No Form 990 (2018)	
	ror	raperwo	DIK K <b>a</b> a	ucuon aci Notice. Si	182 BNJ 64	Jacaus MSGUCO	UIID.								- UIII - U-U (2010)	

00000000000000000000000000000000000000	ONAL UTILITY CON		27-1498746	Page 2
	ent of Program Service Ad			<b>.</b>
		ponse or note to any line in	this Part III	<u>X</u>
See Schedule	organization's mission:			
* * * * * * * * * * * * * * * * * * * *				
••••••				
2 Did the organization	undertake any significant progran	n services during the year which	were not listed on the	
prior Form 990 or 99	0 E79			Yes X No
If "Yes," describe the	ese new services on Schedule O.		•••••	
3 Did the organization	cease conducting, or make signif	icant changes in how it conducts,	any program	
services?			***************************************	Yes 🗓 No
	ese changes on Schedule O.			
		_	est program services, as measured	-
			unt of grants and allocations to oth	ers,
the total expenses, a	and revenue, if any, for each progr	ram service reported.		
4a (Code: )(	Г	including grants of \$	) (Revenue	•
NUCA is the	National Utility	y Contractors Ass	sociation - the 10	eading
trade assoc	iation working so	olely for the uti	lity construction	n and
			se purpose is to	
			mance of its mem	
			industry issues. Iging underground	
infragtruct	ure more lunding	1 TOL MINELICA S	iding anderground	
			) (Revenue	
N/A			•••••	
• • • • • • • • • • • • • • • • • • • •				
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***************************************				• • • • • • • • • • • • • • • • • • • •
			····	
4c (Code: )(	Expenses \$	including grants of \$	) (Revenue	\$)
N/A				
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			•••••	
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• • • • • • • • • • • • • • • • • • • •				
***************************************	•		***************************************	
4d Other program servi	ces (Describe in Schedule O.)			
(Expenses \$	including g	rants of \$	) (Revenue \$	
4e Total program service	e expenses ▶			



Form 990 (2018) NATIONAL UTILITY CONTRACTORS ASSOC **Checklist of Required Schedules** Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, x assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	$\dashv$	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			i
	through 24d and complete Schedule K. If "No," go to line 25e	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	- 1		i
	current or former officers, directors, trustees, key employees, highest compensated employees, or			i
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		x
~	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		ж
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>"</del>		<del></del> -
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	_	
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1 <b>a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		*********	<b> *****</b>
_	reportable gaming (gambling) winnings to prize winners?	1c	. 004	) (2018)
		Fon	m ランし	ø (2016)

Form 990 (2018) NATIONAL UTILITY CONTRACTORS ASSOC 27-1498746

	Statements Regarding Other IRS Filings and Tax Compliance (continu	1 <del>0</del> d)				
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			<b>******</b>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	• • • •		2b	*********	*********
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	)				*****
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	********	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advantage of the second of th	ccoun	its (FBAR).		*********	X
5 <b>a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	JON Y				_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		60		x
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		
b	gifts were not tax deductible?	18 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ande				
a	and services provided to the payor?	oous		7a	**********	*******
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••	•••••	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 2		······		
·	and the file Form 00000	•		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		·····		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	70	**********	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•-	7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file For	• • •	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b			******	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	*******	
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	*****	
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	405	I			
		13b 13c				
C	***************************************	130		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				<del>                                     </del>	<del>  ^</del>
45	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<b>-</b>	$\vdash$
15				15		x
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	• • • • • •	• • • • • • • • • • • • • • • • • • • •			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
10	If "Ves " complete Form 4720. Schedule O					

Form 990 (2018) NATIONAL UTILITY CONTRACTORS ASSOC 27-1498746 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of Interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records >

MCBRIDE & ASSOCIATES INC

1633 NORMANDY COURT, STE A

NE 68512-1473 402-474-7716 LINCOLN

orm 990 /2018\	NATTONAL.	TITTI.TTY	CONTRACTORS	ASSOC	27-1498746

8746 \_\_\_\_\_\_Page

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII...

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unic icer a	Pos check sss pe	irson i irecto	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/10 <del>99 M</del> ISC)	(11-5 1000 11100)	organization and related organizations
(1) BRAD WEGNER	1 00			┞						
PAST PRESIDENT	1.00	x		x				o	o	0
(2) SCOTT EYMAN										
	1.50	X		x				o	o	o
PRESIDENT (3) MATT BEVINGTON	0.00	<u> </u>								<u> </u>
(3)22111 22121131011	1.00									
VICE PRESIDENT	0.00	X		х				O.	0	0
(4) TONI WATTS-MCDO										
	1.00	x		x				o	o	o
SECRETARY/TREASURER (5) ERIC KLEIN	0.00	┢	┢	_	┢	$\vdash$				
(J) LILLO KUULII	0.50		ł							
DIRECTOR	0.00	X						0	0	0
(6) DAVID GILL					l					
	0.50	x			l	i		0	o	o
ASSOCIATE DIRECTOR (7) KEVIN STEELE	0.00	┢	┢╌	┢	⊢	-		<u> </u>		
(//KBVIN DIBBBB	0.50				İ					
DIRECTOR	0.00	X	L					0	0	0
(8) JERRY KABOUREK										
DIRECTOR	0.50	X				Ì		0	o	o
(9) DAVE TAFOLLA	0.00	<u> </u>	H	H	╁	$\vdash$		<u> </u>		
(0,01111 1111 01111	0.50		l	1	1					
ASSOCIATE DIRECTOR	0.00	X			<u> </u>			0	0	0
(10) B.J. WOEHLER	0.50									
DIRECTOR	0.50	X		l				O	o	o
(11) JANET SEELHOFF	1 3.00	1	$\vdash$	t	$\vdash$			1		
,	12.00									1
EXECUTIVE DIRECTOR	0.00	1_		X			L	0	0	Form <b>990</b> (2018)

	N VI Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	i age o
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unk	Pos check ess pe	rson i	than o s both	<b>a</b> n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compassion from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/10 <del>99 M</del> ISC)	(W-2/1009-MISC)	organization and related organizations
				-							
				_							
				_						-	
1b	Sub-total							<u> </u>			:
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	ncluding but not l	imite	ed to	<u> </u>			bov	e) who received more than	\$100,000 of	
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization and related on line for services rendered to the o	" complete Scheine 1a, is the sum nizations greater	dule of re than 	J for sport \$15 	suc able 50,00 pens	h ind com 207 i  atio	dividu npens of "Ye  n fror	<i>ial</i> . satic s, " c  n ar	on and other compensation complete Schedule J for su	from the	3 X 4 X
Sect 1	ion B. Independent Contracto Complete this table for your fi	ors ve highest comp	ensa	ated	inde	penc	lent o	cont	ractors that received more	than \$100,000 of	
	compensation from the organ	ization. Report o (A) I business address	omp	ensa	ition	for t	he ca	alen	dar year ending with or with	nin the organization's tax yo (B) otton of services	ear. (C) Compensation
	TYGETO BEN										
									<del>.</del>		
					_			_			
2	Total number of independent received more than \$100,000	contractors (included of compensation	uding	g but	not e org	limit ganiz	ed to	tho	se listed above) who	0	Form <b>990</b> (2018)

*****	55500E	Check	if Schedule (		ins a re	sponse o	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<del></del> ૄ	1a	Federated can	npaigns	1a						
23	b	Membership d	ues	1b						
₹. 	C	Fundraising ev	rents	1c						
ᇐ	d	Related organi	zations	1d						
E.E	•	Government grants (	contributions)	10						
ᅙᆲ	f	All other contribution								
疑		and similar amounts	not included above	1f		9,964				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ns included in lines 1a-	16 <b>\$</b> .						
	<u>h</u>	Total. Add line	s 1a–1f			<u></u> ▶.	9,964			
2					<b>—</b>	Busn. Code				
8	2 <b>a</b>		MEMBERSHIP			541800	72,825	7.2,825		
훘	b	• • • • • • • • • • • • • • • • • • • •	L NEMBERSHIP			541800	59,525	59,525		
ŽΙ	C	•	ADER TRAINING		⊢	541800	24,766			
Š	đ		CEETING-SPON	BORSHIP	· · · · · · • •	541800	21,950			
툂		ANNUAL 1			·····	541800 541800	11,270			
Program Service Revenue			am service reve				2,320 192,656	2,320		
ㅋ			s 2a-2f			·····	132,030			
	3	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond presented and presented are also as a second presented and presented are also as a second presented are also as a second presented are a second presented as a second presented as a second presented as a second presented as a second presented are a second presented as a second present					1,136			1,136
	4						2,200			
	5			-	•					
		Troyundou	(i) Real	·····	(II) Pen		_			
	6a	Gross rents	•							
	b	Less: rental exps.								
	C	Rental inc. or (loss)	-							
	d	d Net rental income or (loss)				🕨				
	7a				(ii) O	ther				
		sales of assets other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
	C	Gain or (loss)								
	d	Net gain or (lo	ss)	<u></u>		<u></u> ▶		***************************************		
•	8a		om fundraising eve							
5		(not including \$								
è			reported on line 1c)							
Other Revenue	_		18			38,205				
퉏			penses			28,107	10 000			
-			(loss) from fund		vents	····· <b>P</b>	10,098			
	9a		om gaming activitie							
			19		-					
			penses (loss) from gam		tioe .					
				iiig acuvi	<u>ucs</u>					
	IVa	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b								
	h									
			(loss) from sale		ntory				***************************************	
	Ť		cellaneous Revenue			Busn. Code				
	11a	CONTRACT	SERVICE INCO	ME		541800	21,620	21,620		
	b MEMBER DIRECTORYAMEWSLETTER 541800 c MISCELLANEOUS 541800			15,354		11,775				
				528						
	d All other revenue			-3,579	THE RESERVE THE PROPERTY OF THE PARTY OF THE					
		Total. Add line	es 11a-11d				33,923			
	12	12 Total revenue. See instructions.				▶	247,777	214,804	11,775	1,136

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Program service Fundralsing Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... Payroll taxes \_\_\_\_\_ Fees for services (non-employees): 50,500 50,500 a Management ..... b Legal .... 610 610 Accounting 7,230 7,230 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion i 4,336 4,336 Office expenses 3,510 3,510 Information technology ..... Royalties 16 Occupancy Payments of travel or entertainment expenses for any federal, state, or local public officials 35,271 35,271 Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 22 2,591 2.591 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 59,525 59,5<u>25</u> NATIONAL MEMBERSHIP DUES 26,126 SAFETY/TRAINING SEMINARS 26,126 18,911 18,911 READERSHIP COSTS CREDIT CARD PROCESS FEES 3,882 3,882 -13,399 All other expenses -13,399 60,931 0 138,162 Total functional expenses. Add lines 1 through 24e 199,093 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | if

following SOP 98-2 (ASC 958-720)

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash—non-interest bearing 122,820 1 168,893 Savings and temporary cash investments 2 Pledges and grants receivable, net ..... 3 Accounts receivable, net 7,500 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges \_\_\_\_\_\_ 2,496 7,292 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_10a b Less: accumulated depreciation 10b 10c 54,436 53,500 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 179,752 237,185 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... Accounts payable and accrued expenses 6,904 17 17 18 18 Grants payable 34,219 31,004 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X <u>46,493</u> of Schedule D 30,090 25 82,033 Total liabilities. Add lines 17 through 25 71,213 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 103,281 Unrestricted net assets 150,780 27 5,258 4,372 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Pald-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 155,152 108,539 33 Total net assets or fund balances 179,752 237,185 Total liabilities and net assets/fund balances .....

orm	990 (2018) NATIONAL UTILITY CONTRACTORS ASSOC 27-1498746				Pag	<sub>1e</sub> 12
	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<del>,</del>				┸┸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			8,5	
5	Net unrealized gains (losses) on investments	5			2,0	071
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		<u> 15</u>	5 <b>5,</b> 1	<u> 152</u>
	Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		
	of the audit, review, or compilation of its financial statements and selection of an Independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.				<b>      </b>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				j	
	the Single Audit Act and OMB Circular A-133?		L	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ļ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		<u></u>	3b		

Form **990** (2018)

**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

OMB No. 1545-0047

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. ▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Nam	e of organization	NATIONAL UTIL OF NEBRASKA,	ITY CONTRACTORS ASSOC	;	Employer ident 27 – 14987	ification number 46
<b>****</b>	t LA Com		on is exempt under section 501(e	c) or is a secti		
			ect and indirect political campaign activities			
•		itical campaign activities")				
2			nstructions)		<b>▶</b> \$	
3	Volunteer hours	for political campaign activitie	es (see instructions)			
Assessor			on is exempt under section 501(			
1	Enter the amoun	nt of any excise tax incurred b	v the organization under section 4955		<b>▶</b> \$	
2	Enter the amoun	nt of any excise tax incurred b	y organization managers under section 49	55	<b>▶</b> \$	
3	If the organization	on incurred a section 4955 tax	c, did it file Form 4720 for this year?			Yes No
4a	Was a correction					
b	If "Yes," describe	e in Part IV.				
			on is exempt under section 501(		tion 501 <u>(c)(3).</u>	
1	Enter the amoun	nt directly expended by the fili	ng organization for section 527 exempt fun	ction		
	activities				<b>&gt;</b> \$	
2			unds contributed to other organizations for			
	527 exempt fund	ction activities			<b>▶</b> \$	
3	Total exempt fur	nction expenditures. Add lines	s 1 and 2. Enter here and on Form 1120-P0	DL,		
	line 17b		s 1 and 2. Enter here and on Form 1120-P0 L for this year?		<b>&gt;</b> \$	
4						Yes   No
5			entification number (EIN) of all section 527			
			ization listed, enter the amount paid from t			
			that were promptly and directly delivered to			
	as a separate se		ction committee (PAC). If additional space			(-) A
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds, if none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
	<del></del>				<del></del>	
(1)						
<u></u> -			<del></del>			-
(2)						
(3)	<del></del>					·
(3)						
(4)	-	<del></del>				• .
(~/						
(5)						
<b>,-,</b>					<u></u>	
(6)		-				
•						L
For I	Paperwork Reducti	on Act Notice, see the instruc	ions for Form 990 or 990-EZ.		Schedule C (Fo	rm 990 or 990-EZ) 201

., Sci	ن. hedule C (Form 990	or 990-EZ) 2018 <b>NAT</b>	IONAL UTILIT	ry Contract	ORS ASSO	OC 27.	-1498746	1	Page 2
*****	art II-A C	omplete if the orga							
_	Check ▶	ection 501(h)).  If the filing organizati	on belongs to an affi	liated amus (and li	et in Part IV es	ch affiliate	d amun member	re nama	
_	OHOOR P	address, EIN, expen	_			ion annato	a group member	S Harrie,	
В	Check ▶ □	if the filing organizati			•	iv.			
_		<del></del>	obbying Expendit		<u> </u>	<del>-</del>	iling	(b) Affiliated	
	(Th	e term "expenditures					on's totals	group totals	
1		expenditures to influence							
		expenditures to influence							
		expenditures (add lines 1							
	d Other exempt	purpose expenditures			l				
	<ul> <li>Total exempt j</li> </ul>	purpose expenditures (ad	d lines 1c and 1d) $\dots$						
	f Lobbying nont columns.	axable amount. Enter the	amount from the follow	ring table in both					
	If the amount o	on line 1e, column (a) or (b	is: The lobbying no	ntaxable amount is:					
	Not over \$500,0	000	20% of the amour	nt on line 1e.					
	Over \$500,000	but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$5	500,000.				
	Over \$1,000,00	0 but not over \$1,500,000		% of the excess over \$1					
		0 but not over \$17,000,000	<del></del>	of the excess over \$1,	500,000.				
_	Over \$17,000,0		\$1,000,000.						
		ntaxable amount (enter 2			i i				
		lg from line 1a. If zero or l If from line 1c. If zero or le			······ }		-	-	
		mount other than zero on	*******	did the omanization		<del></del>			
		ion 4911 tax for this year?						Yes	No
_		<u> </u>		Ing Period Under				1.00	1.00
	(Some	organizations that m	_	_	•	•	he five column	s helow	
	(00110	organizations that m	See the separate i	-	=			b bolow.	
_			<u></u>				_		
_			Lobbying Expendit	ures During 4-Yea	<u>r Averaging F</u>	<u>Period</u>			
		ear (or fiscal year ginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	,	(d) 2018	(e) Total	
	2a Lobbying nont	axable amount							
	b Lobbying ceiling	ng amount							
_	(150% of line	2a, column (e))							
	c Total lobbying	expenditures							
	d Grassroots no	ntaxable amount							
	e Grassroots ce	iling amount							
_	(150% of line :	2d, column (e))							
	f Grassroots lob	obying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

### SCHEDULE D (Form 990)

Department of the Tressury Internal Revenue Service

# Supplemental Financial Statements Complete if the organization engaged "Yes" on Form 990

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for Instructions and the latest Information.

2018

Openito Public Inspection

Name of the organization **Employer Identification numb** NATIONAL UTILITY CONTRACTORS ASSOC OF NEBRASKA, INC 27-1498746 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_ Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

a Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X.

Surfigit Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2018 NATIONAL	<u>UTILITY C</u>	ONTRACTORS	ASSOC	<u> 27-14</u>	<u> 19874</u>	<u> </u>		P	age 2
collection liems (check all that apply):    Posterior control of the companion of the compa	24	Organizations Maintainii	ng Collections of	Art, Historical	Treasures,	or Other	Simila Simila	ar Assets	(contin	ued)	
Scholarly research     Other	3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	is, check any of the fo	ollowing that a	re a signific	cant use	of its			
Provision as description of the organization's collections and explain how they further the organization's exceept purpose in Part XIII During the year, did the organization is collections and explain how they further the organization's exceept purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar statists to be sold to raise turbule statists and the solicit or receive that the part of the organization's collection?	a	Public exhibition	d 🗌	Loan or exchange pr	rograms						
4 Provide a description of the organization's collections and explain how they turther the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be aministend as part of the organization's collection?  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, part XIII and complete the following tables:  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII and complete the following tables:  C Beginning balance  1 c Biginning of language and the part XIII and complete the following tables:  Amount   1 c	b		e	Other							
SUII.  S During the year, did the organization solicit or receive donations of art, historical imagures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization acceleration?  Lescrow and Custodial Arrangements.  Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an asyent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If I is the organization an asyent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X is the organization the arrangement in Part XIII and complete the following table:  Amount  1c	C	Preservation for future generations									
Souring the year, did the organization solicit or receive donotions of art, historical trassures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yea   No	4	Provide a description of the organization's	collections and explain	n how they further the	organization	's exempt p	urpose i	n Part			
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No   Month of Form 990, Part X   Mount   Moun	5		t or receive donations	of art, historical treas	ures, or other	similar					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No   If Yes, "explain the arrangement in Part XIII and complete the following table:			to be maintained as j	part of the organization	n's collection	ን . , <u>.</u>			. 🗌 Yo	18 <u> </u>	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?	Pa	Escrow and Custodial A	rrangements.		•						
1a is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    C   Beginning balance		Complete if the organization	on answered "Yes	" on Form 990, P	art IV, line	9, or repo	orted ar	n amount	on Forn	1	
included on Form 1980, Part X?    If Yes, "explain the arrangement in Part XIII and complete the following table:		990, Part X, line 21.	<u>-</u>							_	
b if "Yes," explain the arrangement in Part XIII and complete the following table:    C	1a	Is the organization an agent, trustee, custo	dian or other intermed	fiary for contributions	or other asse	ts not			_		
b if "Yes," explain the arrangement in Part XIII and complete the following table:    C		included on Form 990, Part X?							. 🗌 Yo	)S [	No
c Beginning balance	b						_				
d Additions during the year    1e							L		Amoun	t	
d Additions during the year    Distributions during the year   Ending belance	C	Beginning balance	***************************************				L	1c			
Ending belance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization answered "Yes" on Form 990, Part IV, line 10.  2c Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  c Temporarity restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment thords not in the possession of the organization that are held and administered for the organization by:  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Core or other beals  (b) Cost or other beals  (c) Accountaited  (c) Accountaited  (d) Book value  (e) Cother other beals  (e) Cost or other beals  (e) Cother other beals	d							<u>1d</u>			
Ending belance   If   Yes   No   If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Yes   No   If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Part XIII. Check here if the explanation has been provided on Part XIII   Part XIII. Check here if the explanation has been provided on Part XIII   Part XIII. Check here if the explanation has been provided on Part XIII								1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								1f			
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Two years back (e) Three years back (e) Four years back (e) Two years	2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cu	stodial accour	nt liability?			. 🗌 Ye	18 <u> </u>	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Times years back   (e) Four years back			III. Check here if the e	xplanation has been	provided on P	art XIII					
1a Beginning of year belance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3s(ii), are the related organizations isisted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Statistical Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other beals (b) Cost or other beals (c) Accumulated (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment.		Complete if the organization	on answered "Yes	<u>" on Form 990, P</u>	art IV, line	<u>10.                                    </u>					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % b Permanent endowment > % c Temporarily restricted endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  1at Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other beals (b) Cost or other beals (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment.			(a) Current year	(b) Prior year	(c) Two yes	ers beck	(d) Thre	e years back	(e) Fou	r years t	ack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(i) 3a(ii)   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Land b Buildings c Leasehold improvements d Equipment e Other											
tosses d Grants or scholarships 0 Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) Part XIII the intended uses of the organization's endowment funds.    Describe in Part XIII the intended uses of the organization's endowment funds.    Describe in Part XIII the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property	þ	Contributions						_	<u> </u>	_	
d Grants or scholarships  Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  5a(ii)   3a(i)   3a(ii)   3	C	lacase								_	
e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	ď										
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii)   3a(ii)   b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Fig. V  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii)   3a(ii)   b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Fig. V  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other		programs							<u> </u>		
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment > %  b Permanent endowment > %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(i)	f	Administrative expenses							l		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 5 if "Yes" on line 3g(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Set 3 if "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land b Buildings c Leasehold improvements d Equipment c Ceasehold improvements d Equipment e Other											
b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Fact VIII  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other			urrent year end balanc	e (line 1g, column (a)	)) held as:						
b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Fact VIII  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	a	Board designated or quasi-endowment ▶	%								
Temporarily restricted endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	C	***************************************									
organization by: (ii) unrelated organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part XII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		The percentages on lines 2a, 2b, and 2c sl	hould equal 100%.								
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Fact VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depractation (d) Book value  1a Land  b Buildings c Leasehold improvements d Equipment e Other	3a	Are there endowment funds not in the post	session of the organiza	ation that are held an	d administere	d for the					
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Each Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depraclation  (d) Book value  1a Land  b Buildings  c Leasehold improvements d Equipment e Other		organization by:								Yes	No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other besis (investment)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other		(i) unrelated organizations							3a(i)		İ
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  o Other		41114							3a(ii)		
Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (other)  (other)  (d) Book value  (d) Book value  (d) Book value  (other)  Equipment  Other	Ь	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  depreciation  1a Land  b Buildings c Leasehold improvements d Equipment e Other	4	Describe in Part XIII the intended uses of t	he organization's ende	owment funds							
Description of property  (a) Cost or other basis (Investment)  (other)  (other)  (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Equipment  (other)  (other)  (other)  (other)  (other)  (other)  (other)  (other)		d VI Land, Buildings, and Eq	uipment.								
(Investment) (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment o Other			on answered "Yes	" on Form 990, P	art IV, line	<u>11a. See</u>	Form 9	990, Part 2	X, line 1	0.	
1a Land b Buildings c Leasehold improvements d Equipment Other		Description of property	(a) Cost or other	basis (b) Cost o	r other basis	(c) Ac	cumulated		(d) Book	value	
b Buildings c Leasehold improvements d Equipment Other			(investment)	(a	ther)	dep	preciation				
b Buildings c Leasehold improvements d Equipment Other	1a	Land									
c Leasehold improvements d Equipment Other	b										
d Equipment Other											
Other											
		Other									
				t X, column (B), line	10c.)			▶			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED CHAPTER DUES	20,735
(3) DEFERRED NATIONAL DUES	19,605
(4) SALES TAX PAYABLE	153
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,493

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 NATIONAL UTILITY CONTRACTORS ASSOC 27-1498746  Page 4  Page 4  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
_			<del></del>			
1	·····					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1				
_	Net unrealized gains (losses) on investments	2a				
b	***************************************	2b				
C		2c				
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	<u>2e</u>			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	(	4b				
C	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5			
5						
	Reconciliation of Expenses per Audited Financial S					
_	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	<del></del>			
1	• • • • • • • • • • • • • • • • • • • •			<del></del>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11				
a	***************************************					
b		2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
_	Add lines 2a through 2d					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIII.)					
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u></u>		<del></del>		
Part XIII Supplemental Information.						
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
			.,,,,,,	,,,,,,,,,,,,,,,		

Department of the Tressury

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8s.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the letest information.

OMB No. 1545-0047

Internal Revenue Service NATIONAL UTILITY CONTRACTORS ASSOC **Employer Identification numb** Name of the organization 27-1498746 OF NEBRASKA, INC P. Company Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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 10 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 fundraiser listed in organization or entity (fundraiser) from activity control of ontributions? col. (I) Yes No **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

b If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

æ:

# 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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest Information.

Open to Fublic Inspection

Name of the organization NATIONAL UTILITY CONTRACTORS ASSOC OF NEBRASKA, INC

Employer Identification number 27-1498746

Form 990 - Organization's Mission					
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.
Form 990, Part III, Line 4d - All Other Accomplishments					
NUCA IS THE NATIONAL UTILITY CONTRACTORS ASSOCIATION - THE LEADING TRADE					
ASSOCIATION WORKING SOLELY FOR THE UTILITY CONSTRUCTION AND EXCAVATION					
INDUSTRY IN THE UNITED STATES WHOSE PURPOSE IS TO 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 UNDERGOUND INFRASTRUCTURE.					
Form 990, Part VI, Line 3 - Management Delegated					
MCBRIDE AND ASSOCIATES PERFORM MANAGEMENT FUNCTIONS FOR THE ORGANIZATION.					
Form 990, Part VI, Line 6 - Classes of Members or Stockholders					
THE ASSOCIATION IS COMPOSED OF FOUR CLASSES OF MEMBERSHIP: CONTRACTOR,					
ASSOCIATE, INSTITUTIONAL, AND OTHER SPECIALITY CONTRACTOR.					
Form 990, Part VI, Line 7a - Election of Members and Their Rights					
ACTIVE MEMBERS ARE ELIGIBLE TO VOTE AND SERVE AS ELECTED OR					
APPOINTED OFFICERS OR DIRECTORS OF THE ASSOCIATION.					

Employer identification number

### NATIONAL UTILITY CONTRACTORS ASSOC

27-1498746

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE ORGANIZATION'S MANAGEMENT COMPANY, MCBRIDE AND ASSOCIATES, IS
RESPONSIBLE FOR REVIEWING THE 990 PRIOR TO FILING.

FORM 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ONCE EACH YEAR THE QUESTIONNAIRE REGARDING POTENTIAL CONFLICTS

OF INTEREST SHALL BE DISTRIBUTED TO ALL BOARD MEMBERS. EACH MEMBER OF THE
BOARD SHALL COMPLETE THE QUESTIONNAIRE AND SUBMIT IT TO THE EXECUTIVE

COMMITTE AS REQUESTED. THE EXECUTIVE COMMITTEE SHALL REVIEW THE COMPLETED

QUESTIONNAIRES, OBTAIN ADDITIONAL INFORMATION FROM INDIVIDUAL BOARD MEMBERS

WHERE INDICATED, AND REPORT ITS FINDINGS TO THE BOARD OF DIRECTORS. THIS

SAME PROCEDURE SHALL BE FOLLOWED WITH NEW MEMBERS OF THE BOARD AT THE TIME

OF APPOINTMENT. THE EXECUTIVE DIRECTOR AND OTHER EMPLOYEES AND AGENTS OF

THE CORPORATION WITH SIGNIFICANT RESPONSIBILITY, MAY BE REQUIRED BY THE

BOARD TO FOLLOW THE SAME DISCLOSED PROCEDURES.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD OF DIRECTORS REVIEWS THE MANAGEMENT FEES PAID TO MCBRIDE AND
ASSOCIATES ON AN ANNUAL BASIS. CHANGES MADE TO THE FEE SCHEDULE ARE VOTED
ON BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Page 1 of 1