SCANNED JUL 3 0 2019

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)

2018

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public
Inspection

A Fo	r the	2018 calenda	ar year, or tax year beginning , 2018, and ending			, 20
B Che	eck if ap	plicable	C Name of organization 21	D Emp	-	entification number
Ad	ldress cl	hange	NATIONAL UTILITY CONTRACTORS ASSOCIATION OF LAS VEGAS			80494026
	ime cha	•	Number and street (or P O. box, if mail is not delivered to street address)	E Telep	ohone nu	
=	tial retur	n v/terminated	2654 W HORIZON RIDGE PKWY 287	L		2.683 1074
_	nai returi nended i		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	nption
=		pending	HENDERSON NV 89052		nber 🕨	
G Ac	count	ing Method	✓ Cash	Check	<b>▶</b> 🗹 ıt	the organization is <b>not</b>
1 We	ebsite	<b>:</b> ▶		required	d to atta	ach Schedule B 71
J Tax	(-exem	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	P-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
L Ad	d lines	5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets		
(Part	II, colu		\$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b> \$	121,659
Pai	rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	for Part I) 📴
		Check If	the organization used Schedule O to respond to any question in this Part	۱	<u>.</u>	<u>. </u>
?1	1	Contribution	ons, gifts, grants, and similar amounts received		1	
?1	2		ervice revenue including government fees and contracts		2	
?1	3	_	up dues and assessments		3	60,205
_24	4	Investment	tincome		4	35
	5a	Gross amo	ount from sale of assets other than inventory   5a		:	<u> </u>
	b		or other basis and sales expenses		1. ]	
j	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		nd fundraising events.			
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
의		\$15,000) .				
Revenue	b	Gross inco	ome from fundraising events (not including \$ of contribution)	ns	1 1	
<u></u>			aising events reported on line 1) (attach Schedule G if the			
-			ch gross income and contributions exceeds \$15,000)   6b	61,419		
	С	Less: direc	et expenses from gaming and fundraising events 6c	29,815	1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	1	
		line 6c) .			6d	31,604
}	7a	Gross sale	s of inventory, less returns and allowances   7a		. 1	
ŀ	b		of goods sold		1	
ĺ	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)	<del>.</del> .	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.  ▶	9	91,844
$\neg$	10		d similar amounts paid (list in Schedule O)	<u>v</u>	10	
- 1	11	Benefits pa	and to an far mambara	3	11	
န္မ	12		ther compensation, and employee benefits 2. APR 26.2019	<u>ဗွ</u> ်.	12	14,287
ı Si	13	Profession	al fees and other payments to independent contractors	<del>".</del> ] .	13	•
Expenses	14	Occupanc	y, rent, utilities, and maintenance $\dots\dots\dots$ . $OGDEN$ , $ILT$ .	.1.	14	
<u>й</u>	15		ublications, postage, and shipping		15	324
	16		enses (describe in Schedule O) 2		16	62,900
	17		enses. Add lines 10 through 16	. ▶	17	77,511
s	18		(deficit) for the year (Subtract line 17 from line 9)		18	14,333
je	19		s or fund balances at beginning of year (from line 27, column (A)) (must agre	e with		,200
AS			ar figure reported on prior year's return)		19	77,050
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	,550
Ź	21		or fund balances at end of year. Combine lines 18 through 20	. •	21	91,383
For F	apen		tion Act Notice, see the separate instructions. Cat No 10642I		<u> : 1</u>	Form <b>990-EZ</b> (2018)

?1

e Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedul		ny question in this	Part II		🗆
-	Officer if the organization asea concadi	e o to respond to di	ly quodadit iii tilio	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u>	75,541		88,984
23	Land and buildings		}	70,041	23	00,704
24	Other assets (describe in Schedule O)		,	1,509	$\rightarrow$	2,399
25	Total assets		}	77,050	-	91,383
26	Total liabilities (describe in Schedule O)		' ' ' ' '	77,000	26	
27	Net assets or fund balances (line 27 of column			77,050		91,383
	t III Statement of Program Service Accord				21	71,303
Lei	Check if the organization used Schedul	•		•		Expenses
\A/h a	t is the organization's primary exempt purpose?	e O to respond to al	ly question in this	raitiii 🖭		uired for section
				<del></del>		c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	fits three largest p	orogram services,	orgai	nizations; optional for
	neasured by expenses. In a clear and concise to ons benefited, and other relevant information for e		e services provide	a, the number of	0	,
	ons benefited, and other relevant information for e	ach program title.				<u> </u>
28						
	(O	A facility of a section of the			00-	
?:	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	· · · <b>P</b> 🖳	28a	
29						
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	<u> </u>	29a	
30						
	·					
		t includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a	<del></del>			32	<u> </u>
Par	List of Officers, Directors, Trustees, and Ke			•	nstruc	tions for Part IV)
	Check if the organization used Schedul	e O to respond to a	y question in this (c) Reportable ?:			<u> </u>
	<b>-</b>	(b) Average	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of	
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			ther compensation
		<u>'</u>	(if not pald, enter -0-)	deferred compensation	`—	
	TT ALLEN	12				
	SIDENT					
	ISTINA BRANDT	10				
	PRESIDENT			<u> </u>	ļ	
	ER BYRD 	5				
	RETARY				┷	
	N CONDEMI	5				
	ASURER	ļ	4,20	0	$\bot$	
	AN SMITH	3				
	ECTOR					·
	ES BLAINE	3				
DIRE	ECTOR	<u> </u>				
	D MOON	3				
DIRE	ECTOR	, ,				
	DA WEYL	3				
DIRE	CTOR	<u> </u>	<u></u>	<u> </u>	1	
JAS	ON DONNELLY					
DIRE	CTOR	3				
JULI	E ALLEN			†	$\top$	
ADM	IINISTRATOR	20	7,800	).		
			.,,500	<del> </del>	+-	<del></del>
		<del></del>	-	<del>                                     </del>	+	
					1	

Part	<ul> <li>Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this</li> </ul>			ŗ
	mistractions for that v., officer in the organization used ochequie of to respond to any question in this	3 i dit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
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		_
С	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		ı
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	5425	F1545
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	7888	No resta	PZ.
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
þ	Gross receipts, included on line 9, for public use of club facilities			Ŋ,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	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			が記
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			かいまし
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► NEVADA			
42a	The organization of the first of the contract	702 68	3 1074	
þ	Located at ► 3540 N 5TH STREET, NORTH LAS VEGAS, NV ZIP + 4 ► 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 ►	890 42b	Yes	N
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 ▶	42c	2211.E.m.	·
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		.	<b>&gt;</b> [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u>†                                     </u>	Yes	N 21
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	2010) 2010)	
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		2°0;
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	45h		

Form 9	90-EZ (2018)							ţ	Page 4
46	Did the orga	nization engage, directly or	indirectly, in political of	campaign activities	on behalf	of or in opposition	on	Yes	No
		s for public office? If "Yes,"		, Part I	• • •	· · · · · · ·	46	<u>/</u>	<u></u>
Part		on 501(c)(3) Organization		odinas 47 40h a	n d 50 nn		Ashlas 6		
	50 and	tion 501(c)(3) organization	ns must answer que	estions 47–49b ai	na 52, an	a complete the	tables i	or iin	es
		if the organization used So	shedula O ta rasaana	t to any avaction	n thin Dar	+ \ /!			~
	OHECK	in the organization used St	medule O to respond	to any question	iii liiis Fai	L VI	<del></del>	Yes	No
47	Did the orga	nization engage in lobbying	activities or have a	section 501/h) elec	ction in eff	fect during the t	av [	165	140
		," complete Schedule C, Pa					47	}	
48	•	ration a school as described				le F	48	<del> </del>	
49a		nization make any transfers					49a	<del>                                     </del>	<del> </del>
b		the related organization a s					49b		<del> </del>
50		is table for the organization's						es, an	d key
	employees) v	who each received more tha	n \$100,000 of compe	nsation from the or	ganization	. If there is none,	enter "N	lone."	, -
			(b) Average	(c) Reportable		tealth benefits,	-1 5-1		
	(a) Name an	d title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	hanatit -	itions to employee ( plans, and deferred	e) Estimate other com		
			Oevoted to position	(FOITIS 44-2) 1099-1410	CC	ompensation			
		~	1		1	1			
		<del></del>	<b></b>	<b></b>			<del>-</del>		
			4	ļ	1	1			
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			-						
			1			ļ			
	<del></del>		<del> </del>	Ì	<del></del>				
			1						
f	Total number	of other employees paid ov	/er \$100.000	· . <b>&gt;</b>		<del></del>			
51		s table for the organization			ent contrac	tors who each	eceived	more	than
	\$100,000 of	compensation from the orga	anization. If there is no	ne, enter "None."					
	(a) Name and	business address of each independent	dent contractor	(b) Type of :	service	(c) C	ompensatio	วก	
		·							
		***************************************							
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		·							
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					<del> </del>				
		***							
	<del></del>		<del></del>						
								_	
d	Total number	of other independent contri	actors each receiving	over \$100,000 .	. ▶				
52	Did the org	anization complete Schedi	ule A? Note: All se	ction 501(c)(3) or	ganization	s must attach	а		
	completed S	chedule A		<u> </u>	<u> </u>	<u></u> .	☐ Yes	<u> </u>	10
Jnder p	enalties of perjury	, I declare that I have examined this	return, including accompany	ring schedules and state	ements, and t	o the best of my know	vledge and	belief, i	lt is
rue, cor	rect, and complet	e. Declaration of preparer (other than	n onicer) is based on all into	mation of which prepar	er nas any kn	owieage			
o:		WITTE				0-4-			
Sign Here		iture of officer				Date 4-11-	19		
1016		OTT ALLEN, PRESIDENT or print name and title		<del></del>					
	<del></del>		Preparer's signature	·····	Date		PTIN		
Paid	] ,	e preparer's name	- Sparar & Signature			Check if self-employed	1		
Prepa	1	umo b			<del></del>	Firm's ElN ▶			
Use (	Only Firm's na					Phone no.	<del>-</del>		
May th		this return with the prepare	r shown above? See it	netructions			T Vac	ΠN	

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

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

(4)

(5)

(6)

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

Inspection

		Complete Parts I-A and B. Do not con	·		
• S	ection 501(c) (other than section	on 501(c)(3)) organizations <sup>.</sup> Complete F	Parts I-A and C below	w. Do not complete Part I-B.	
	ection 527 organizations. Com	•			
f the	organization answered "Yes	," on Form 990, Part IV, line 4, or For	m 990-EZ, Part VI,	line 47 (Lobbying Activities	s), then
• S	ection 501(c)(3) organizations	that have filed Form 5768 (election und	der section 501(h))· C	Complete Part II-A. Do not co	omplete Part II-B.
• S	ection 501(c)(3) organizations	that have NOT filed Form 5768 (electio	n under section 501	(h)). Complete Part II-B. Do r	not complete Part II-A.
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Prox
	ection 501(c)(4), (5), or (6) orga				
	of organization			Employer ider	ntification number
NATIO	ONAL UTILITY CONTRACTO	RS ASSOCIATION OF LAS VEGAS			88-0494026
		e organization is exempt und	er section 501(c	c) or is a section 527 of	organization.
1		the organization's direct and in			
2	•	y expenditures (see instructions) .			22,000
3	· · ·	cal campaign activities (see instruc			60
Part		e organization is exempt und			<del></del>
1		excise tax incurred by the organiza			<u> </u>
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Foi			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
		e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
1		ly expended by the filing organiz			<del>``````</del>
•	activities	· · · · · · · · · · · · · · · · · · ·		<b>▶</b> \$	
2	Enter the amount of the	filing organization's funds contrib		anizations for section	
_		vities	_	_	(
3	•	expenditures. Add lines 1 and 2.			
•	line 17b				(
4	Did the filing organization	n file Form 1120-POL for this year			Yes 🗸 No
5		ses and employer identification nur			
•		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
					If none, enter -0-
(1) N	ONE				
(2)					
(3)					

ı	Pana	2

Part II-A		Complete if the organizat section 501(h)).	ion is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under			
A	Check ▶		ongs to an affiliated group (and list in Part IV each affiliated group member's name,							
		address, EIN, expenses, an								
B	Check ►	If the filing organization che			ovisions apply.	<del>,</del>				
			bbying Expenditu			(a) Filing organization's totals	(b) Affiliated group totals			
	T	(The term "expenditures"		·		organization s totals	group totals			
•		bbying expenditures to influen					· · <del></del>			
		bbying expenditures to influence	-	• •		<del></del>				
		bbying expenditures (add lines	•				<del></del>			
		exempt purpose expenditures				<u> </u>				
		xempt purpose expenditures (a		•			<del></del>			
	f Lobbyii column	ng nontaxable amount. Ente	r the amount fr	om the following	, table in both					
		<del></del>	in The Johnston	tovoble amount	t io		MATERIAL PROPERTY OF THE PROPE			
		nount on line 1e, column (a) or (b)		nontaxable amount	t is:					
		r \$500,000	<del></del>	nount on line 1e.	over \$500,000					
		00,000 but not over \$1,000,000 ,000,000 but not over \$1,500,000		15% of the excess						
		,500,000 but not over \$17,000,000		5% of the excess of						
		7,000,000	\$1,000,000	370 Of the excess o						
		oots nontaxable amount (enter			<del></del>	L. D.C. Y. B. OF 12 - P. N. W. MANDERS OF PROPERTY AND ASSESSMENT OF PROPERTY ASSESSMENT OF PROPERTY AND ASSESSMENT OF PROPERTY ASSESSMENT OF PROPER	enser skine versig as series in the consist area			
	-	ct line 1g from line 1a. If zero or								
		ct line 1f from line 1c. If zero or								
		e is an amount other than zei		1h or line 1i, did	the organization	file Form 4720				
	-	ng section 4911 tax for this yea		Yes No						
	(Som	e organizations that made a s See tl	section 501(h) ele ne separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.			
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	<del>,</del>				
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total			
	2a Lobbyi	ng nontaxable amount								
		ng ceiling amount of line 2a, column (e))								
	<b>c</b> ' Total lo	obbying expenditures	· · · · · · · · · · · · · · · · · · ·							
	<b>d</b> Grassro	oots nontaxable amount								
		oots ceiling amount of line 2d, column (e))								
	f Grassro	oots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2018

Part I	Complete if the organization is exempt under section 501(c)(3) and has NOT ( (election under section 501(h)).	iled	Form	5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	3)		(b)	
	otion of the lobbying activity.	Yes	No	A	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			Ø÷.		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?				_	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?		110			
•	Total. Add lines 1c through 1 i			Water Co X XX		CENTS. A C
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	W-110 - 10				24
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			5 4.142 Walling	20254.11	de destal militar
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		NH EX	E NA	
Part I	I-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	or se	ction		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		~
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		~
Part I	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."					
	Dues, assessments and similar amounts from members		1		6	0,20
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
	Current year		2a			
	Carryover from last year		2b			
	Total	•	2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	/ıng	4			
	Taxable amount of lobbying and political expenditures (see instructions)	ı	5			
Part						
	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un list	)· Par	t II-A i	nes 1	and
2 (see	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	-				una
NUCA	OF LAS VEGAS IS A TRADE ORGANIZATION THAT PROVIDES FINANCIAL ASSISTANCE IN THE FORM C	F POI	ITICA	L.		
CONTR	IBUTIONS TO STATE AND LOCAL POLITICAL CANDIDATES AND ORGANIZATIONS THAT SUPPORT OU	R	·		<b></b>	
MEMBI	RS (UNDERGROUND UTILITY AND EXCAVATING CONTRACTORS)		<b></b> .		<b></b>	
NUCA	OF LAS VEGAS ALSO MONITORS REGULATORY AND LEGISLATIVE ISSUES AT THE STATE AND LOCA	_ LEV	EL TH	AT MA	<u>'</u>	
AFFEC	T OUR MEMBERS.				<b></b> -	<b></b>

### 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 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization					Employer identifi	cation number
NATI	ONAL UTILITY CONTRACTORS AS	_					0494026
Par	Fundraising Activities Form 990-EZ filers are	. Complete if to not required to	he organiza complete	ation ansv this part.	vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organizati	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [		on of non-govern	_	
b	Internet and email solicitation	ons	f [	] Solicitat	on of government	grants	
С	Phone solicitations		g [	] Special <sup>-</sup>	fundraising events	1	
d	In-person solicitations						
2a	Did the organization have a wri						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) po	ursuant to agreem	ents under which th	ne fundraiser is to be
	<u></u>						<del></del>
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1		<u> </u>	<u> </u>				
2							
3							
4							
5		<del> </del>					
6		-	<del> </del>				
7							
8							
9		<del>                                     </del>					
10							
Total			_ <del></del>	•			
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
			·····	<del></del>		·	
		· · · · · · · · · · · · · · · · · · ·					
		•••••••••					
			· · · · · · · · · · · · · · · · · · ·				

Cat No 50083H

Sch	edule G	(Form 990 or 990-EZ) 2018				
Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
Ð			(a) Event #1  GOLF FUNDRAISER (event type)	(b) Event #2 BOWLING FUNDRAI (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	32,545	11,345	16,529	60,419
ш	2	Less: Contributions				<del></del>
	3	Gross income (line 1 minus line 2)	32,545	11,345	16,529	60,419
	4	Cash prizes				
	5	Noncash prizes	5,750	10	579	6,339
sesu	6	Rent/facility costs	9,000	2,250	7,646	18,896
Direct Expenses	7	Food and beverages	2,693			2,693
Direc	8	Entertainment			250	250
	9	Other direct expenses .	396	39	424	859
	10 11	Direct expense summary. Ad Net income summary. Subtra				29,037 31,382
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2		red "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ř	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %   ☐ No	☐ Yes% ☐ No	☐ Yes	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8_	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
		nter the state(s) in which the or the organization licensed to co "No," explain:				
10						
		"Yes," explain.				

Schedu	ale G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		· <b></b>
	Address ▶		· <b></b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address►		
16	Gaming manager information.		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?		☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
	OOD INDICATION		
			•••••