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Department of the Treasury Internal Revenue Service A For the 2014 calendar year, or tax year beginning Jul 1

SCANNED DEC 2 2 2015

Return of Organization Exempt From Income Tax

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

, 2014, and ending

Jun 30

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

OMB No 1545-0047 2014

Open to Public

, 2015

В	Check if appli	cable.	C Name of organ	nization TE	XAS CONS	TRUCTION AS	SOCIATIO	NC		D Employ	er Iden	dification number
	Address	change	Doing business as							74-2	885	694
	Name d	hange	Number and s	treet (or PO t	ox if mail is not de	livered to street address	;)	Room/su	ute	E Telepho	ne num	ber
	Initial ret	turn	1011 SAN	JACINT	O BLVD			330		(512	2) 4	73-3773
	Final retur	m/terminated				or foreign postal code	-			, , , , , , ,	·	
	Amende		AUSTIN				TX 78	701		G Gross re	ceipts	\$1,311,255.
	\vdash	ion pending	F Name and add	dress of princip	al officer:				H(a) Is this a	a group return		
		on ponong	RAYMOND RI			ארדייבווב מוג	TX 78			subordinates (attach a list. (s		
1	Tax-exem	nt status	501(c)(3)	X 501(c) (527	If 'No,'	attach a list. (s	ee Instr	ructions)
	Website		W. TEXCON.	<u> </u>	. 6 /		(5)(1) 5.		H(c) Group	exemption nur	nher 🕨	•
<u>-</u>	Form of or		X Corporation	Trust	Association	Other -	L Year of					egal domicile. TX
Pä	rti S			1		11	1 - 11-		- 100	<u> </u>		777
11,70				tion's missi	on or most sig	nificant activities:	EDUCA	TION	AND A	ADVOCAC	Y FO	OR CONSTRUCTION
		,				,	27,77					71. 001.011.0011.011
ĕ							. – – – – –					
Governance												
9						ed its operations or					sets	
9						art VI, line 1a)					3	16
es			•	•	•	ning body (Part VI,	•				<u>4</u> 5	15
Activities &						r 2014 (Part V, lind					6	<u>5</u> 25
Act						mn (C), line 12					7a	24,000.
						0-T, line 34					7b	-6,224.
				-					7	rior Year		Current Year
•	8 Cor	ntributions	and grants (Pa	ırt VIII, line	1h)				-			
nue	9 Pro	gram serv	ice revenue (P	art VIII, line	2g)				,	375,0	95.	437,088.
Revenue	10 Inve	estment in	come (Part VIII	, column (A	A), lines 3, 4, a	and 7d)				5,0	44.	5,902.
<u> </u>						9c, 10c, and 11e)				611,1	11.	868,265.
						Part VIII, column (A				991,2	50.	1,311,255.
				-		, lines 1-3)				2	00.	5,500.
	14 Ber											
g l	15 Sal	aries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)							592,1	76.	635,001.
nse	16a Pro	fessional t	I fundraising fees (Part IX, column (A), line 11e)									
Expenses	b Tot	al fundrais	ing expenses (Part IX, col	umn (D), line	25) ►			阿拉蒙	WAR WED		FERRETT TO
ш	17 Oth	er expens	es (Part IX, col	umn (A), lir	nes 11a-11d, 1	11f-24e)		 .	391,613.			564,893.
						column (A), line 2			1	983,9		1,205,394.
		· ·		•	-	:	•			7,2		105,861.
58				···					Beginni	ng of Curren		End of Year
Not Assets or Fund Balances	20 Tot	al assets (Part X, line 16)							971,0		1,004,142.
AB	21 Tot	al liabilitie	s (Part X, line 2	26)			<i>.</i>			72,7	62.	0.
\$5	22 Net	assets or	fund balances	. Subtract li	ne 21 from lin	e 20				898,2	81.	1,004,142.
Pa	तिसाङ्ग ९	Signatu	re Block /						•			
Unde				mined this retu	ım, ıncluding acçoi	npanying schedules and hich preparer has any ki	statements, and t	to the best	of my know	rledge and beli	ef, it is i	true, correct, and
com	plete. Declara	ition of prepai	er (other than othice	r) is based on a	all information of w	nich preparer has any ki	nowleage.					
		—	KITU	We						6 Nou	120	0/5
Sig	gn	Signati	ire of office	D. 1/2	5 1	11.			Da	310		
He	re	X1	MOND	KIRK	Meside	MICEO						
		ļ	r print name and title). 	1	<u>.</u>	·····				1	I
		Print/Type preparer's name Preparer's signature Date								Check	tf	PTIN
Pa			L. Allma		1/1/10	LAURE	<u> </u>	/31/	15	self-employe	d	P00648533
	eparer	Firm's name	The state of the s							<u> </u>		
US	e Only	Firm's addr							Firm's EIN		-2979080	
		i	Aust	in		TX	78759			Phone no	(51	
		10				? (see instructions	,					. X Yes No /]

Form	990 (2014) TEXAS CONSTRUCTION ASSOCIATION	74-2885694	Page 2
Par			,
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	EDUCATION AND ADVOCACY FOR CONSTRUCTION		
			-
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	Ye	s X No
_	If 'Yes,' describe these new services on Schedule O.	T v	[] N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O.	s?Yo	es X No
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by eyne	neae
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.	others, the total expens	ses,
4 a	(Code:) (Expenses \$including grants of \$)	(Revenue \$)
	PROVIDED SERVICES TO MEMBER FIRMS AND 17 ASSOCIATION		
	MEMBERS TO KEEP THEM INFORMED OF LEGISLATIVE DEVELOPMENTS		
	AND ADVOCATE ON THEIR BEHALF. MEMBERS TOTAL APPROXIMATE	- 	
	1,200 AND AN ADDITIONAL 1,200 COMPANIES ARE DIRECT MEMBERS THRO	JGH	
	A TCA MEMBER BENEFIT PROGRAM.		
		- 	 -
		- 	
4 6	(Code) (Expenses \$ including grants of \$)	(Revenue \$	
71.	PUBLISHED NEWSLETTERS, ALERTS, AND WEB PAGES FOR EDUCATION	(1.04011d0	
	OF MEMBERS CONCERNING STATE LAWS THAT AFFECT THEIR		
	COMPANIES AND THE CONSTRUCTION INDUSTRY.		-
	MAINTAINED A CONSTRUCTION CLAUSE LIBRARY FOR USE OF MEMBER		
	FIRMS THROUGH INTERNET ACCESS ON ASSOCIATION'S WEB SITE.		
			
			- -
			 -
4 0	: (Code:) (Expenses \$ including grants of \$)		
	INCREASED AWARENESS OF TEXAS LEGISLATURE CONCERNING ISSUES	- 	
	THAT IMPACT CONTSTRUCTION SUBCONTRACTS AND SUPPLIERS AS	-	
	WELL AS EDUCATED LEGISLATORS ABOUT THE ROLE OF SUBCONTRACTORS	-	
	AND SUPPLIERS IN CONSTRUCTION.		
			
			- - -
			
			-
			- -
4	I Other program services. (Describe in Schedule O.)		
~((Expenses \$ including grants of \$) (Revenue	5)
4	Total program service expenses ►	r	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	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	3	х	
4	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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	х	
6	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	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	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	9		х
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		Х
11	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,' complete Schedule D, Part VI	11 a		х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	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	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	i	x
15	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Yes No 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 21 Х 21 Х 22 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 Х Schedule J . 23 Х 24a b 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 24c 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 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 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 entity or family member Х 27 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): Х 28a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV 28b 280 Х Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х Х 35a Х 35b 36 37 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38 Х

BAA

Form 990 (2014)

om 990 (2014) TEXAS CONSTRUCTION ASSOCIATION 74-28856	94		aye
Part V 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>. l</u>
	—	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable111	1		ł
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	ļ
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>ا _ 2 ا</u>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 t	+	<u> </u>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	1	х
b If 'Yes,' enter the name of the foreign country: ▶	4		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	<u> </u>	-	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	<u>: </u>	ļ
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		1	<u> </u>
not tax deductible?	6 t	X	-
· · ·			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	<u>,</u>	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	+	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<u> </u>		\vdash
Form 8282?	7 0	:	
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	•	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	:	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9	1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71		
Form 1098-C?	''	+	}
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	ا ا		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 2		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	+	
10 Section 501(c)(7) organizations. Enter	-	1	
a Initiation fees and capital contributions included on Part VIII, line 12			
 	\dashv		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	- 1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		<u> </u>	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 8	a	ļ
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	_		
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?	13 a	3	<u> </u>
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 the organization is licensed to issue qualified health plans	\dashv		
Connecting amount of reserves on page 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1		

14a Did the organization receive any payments for indoor tanning services during the tax year?

14 a

14 b

Part VI 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 16 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 b Enter the number of voting members included in line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х 5 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a х Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a X 11 a 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. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c 13 Х 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х 15b Х 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 with a 16 a Х 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) Another's website X Upon request 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: RAYMOND RISK 1011 SAN JACINTO BLVD, #330 AUSTIN 78701 (512) 473-3773

Form 990	(2014) 1	TEXAS	CONSTRUCTION	ASSOCIATION

74-2885694

Page 7

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

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

- 1 a 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.

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

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 in heldren the organization				(C)				,		
(A) Name and Title	(B) Average hours per	thar	one b s both dire	an of	inless flicer truste	e)	1	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRIAN CHESTER	2.00	x		x				0.	0.	0.
		 	┤		-			0.	0.	0.
VICE-CHAIR		x		х				0.	0.	0.
(3) JERRY BRATTON	2.00									<u> </u>
TREASURER		x		x				0.	0.	0.
(4) VICTOR LONGO	2.00									
SECRETARY		X		Х				0.	0.	0.
_(5) RAYMOND RISK PRESIDENT/CEO	40.00	x		х	<u> </u>			351,268.	0.	0.
(6) MIKE HOLLAND	2.00		П					·		
DIRECTOR		Х						0.	0.	0.
(7) ROGER_FISHER_II	2.00									
DIRECTOR		Х				LI		0.	0.	0.
(8) KEITH COLVIN DIRECTOR		x						0.	0.	0.
(9) PAUL HOLDEN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CHRIS LAMBERT	2.00									
DIRECTOR		X	\sqcup			\sqcup		0.	0.	0.
(11) MIKE KANETZKY	2.00									
DIRECTOR		Х	\sqcup					0.	0.	0.
(12) CARLOS CERNA		x			l					
DIRECTOR		+	$\vdash\vdash$		Ͱ	1-1		0.	0.	0.
(13) ALLAN WOODRUFF DIRECTOR		x						0.	ο.	ο.
(14) ROBBIE KETCH	2.00	+-	$\vdash \vdash$		\vdash	 		 	· · · · · · · · · · · · · · · · · · ·	<u> </u>
DIRECTOR		x						٥.	٥.	ο.
DAA						<u> </u>				F 000 (2014)

Part VII Section A. Officers, Directors, Tru	(B)	<u>Rey</u>	Em	pic (C		es,	and	a Highest Con	ipensated Emp	loyee	S (CON	inuea)_
(A) Name and title	Average hours per week (list any hours	box offi	not ch , unles cer an	Position leck more than one is person is both an id a director/trustee) Officer Position (D) Reportable compensation from the organization (W-2/1099-MISC) (V)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	amor com fr org	(F) stimated int of oth pensation om the anization	on 1			
	for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	er er	Key employee	Highest compensated employee	er				d related anization	
(15) DAVID STONE DIRECTOR	2.00_	х						0.	0.	_		0.
(16) LINDSEY STRINGER DIRECTOR	2.00_	x						0.	0.			0.
(17) MICHAEL WHITE GOVERNMENT RELATIONS	40.00					x		106,960.	0.			0.
(18)												
(19)											-	
(20)										·		
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							•	458,228.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							>	458,228.	0.			0.
2 Total number of individuals (including but not limite from the organization ▶ 2	d to those	listed	l abo	ve)	who	rece	eive	d more than \$100,0	000 of reportable cor	npensa	tion	
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	r, or truste ndividual	e, key 	/ em	ploy · ·	/ee, 	or hig	ghes 	st compensated en	nployee	. 3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	than \$150,	,000?	' If 'Y	es'	com	piete	Sci	hedule J for		4	x	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	compensat	tion fr	om a	any	unre	elated	org	anızation or ındıvı	dual			X
Section B. Independent Contractors												
Complete this table for your five highest compensa compensation from the organization. Report compe	ensation fo	r the	cale	nda	r ye	ar en	dıng	with or within the	organization's tax ye			
(A) Name and business addr	ess							Description of		Comp	C) ensatio	חכ
THOMAS, FELDMAN & WILSHUSEN LLP 9400 N. CENTRAL EXPWY #900	DALLAS	3		TX	ζ '	752	31	LEGAL			52,	169.
	-											
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not lir	nited	to th	ose	liste	ed ab	ove) who received mo	re than			
a 100,000 of compensation from the organization											000 /	

Form	990 (2014) ' TEXAS CONSTRUCTION ASSOC	IATION		74-2885694	Page 9
Par	VIII Statement of Revenue	_	•		
1	Check if Schedule O contains a response 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
its I	1 a Federated campaigns 1 a	***			
iran	b Membership dues 1 b				
S, G	c Fundraising events 1 c				
ar Sift	d Related organizations 1 d				
imi	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
g i	g Noncash contributions included in lines 1a-1f: \$				
<u>ම් ව</u>	h Total. Add lines 1a-1f	.			
ane.	Business	Code			
& ≥	2a MEMBERSHIP DUES 900099	376,444.	376,444.	0.	0.
Program Service Revenue	b EDUCATIONAL SEMINARS 900099	27,544.	27,544.	0.	0.
	• MEMBER MEETINGS900099	13,100.	13,100.	0.	0.
	d LEGISLATIVE ROUNDUP900099	20,000.	20,000.	0.	0.
гащ	e All other management and an arrangement and arrangement arrangement and arrangement				
වි	f All other program service revenue g Total. Add lines 2a-2f	127.000			
		137,70001		•	
	Investment income (including dividends, interest and other similar amounts)	5,902.	0.	0.	5,902.
	4 Income from investment of tax-exempt bond procee				
	5 Royalties	844,265.	0.	0.	844,265.
	(ı) Real (ıı) Pe				
	6 a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	▶			
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
ě					1
7	See Part IV, line 18 a b Less direct expenses b				
ŧ	c Net income or (loss) from fundraising events				
O	` ′	• • • • •		·	
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses b c Net income or (loss) from gaming activities	<u> </u>			
	1	• • • • •			
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Busines:				
	11a ADVERTISING 541800	12.000	0.	12.000	0

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d All other revenue.... e Total. Add lines 11a-11d . . .

12 Total revenue. See instructions

12,000

24,000

437,088

12,000

24,000.

Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res				
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,500.	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	324,392.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	283,587.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,526.			
10	Payroli taxes	22,496.			
	Fees for services (non-employees):				
	Management				
	Legal	152,306.			
-	Accounting	7,440.			
	Professional fundraising services See Part IV, line 17	156,500.			
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	40,000.			
13	Office expenses	59,436.			
14	Information technology				
15	Royalties				
16	Occupancy	64,573.			
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,510.			
19	Conferences, conventions, and meetings	50,715.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	···		<u></u>	
23 24	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.)	3,413.			
а				<u> </u>	
t					
C					
C		-		<u> </u>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,205,394.		-	
26	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)				

1,004,142.

Form 990 (2014)

34

971,043.

Ρá	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
_			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	4,777.	1	4,156.
	2	Savings and temporary cash investments	900,371.	2	996,308.
	3	Pledges and grants receivable, net	·	3	·
	4	Accounts receivable, net	62,217.	4	0.
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	3,678.	9	3,678.
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
	Ь	Less. accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	971,043.	16	1,004,142.
	17	Accounts payable and accrued expenses	72,762.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u> .	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	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		22	
\supset	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	72,762.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete		1	
8	ļ	lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	898,281.	27	1,004,142.
3ag	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	1 22	Total not accets or fund halances	000 201	22	1 004 142

TEEA0111 05/28/14

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Form	990 (2014) TEXAS CONSTRUCTION ASSOCIATION 74-	288569	14	Pa	ge 12	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				· []	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	11,2	55.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	05,3	94.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	05,8	61.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8:	98,2	81.	
5	Net unrealized gains (losses) on investments	5				
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	1,0	04,1	42.	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. □	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		Х	
	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?		· 2b	Х		
	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:					
	X 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 of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt, 	. 2c	х	İ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. За		х	
h	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. Зь			
BAA			Form	990 (2	2014)	

TEEA0112 05/28/14

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to 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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see Instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 9	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.							
Name	of organization			Employer identifica	ation number				
TEX	AS CONSTRUCTION AS	SOCIATION		74-288569	4				
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.				
1		ganization's direct and indirect political campa							
2									
3	Volunteer hours				40				
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).						
1	Enter the amount of any excise	e tax incurred by the organization under secti	on 4955	▶ \$					
2	Enter the amount of any excise	e tax incurred by organization managers unde	er section 4955	▶\$					
3		section 4955 tax, did it file Form 4720 for this							
4 a	a Was a correction made?				Yes No				
	of Yes,' describe in Part IV.								
Par		rganization is exempt under section							
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	⁄ities ▶ \$	0.				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b								
4	Did the filing organization file I	Form 1120-POL for this year?			Yes X No				
5	organization made payments.	and employer identification number (EIN) of al For each organization listed, enter the amoun ins received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	rganization's funds. Also political organization, suc	enter the				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schedule $f c$ (Form 990 or 990-EZ) 20	14TEXAS CONST	TRUCTION ASSOCIATI	ON	74-2885	694 Page 2
	the organization	on is exempt under se		d filed Form 5768 (el	ection under
A Check ► If the film	g organization belor	ngs to an affiliated group (and	list in Part IV each affi	liated group member's nam	e,
address,	EIN, expenses, and	share of excess lobbying exp	penditures).		
B Check ► I If the filin	g organization chec	ked box A and 'limited control	provisions apply		
(The term	Limits on Lobby 'expenditures' me	ring Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	res to influence publ	lic opinion (grass roots lobbyii	ng)		
b Total lobbying expenditui	res to influence a leg	gislative body (direct lobbying)		
c Total lobbying expenditui	res (add lines 1a an	d 1b)			
d Other exempt purpose ex	kpenditures				
e Total exempt purpose ex	penditures (add line	es 1c and 1d)			
		unt from the following table in			
If the amount on line 1e, colu		The lobbying nontaxable			
Not over \$500,000	, , , , , , , , , , , , , , , , , , ,	20% of the amount on line 1e		1	
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% o	f line 1f)			
h Subtract line 1g from line	1a If zero or less,	enter -0			
i Subtract line 1f from line	1c. If zero or less, e	enter -0			
		er line 1h or line 1i, did the org			Yes No
(Som	e organizations th	4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction	ection do not have to	complete all of the five gh 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		C			
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Onto 1:1-0.75	000 000 573 0011
BAA				Schedule C (Form	990 or 990-EZ) 2014

Complete if the organization is exempt	under section 501(c)(3) and has NOT	filed Form 5768
 (election under section 501(h)).			

	(a	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
Dunng the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
I Other activities?			
j Total Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		·	
Part III-A Complete if the organization is exempt under section 501(c)(4) section 501	C)(5)	or	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Х

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	376,444.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	223,547.
	b Carryover from last year	2 b	
	c Total	2 c	223,547.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	180,000.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	43,547.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV | Supplemental Information

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

Pt I-A Line 1

THE ASSOCIATION HAS A SEPARATE POLITICAL ACTION COMMITTEE WHICH HANDLES ALL POLITICAL CAMPAIGN ACTIVITY. MEMBERS MAKE CONTRIBUTIONS DIRECTLY TO THE PAC. THE PAC'S DIRECTORS MAKE ALL DECISIONS ON POLITICAL CAMPAIGN CONTRIBUTIONS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047



	reprise po	
Employer	identification	numbe

	TEXAS CONSTRUCTION ASSOCIATION	<u> </u>
Par	Organizations Maintaining Donor Advised Funds or Other Similar Complete if the organization answered 'Yes' to Form 990, Part IV, line (Funds or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
_	Aggregate value of grants from (during year)	
3		
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	or advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	urpose conferring
Par	Conservation Easements.	7
	Complete if the organization answered 'Yes' to Form 990, Part IV, line	<i>l</i> .
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	on of a historically important land area
	Protection of natural habitat Preservation	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	ne form of a conservation easement on the
		Held at the End of the Tax Year
a	a Total number of conservation easements	
	o Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
C	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate tax year ►	d by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds?	fling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements ► \$	s during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements	cribes the organization's accounting for
Päř	Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered 'Yes' to Form 990, Part IV, line	, or Other Similar Assets. 8.
1 8	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuant, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	ue statement and balance sheet works of h in furtherance of public service, provide,
l	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue significant treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	furtherance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1	
	(li) Assets included in Form 990, Part X	
2		
	a Revenue included in Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	

BAA

Schedule D (Form 990) 2014

Partill Organizations Mainta	ining Collec	tions of A	rt, Histo	rical Treasu	ires, or C	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, an	d other record	ds, check a	any of the follow	ing that are	a sign	ficant use of its	collect	ion	
a Public exhibition		d	Loan o	r exchange prog	grams					
b Scholarly research		е	Other							
c Preservation for future general	tions									
4 Provide a description of the organi. Part XIII.	zation's collection	ons and expla	in how the	y further the org	anızatıon's	exemp	t purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be maıntaın	ed as part of	the organiz	zation's collectio	n?		[Yes	_	No
Part: Va Escrow and Custodia line 9, or reported an a	Mount on Fo	e nts . Comp rm 990, Pa	olete if th	e organization 21.	on answe	ered 'Y	es to Form	990, F	'art IV	,
1 a Is the organization an agent, truste on Form 990, Part X?							cluded [Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and co	omplete the fo	ollowing tar	ole:				Amount		
c Beginning balance						1 c		-tillouill		
d Additions during the year						1 d				
e Distributions during the year						1 e				-
f Ending balance						1 f				
2 a Did the organization include an am						liability	?	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII. Chec	k here if the e	xplanation	has been provide	ded in Part	XIII		<u> </u>	[]
Part V Endowment Funds. C	omplete if th	e organiza	tion ansv	wered 'Yes' to	o Form 9	90, Pa	art IV, line 10),		
	(a) Current ye	ar (I	b) Prior year	(c) Two y	ears back	(d) T	hree years back	(e) F	our years	back
1 a 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						1		‡		
2 Provide the estimated percentage	of the current ye	ear end balan	ce (line 1g	, column (a)) he	ld as:					
a Board designated or quasi-endow			ક							
b Permanent endowment	⁸	_								
c Temporarily restricted endowment		8								
The percentages in lines 2a, 2b, a	nd 2c should eq	ual 100%.								
3 a Are there endowment funds not in organization by	the possession	of the organiz	zation that	are held and ad	mınistered	for the			Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations					<i>.</i>			3a(ii)		
b If 'Yes' to 3a(II), are the related org	ganizations listed	d as required	on Schedu	le R?				3b		<u> </u>
4 Describe in Part XIII the intended			lowment fu	ınds						
Part VI Land, Buildings, and										
Complete if the organize	zation answe	red 'Yes' to	Form 9	90, Part IV, I	ine 11a. S	See F	orm 990, Pa	rt X, li	ne 10.	
Description of property	(;	a) Cost or othe (investme		(b) Cost or o basis (other	other er)		cumulated reciation	(d)	Book va	ilue
1a Land										
b Buildings	[
c Leasehold improvements										
d Equipment	[
e Other										
Total Add lines to through to /Column	(d) must oqual	Form 000 Pa	of Y colum	an /P) line 10e	1		▶			

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
<u> </u>		
c)		
<u> </u>		
<u></u>		
<u>ਹ</u> ੀ		
 		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		
Part VIII Investments — Program Related.		<u> </u>
Complete if the organization answered "	Yes' to Form 990, i	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		***************************************
(4)		-
(5)		
(6)	<u></u>	
(7)		
(8)		
(9)		
(9) (10)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets.	Yes' to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered "	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered "		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered " (a) De		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered " (a) De		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4)		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)		
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)		
(9) (10) (101) (102) (103) (104) (105) (106) (107) (107) (108) (108) (108) (109) (10		
(9) (10) (101) (102) (103) (104) (104) (105) (107) (107) (108) (108) (109) (10		
(9) (10) (101) (101) (101) (101) (101) (102) (103) (104) (105) (106) (107) (107) (108) (109) (100)	scription	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	scription	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Incomplete if the organization answered (Yes' to Fotal Description of liability	scription	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Interest (Complete if the organization answered (Yes' to Figure 1) Description of liability (1) Federal income taxes	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Interest (Complete if the organization answered (Yes' to Final Description of liability (1) Federal income taxes (2)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), I are the organization answered (Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) (10) (10) (10) (10) (11) (12) (13) (14) (15) (10) (10) (10) (10) (10) (10) (10) (10	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) (10) (10) (11) (12) (13) (14) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) (10) (10) (10) (10) (11) (12) (13) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.)	(b) Book value

Schedule D (Form 990) 2014 TEXAS CONSTRUCTION ASSOCIATION	-2000094	rage -
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	<u> </u>
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,311,255.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	1 1	
d Other (Describe in Part XIII.)	1 1	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,311,255.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,311,255.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,205,394.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	1 1	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	<u> </u>	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		1,205,394.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b Other (Describe in Part XIII)		
C Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,205,394.
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.

OMB No 1545-0047	2014	Open to Public Inspection	fication number	594	
Grants and Other Assistance to Organizations.	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990. Part IV. line 21 or 22.		Employer Identification number	FEXAS CONSTRUCTION ASSOCIATION [74-2885694]	Part General Information on Grants and Assistance
SCHEDIII E I	(Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	TEXAS CONSTRUC	Part General II

 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	to substantiate the arr grants or assistance? ocedures for monitorir	nount of the grants or	or assistance, the grantee	is' eligibility for the grant	s or assistance, and	X Yes	XYes
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	nce to Domestic or any recipient that	Organizations at received more	zations and Domestic Governments. Complete if the organization answered 'Yes' to ved more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple I can be duplicated	te if the organizati if additional space	ion answered 'Yes	s' to
(a) Name and address of organization or government	(b) EIN	(c) iRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							F
			:				
(3)							
							:
					•		
(5)							
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	and government orgar		isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table.	is listed in the line 1 ta	ple				•	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instructions	s for Form 990.		TEEA3901 06/19/14	06/19/14	Schedul	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) TEXAS CONSTRUCTION ASSOCIATION

[Parill | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
2					
6					
4					
5					
9					
7					

Part I, line 2, Part III, column (b), and any other additional information required in Part I, line 2, Part III, column (b), and any other additional information.

THE ASSOCIATION MAKES CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS BASED ON BOARD DISCRETION.

Pt I Line 2

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

TEXAS CONSTRUCTION ASSOCIATION

Open to Public Inspection

Schedule J (Form 990) 2014

Employer Identification number

74-2885694

Part	t Questions Regarding Compensation			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relevant in	the following to or for a person listed in Form 990, Part formation regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described above		1 b		
	Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, regard	• • •	2		
	Indicate which, if any, of the following the filing organization used t CEO/Executive Director Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but explain	exes for methods used by a related organization to			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
a b	During the year, did any person listed in Form 990, Part VII, Section a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualific	ed retirement plan?	4 a 4 b		X
	C Participate in, or receive payment from, an equity-based compens If 'Yes' to any of lines 4a-c, list the persons and provide the applications Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations	able amounts for each item in Part III	40		X
	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of.				
а	a The organization?		5 a		
b	h Any related organization?		5 b		
	If 'Yes' to line 5a or 5b, describe in Part III				
	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of				
	a The organization?		6 a		
b	b Any related organization?		6 b		
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If 'Yes,' describe in Part	e organization provide any non-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued to the initial contract exception described in Regulations section 5 If 'Yes,' describe in Part III	3.4958-4(a)(3)?	8		
9	If 'Yes' to line 8, did the organization also follow the rebuttable pre section 53.4958-6(c)?		9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

74-2885694

Schedule J (Form 990) 2014 TEX

Rantill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	and other deferred compensation	benefits		in column (b) reported as deferred in pnor Form 990
RAYMOND RISK	Ξ	244,392.	 i	264876-	1 1	- ₀	351,26	- - - - - - - -
1 PRESIDENT/CEO	▣	0	0.	0.	0	0.	0.	0
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14	<u>(ii)</u>							
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4	€ €	 	 	1 1 1 1 1 1 1	 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BAA			TEEA4102 06/19/14	4			Schedule J	Schedule J (Form 990) 2014

Pare III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Pt VI, Line 15a

Pt VI, Line 19

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

Name of the organization Employer identification number 74-2885694 TEXAS CONSTRUCTION ASSOCIATION THE ASSOCIATION IS COMPOSED OF 17 MEMBER TRADE ASSOCIATIONS. THESE ASSOCIATIONS HAVE OVER 1,200 SUBCONTRACTORS AND SUPPLIERS AS THEIR MEMBERS REPRESENT OVER 175,000 EMPLOYEES. AN ADDITIONAL APPROXIMATELY 1,200 COMPANIES ARE DIRECT MEMBERS OF THE ASSOCIATION THROUGH ITS MEMBER Pt VI, Line 6 BENEFIT PROGRAMS. THE MEMBER ASSOCIATIONS ELECT REPRESENTATIVES TO THE BOARD OF DIRECTORS. Pt VI, Line 7a ANY CHANGES TO THE BYLAWS MUST BE APPROVED BY A VOTE OF THE MEMBER Pt VI, Line 7b ASSOCIATIONS. THE TREASURER IS PROVIDED A COPY OF THE FORM 990 FOR REVIEW PRIOR TO ITS FILING. Pt VI, Line 11b THE PRESIDENT AND THE BOARD ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF Pt VI, Line 12c INTEREST. THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND IS MADE UP OF INDEPENDENT PERSONS. THEY REVIEW AND DETERMINE THE COMPENSATION OF

THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS UPON REQUEST.

THE PRESIDENT/CEO.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS CONSTRUCTION ASSOCIATION

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

OMB No 1545-0047

Open to Public Inspection Employer identification number

74-2885694

Schedule R (Form 990) 2014 (g) Sec 512(b)(13) controlled entity? ŝ (f) Direct controlling entity × Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section TEEA5001 08/22/14 (c)
Legal domicile (state or foreign country) 527 (c)
Legal domicile (state or foreign country) (b) Primary activity ĭ POLITICAL ACTION (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. COMMITTEE (a) Name, address, and EIN (if applicable) of disregarded entity TEXAS_CONSTRUCTION ASSOCIATION PAC --1011 SAN JACINTO BLVD. #330 ----1 1 1 1 (a) Name, address, and EIN of related organization -- AUSTIN, TX 78701--1111111 05-0634633 Part II 1 1 2 1 ଫ୍ର ₹ ε **⊗**¦ ල¦

Partition Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Code V-UBI Cod	Yes No							Parity Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or truct during the tax year.		
512-514)								as a Corporation or Trust Co tions treated as a corporation		Legal domicile Direct
country)								nizations Taxable a	┝	n Primary activity
		 -		,	-			of Related Orgar		of related organization
(1)	(1)		(2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(3)	1 1 1 1 1 1 1 1 1	Parelly Identification c	(a)	Name, address, and ElN of related organization

IIINE 34 DECAUSE II NAO ONE OF MOTE FEIGHED OFGANIZATIONS TEARED AS A COLPORATION OF THE LAY YEAR.	related organizat	ions freated as	a corporation	סו וותביו מתוווולו ו	lle lax year.		į		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp., S corp.	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(I) Sec 512(b)(13) controlled entity?	13) uty?
		country)		or trust)				Yes	No No
(1)			: :						
(2)									
	·								
	1								
(6)	•								
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74-2885694

Schedule R (Form 990) 2014 TEXAS CONSTRUCTION ASSOCIATION

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Nets Complete land 4 from nothing in Date II III or IV of this exhadrile				Yes	2
	sted in Parts II-IV?			┵—	
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Unit, grant, of capital Contribution to related of gardenovity)			-		۱ ۱
c Gift, grant, or capital contribution from related organization(s)			<u>.</u>		۱۲
d Loans or loan guarantees to or for related organization(s)					×I
e Loans or loan quarantees by related organization(s)			1e		X
f Dividends from related organization(s)			:		×
			19		×
b Purchase of assets from related organization(s)			1		×
			; -		۱×
Lexicially of assets with related organization (s)			=		۱×
Lease of racinities, equipment, of other assets to energy of grant and the control of the contro					1
b Lease of facilities equipment or other assets from related organization(s)			- - - - - -	-	 ×
Least of recipients, of either some process in the contraction of			=		∣≍
m Deformance of services or membership or fundraising solicitations by related organization(s)			1		۱×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			=	×	
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o onaring of pard employees with referencing of the contraction of the	· · · · · · · · · · · · · · · · · · ·		<u>}</u> :		۱۲
			-		>
p Keimbursement paid to related organization(s) for expenses			<u>-</u>	Ì	ا ۲
q Reimbursement paid by related organization(s) for expenses			ъ :		×
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2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	red relationships and tra	insaction thresholds			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) determini t involved	ling_
(2)					
(3)				i	
(4)					
(5)					
(9)					
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Parivin Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Sha	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partr	(f) Share of	(g) Share of	(h) Dispropor-	(i) Code V-UBI			(k) Percentage
			(related, unrelated, excluded from tax under	501(c)(3) organizations?			allocation	s? 20 of Schedule K-1 Form (1065)	partner		
		-	section 512-514)	Yes	No		Yes	No	Yes	ટ	
(1)											
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Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).