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990

Return of Organization Exempt From Income Tax

2015

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

<u>A</u>	For t	he 2	2015 calend	lar year, or ta	x year begin	ning			, 2015,	and end	ding			, 20	
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二	Name o		-		•	x if mail is not delivered	to street ac	Idress)			Room/su	ute		Telephone	number
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Ž	10) li	nvestment i	ncome (Part \	VIII, column (A	A), lines 3, 4, and 7	d) .	워 JUI	V 2.2 2016	🖸		1	,744		2,124
ÇUNU 8€ Revenue	11				-	nes 5, 6d, 8c, 9c, 1			_ = 2	38-08C		41	,440		41,551
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SLIS	16			_	•	column (A), line 11				.				ļ <u>-</u> -	
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	18					equal Part IX, colu		line 25)		· _		1,083			1,139,061
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Net Assets or	88									В	egınning	of Current	Year	En	d of Year
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As	B 21	ı 1	Total liabilitie	es (Part X, line	e 26)							664	,532		395,329
ž	Ē 22	2 1	Net assets o	or fund balanc	es. Subtract	line 21 from line 20						1,360	,303		1,442,018
P	art II		Signatu	re Block		•									
Und	er pena	lties o	of penury, I dec	lare that I have ex	xamined this retur	n, including accompany	ing schedu	les and stateme	ents, and to the bes	t of my kn	owledge	and belief, i	it is		
true,	correct	, and	complete Dec	claration of prepar	er (other than office	cer) is based on all infor	mation of w	nich preparer n	as any knowledge						
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Ma	v the I	IRS	discuss this	s return with th	ne preparer sh	nown above? (see	instructio	ns)						. 🔯 '	Yes 🖺 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

	990 (2015) Associated Contractors of New Mexico	85-0020740	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u> </u>	🗆
1	Bruefly describe the organization's mission		
	The Organization's mission is to provide its members with the opportunity		
•	collectively to develop informational and educational programs to improve the	ne overall wo	rk
	practices of the industry, and provide a forum for industry networking.		
2	Did the organization undertake any significant program services during the year which were not listed on the		 -
-	prior Form 990 or 990-EZ?	Yes 🔀	l No
	If "Yes," describe these new services on Schedule O		<u>.</u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•		Yes 🗓	: No
	If "Yes," describe these changes on Schedule O		_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	hers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	N/A	· · · · · · · · · · · · · · · · · · ·	_
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		 	
		 _	
			
			
		·	
		· ·	
4d	Other program services (Describe in Schedule O)		
74	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	· · · · · · · · · · · · · · · · · · ·	

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2٠ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Χ 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 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. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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." X complete Schedule D, Part VI . . . 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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) . . . Х 17 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 . . . X 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

Checklist of Required Schedules (continued)

Part IV

85-0020740

No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? h 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 215 domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 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? 25b 26 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? If "Yes," complete Schedule L, Part II . Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ... 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O X

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 Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . 6b Organizations that may receive deductible contributions under section 170(c). 7 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? 7a Ь If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с If "Yes," indicate the number of Forms 8282 filed during the year . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? A 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ... Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c C X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year Q If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Х 15b **b** Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 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 17 18 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 Own website Another's website IX Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 20 J Michael Beck (505)344-2072, P O Box 25384, Albuquerque, NM 87125

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Associated Contractors of New Mexico

85-0020740

Page 7

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

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

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

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

List persons in the following order. Individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization nor any related	d organization	comp	ens			curre	nt of	fficer, director, or tr	rustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per	son is	ne a e Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Dawn Brazell Member Non Voting	1.00	Х							0	0
(2) Bill Hasse Jr Member	1.00	Х							0	0
(3) James Fields Member	1.00	Х							0	0
(4) Rusty Gordon Member	1.00	Х							0	0
(5) Joey Perovich Member	1.00	х						(0	0
(6) Neil Jackson Member	1.00	х						(0	0
(7) Michael Moehn Board President	3.00	х		Х					0	0
(8) Vince DeMenno Board Vice President	2.00	Х		Х					0	0
(9) Ken Wylie Board Secretary Treasurer	1.00	Х		Х					0	0
(10)Adam Triolo Board Past President	1.00	Х	1	Х				(0	0
(11)J Michael Beck Executive Director	50.00			Х	Х			129,594	0	36,426
(12)										
(13)										
(14)	·									_

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Comp	ens	ated Employees (continued)			
					(0								
	· (A)	(B)	(do no	at che	Posi		nan one		(D)	(E)		(F)	
	Name and title	Average	box, u	untes	s pers	on is	both an		Reportable	Reportable		timated	
٠		hours per week (list any	office	r and			(trustee)	,	compensation from	compensation from related	an	nount of other	
		hours for	or d	Inst	Officer	Key	em pr	Former	the	organizations		pensati	on
		related	Individual trustee or director	tutio	ĕ	Key employee	loye	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizatio	nn
		organizations below dotted	2 2	nal t		loye	e co		(** 2, 1000 111100)		_	d relate	
		line)	stee	Institutional trustee		ō	Highest compensated employee				org	anızatıoı	ns
				ŏ			ated						
					Ì								
									· ···· -				
<u>(15)</u>													
					<u> </u>		ļ	-					
(16)													
(45)				_	-	-	ļ	<u> </u>					
(17)							1						
(40)				_		-	-						
(18)													
(10)					-								
7151-													
(20)		 											
<u>(20)</u>													
(21)								 					
7-7/													
(22)							<u> </u>	 					
7-='			1										
(23)									-				
Δ-1/													
(24)													
±				ļ							1		
(25)													
		<u> </u>						<u> </u>					
1b	Sub-total							>	_				
C	Total from continuation sheets to Part VII, Section	on A.						•					
d	Total (add lines 1b and 1c)					•		<u> </u>	129,59	1 0		36,	426
2	Total number of individuals (including but not limited	I to those list	ed abo	ve)	who	rec	eıved ı	more	than \$100,000 of				
	reportable compensation from the organization									1			-
												Yes	No
3	Did the organization list any former officer, director				ee,	or ni	ignest	com	pensated				v
	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep					a th a			otion from the		3		X
4	organization and related organizations greater than											Ē	
	ındıvidual	φ130,000 : II	163,	COI	IIPIG	ie o	criedu	iie o	ioi sucii		4	Х	
5	Did any person listed on line 1a receive or accrue c	omnensation	· · · · from a	nv.	unre	 late	d orga	· กเรล	ion or individual	• • • •			
•	for services rendered to the organization? If "Yes,"										5	Ì	X
Secti	on B. Independent Contractors			-					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
1	Complete this table for your five highest compensat	ted independ	ent cor	ntrac	ctors	tha	t recei	ved	more than \$100,00	0 of			
	compensation from the organization. Report compe												
	year				-		•		_				
_	(A)		•						(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	חכ
2	Total number of independent contractors (including				liste	d at	oove) v	who					
	received more than \$100,000 of compensation from	the organiza	ation	•						ı			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt function Unrelated business revenue Revenue excluded from tax under sections 512-514 Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts 1a Membership dues 1b 619,354 Fundraising events 1c Related organizations . . 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 129,345 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 748,699 **Business Code** Program Service Revenue 2a TTCP training 611600 225,75d 225,750 b Traffic control trainin 611600 114,843 114,843 c Other training 611600 87,809 87,809 f All other program service revenue . . g Total. Add lines 2a-2f 428,402 Investment income (including dividends, interest, and other similar amounts) 2,124 2,124 Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents 23,70d b Less: rental expenses . 23,70d c Rental income or (loss) . . d Net rental income or (loss) 23,70d 14,704 8,996 \blacktriangleright (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory 240,00d b Less cost or other basis and sales expenses 240,00d c Gain or (loss) d Net gain or (loss) . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . \boldsymbol{b} Less cost of goods sold $\ \ .$ c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Miscellaneous reimburse 900099 7,257 7,257 b Advertising 511140 10,594 10,594 d All other revenue . e Total. Add lines 11a-11d 17,851 Total revenue. See instructions 1,220,776 2,124 450,363 19,590

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 129,594 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 197,042 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 58,677 9 Other employee benefits 10 Payroll taxes 25,586 11 Fees for services (non-employees): Management . а Legal 3,654 Accounting C 64,299 Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 10,599 Advertising and promotion 14,581 12 13 Office expenses 13,608 14 Information technology Royalties 15 16 Occupancy . 58,165 Travel 6,082 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 27,419 Interest 20 21 Payments to affiliates 38,315 37,682 22 Depreciation, depletion, and amortization 23 6,612 24 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.) Automobile 24,000 Bad debts 641 Dues, subscriptions 10,502 6,503 Entertainment, meals d 405,500 All other expenses Total functional expenses. Add lines 1 through 24e 0 25 1,139,061 0 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

1 Cash - non-interest-bearing	(B) d of year 68,779 419,940
1 Cash - non-interest-bearing	68,779
2 Savings and temporary cash investments	
	419,940
2 Plades and sente sessimble not	
3 Pledges and grants receivable, net	
4 Accounts receivable, net	222,762
5 Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees	
Complete Part II of Schedule L	
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	
7 Notes and loans receivable, net	
8 Inventories for sale or use	
9 Prepaid expenses and deferred charges	2,132
10a Land, buildings, and equipment, cost or	
other basis. Complete Part VI of Schedule D 10a 1,626,635	
b Less: accumulated depreciation 10b 502,901 1,145,593 10c	1,123,734
11 Investments - publicly traded securities	
12 Investments - other securities. See Part IV, line 11	
13 Investments - program-related See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,837,347
17 Accounts payable and accrued expenses	2,532
18 Grants payable	
19 Deferred revenue	172,400
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
22 Loans and other payables to current and former officers, directors,	
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	
disqualified persons Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties . 476,174 23	220,397
24 Unsecured notes and loans payable to unrelated third parties	
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	
26 Total liabilities. Add lines 17 through 25	395,329
Organizations that follow SFAS 117 (ASC 958), check here ▶ 🄀 and	
complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets	1,442,018
28 Temporanly restricted net assets	
Permanently restricted net assets	
ਹੈ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	
ັດ complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	
32 Retained earnings, endowment, accumulated income, or other funds . 32	
	1,442,018
	1,837,347

Form	990 (2015) Associated Contractors of New Mexico	85-002074	0	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u> 📮
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	220,	776
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	139,	061
3°	Revenue less expenses. Subtract line 2 from line 1	. 3		81,	715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	360,	303
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			0
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,	442,	018
Pa	rt 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 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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.				
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			f	
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
EEA			Form	990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Open to Public Inspection

▶ Information about Schedule C (Form 990 or 990-EZ) and its 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 Part II-A.

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

•	Section 501(c)(4), (5), or (6) organizations:	Complete Part III.				
Nam	e of organization				Employer i	dentification number
Αs	sociated Contractors of New				85-0020	
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section	527 orga	nization.
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV			
2	Political expenditures				> \$	10,000
3	Volunteer hours					
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excise tax incurr	ed by the organization under section 495	55		▶ \$	
2	Enter the amount of any excise tax incurr	ed by organization managers under sect	ion 4955 .		> \$	
3	If the organization incurred a section 4955					
4a	Was a correction made?					. Yes No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section	1 501(c)(3	3).
1	Enter the amount directly expended by the	e filing organization for section 527 exem	npt function			
	activities				> \$	
2	Enter the amount of the filing organization					
	527 exempt function activities				> \$	
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form 1	120-POL,			
	line 17b					
4	Did the filing organization file Form 1120-					☐ Yes X No
5	Enter the names, addresses and employe					
	organization made payments. For each of	•				
	the amount of political contributions received					
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	provide informat	ion in Part l	<u>V</u>
	(a) Name	(b) Address	(c) EIN	(d) Amount filing organ funds If none	zation's	(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)						

	edule C (Form 990 or 990-EZ) 2015 Associated Co				85-0020	
Pź	art II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	ction under
	Check ▶ ☐ if the filing organization belongs to	an affiliated group	and list in Part IV ear	ch affiliated group me	emher's	
•	name, address, EIN, expenses, ar		•	• •		
В	Check ▶ ☐ if the filing organization checked b					
		ying Expenditure		·	(a) Filing	(b) Affiliated
	(The term "expenditures" n				organization's totals	group totals
1a						
b		· ·				
С						_
d						
е						
f	Lobbying nontaxable amount. Enter the amount f	•				
	columns.	J				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000	1	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of		1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.	[
	Over \$17,000,000	\$1,000,000			1	
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a. If zero or less, ente	r-0				
i	Subtract line 1f from line 1c If zero or less, enter	-0				
j	If there is an amount other than zero on either lin	e 1h or line 1i, did th	ne organization file Fo	orm 4720		
	reporting section 4911 tax for this year?					Yes No
<u>-</u> _	(Some organizations that made a s	ection 501(h) el	ing Period Under ection do not ha nstructions for lin	ve to complete a		ns below.
	Lobby	ing Expenditures	During 4-Year Aver	raging Period	Υ	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	: Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	************************	1			
			1	1	1	

f Grassroots lobbying expenditures

EEA

Schedule C (Form 990 or 990-EZ) 2015

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
đ	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?		ļ	· · · · · ·
f	Grants to other organizations for lobbying purposes?	<u> </u>		
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		-	· · · · · · · · · · · · · · · · · · ·
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	
b	If "Yes," enter the amount of any tax incurred under section 4912	[-	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	;)(5),	or se	ection
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 X
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."			
1	Dues, assessments and similar amounts from members		1	612,474
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).			
а	Current year		2a	76,483
b	Carryover from last year		2b	
С	Total		2c	76,483
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	72,272
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	4,211
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pa	rt IV Supplemental Information			
	ide 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, li se instructions); and Part II-B, line 1 Also, complete this part for any additional information	nes 1 a	and	
01	. Direct and indirect political campaign activities (Part	I-A	, 1	ine 1)
Po1	itical PAC contribution			
				·. ·

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

2015 Open to Public

Inspection

OMB No 1545-0047

Employer identification number

85-0020740 Associated Contractors of New Mexico Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Associated Contractors of New Mexico

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2015

1,123,734

85-0020740

Page 2

	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
1) Financial				
-	eld equity interests			
 Other 				
(A)		<u> </u>		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, I	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X,	line 15.
		Description	(b) Boo	ok value
(1)			(b) Boo	
			(b) Boo	
(2)			(b) Boo	
(2)			(b) Boo	
(2) (3) (4)			(b) Boo	
(2) (3) (4) (5)			(b) Box	
(2) (3) (4) (5) (6)			(b) Box	
(2) (3) (4) (5) (6) (7)			(b) Box	
(2) (3) (4) (5) (6) (7) (8)			(b) Box	
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	in (b) must equal Form 990, Part X, col (B) line 15	Description	(b) Box	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization answere	Description Signature 1		ok value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	in (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization answere line 25.	Description 5)		ok value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	in (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	Description Signature 1		ok value
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Associated Contractors of New Mexico

85-0020740

Pa					
	Complete if the organization answered "Yes" on Form 990, P		, line 12a.	,	
1	Total revenue, gains, and other support per audited financial statements			1	
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
ө	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	Reconciliation of Expenses per Audited Financial State	ment	s With Expenses	per Retu	n.
1.6	Complete if the organization answered "Yes" on Form 990, I			-	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1 1	
C	Other losses	2c		1 1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b	2	1	
c	Add lines 4a and 4b			4c	
				1 40 1	
_				5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			 	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.			5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
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Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TEXIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	es 1b a	nd 2b; Part V, line 4, Pa	5	

SCHEDULE J (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Associated Contractors of New Mexico

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

Inspection Employer Identification number

85-0020740

OMB No 1545-0047

2015

Pai	t Questions Regarding Compensation		<u>-</u>			
900					Yes	No
1a	Check the appropriate box(es) if the organization provided any of	f the f	ollowing to or for a person listed on Form		:	_
	990, Part VII, Section A, line 1a. Complete Part III to provide any	relev	ant information regarding these items.			l
	First-class or charter travel		Housing allowance or residence for personal use			l
	Travel for companions		Payments for business use of personal residence		-	l
	Tax indemnification and gross-up payments		Health or social club dues or initiation fees			Ĺ
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			ĺ
	_ , , ,		, -			
b	If any of the boxes on line 1a are checked, did the organization fol	ollow	written policy regarding payment			ŕ
	or reimbursement or provision of all of the expenses described ab					
	explain			1b		
2	Did the organization require substantiation prior to reimbursing or					
	directors, trustees, and officers, including the CEO/Executive Directors					
	1a?			2		
					,	
3	Indicate which, if any, of the following the filing organization used	l to es	tablish the compensation of the		-	ĺ
	organization's CEO/Executive Director. Check all that apply Do n	not ch	eck any boxes for methods used by a			ĺ
	related organization to establish compensation of the CEO/Execu					ĺ
	Compensation committee	_	Written employment contract			ĺ
	Independent compensation consultant	Ī	Compensation survey or study			į
	Form 990 of other organizations	X	Approval by the board or compensation committee			É
		_		:		ĺ
4	During the year, did any person listed on Form 990, Part VII, Sect	ction A	, line 1a, with respect to the filing			
	organization or a related organization:		•	-		Ĺ
а	Receive a severance payment or change-of-control payment?			4a		Х
b	Participate in, or receive payment from, a supplemental nonqualifi	fied re	tirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compens			4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the appli					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	ıs mu	st complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did th			-		
	compensation contingent on the revenues of:				:	1
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes" to line 5a or 5b, describe in Part III.					-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did th	the or	ganization pay or accrue any			1
	compensation contingent on the net earnings of				1	1
а	The organization?			6a]	
b	Any related organization?			6b		
	If "Yes" on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the	the or	ganization provide any non-fixed		1	1
	payments not described on lines 5 and 6? If "Yes," describe in P.			7		
8	Were any amounts reported on Form 990, Part VII, paid or accrue					
-	to the initial contract exception described in Regulations section 5			1		
	ın Part III			8	1	
9	If "Yes" to line 8, did the organization also follow the rebuttable pr					<u> </u>
-				9		Ī

Page 2

85-0020740

Associated Contractors of New Mexico

Schedule J (Form 999) 2015

Associated Contractors of New Mexico

Part II 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

of columns (Biri-Lui) for each listed individual must ential the total amount of Form 990. Part VII. Section A line 1a, applicable column (D) and (E) amounts for that individual. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(1)-(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.	for each listed inc	dividual m	ıst equal the total aı	mount of Form 990, I	Part VII, Section A, line 1a	a, applicable column (D) and	(E) amounts for that indi-	vidual.
	(B) Break	down of M	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)(D)	in column (B) reported as deferred in pnor Form 990
J Michael Beck		129,594	0	О		36,426	166,020	113,674
e Director	:0	0	0		0	:	0	0
	()							
2	(ii)							
	(1)							
က	(ii)							
	()							
4	(E)			L				
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13	(ii)							
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14	(ii)							
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15	(ii)							
	(E)							
16	(ii)							
EEA								Schedule J (Form 990) 2015

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

Associated Contractors of New Mexico	85-0020740
01. Form 990 governing body review (Part VI, line 11)	
The 990 is reviewd by the Executive Director and designated board	members prior to
filing.	
02. CEO, executive director, top management comp (Part VI, line 15	5a)
The Board reviews and must approve any change in compensation to t	the Executive director or
any other key employee.	
03. Other officer or key employee compensation (Part VI, line 15b	
The Board reviews and must approve any changes to compensation for	other employees.
04. Governing documents, etc, available to public (Part VI, line 1	19)
Governing documents are made available to the public upon request	at the Organization's
offices.	
05. List of other expenses (Part IX, line 24e)	
See attached schedule.	
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