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EXTENDED TO AUGUST 15, 2016

Return of Organization Exempt From Income Tax

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

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

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning Check if C Name of organization D Employer identification number ARIZONA TRANSPORTATION BUILDERS Address change ASSOCIATION X Name change 86-0492747 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1842-WEST GRANT ROAD, SUITE 103 (520)623-0444termin-ated 369,498.City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TUCSON, AZ 85745-1219 H(a) Is this a group return Applica-F Name and address of principal officer RAMON GAANDERSE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? 6) (insert no.) 4947(a)(1) or If "No." attach a list (see instructions) J Website: ► MOVINGOURECONOMY.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation: 1986 M State of legal domicile AZ Part I Summary Briefly describe the organization's mission or most significant activities TO BE INSTRUMENTAL IN BRINGING 1 Governance ABOUT ECONOMIC AND INFRASTRUCTURE DEVELOPMENT IN ARIZONA THROUGH Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 20 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 2 5 20 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 10,150 21,610. Contributions and grants (Part VIII, line 1h) SCANNED SEP O REJENCE 133,779 <u>147,220.</u> Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,563 8,380. 69,616. 67,161. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 222,108 244,371. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,265 27,206. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 120.597 118,488. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 111,342 102,688. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 247,204. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 248,382. -25,096. -4,011.Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year <u>330</u>,032. 304,586. 20 Total assets (Part X, line 16) 100,854 21 Total liabilities (Part X, line 26) 96,354. E E Net assets or fund balances Subtract line 21 from line 20 229,178. 208,232 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ignature of officer Sign RAMON GAANDERSE EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date. Check DAVID B. BARBER, CPA/CFE Paid P00348638 self-employed Preparer Firm's name REGIER CARR & MONROE, L.L.P 48-0573184 Firm's EIN Firm's address 4801 E BROADWAY BLVD, Use Only TUCSON, AZ 85711-3648 Phone no. 520 - 624 - 8229

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2015)

X Yes No

Form	n 990 (2015) ASSOCIATION	86-0	<u>)492</u> 747	Page 2
Pai	rt III Statement of Program Service Accomplishments			
·	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission	-		
•	TO BE INSTRUMENTAL IN BRINGING ABOUT ECONOMIC AND IN	ודם א פייים זו	ים סוותי	
	DEVELOPMENT IN ARIZONA THROUGH INVOLVEMENT IN LEGISL			
	SPECIFICATION REVIEW, HIGHWAY BUDGETING AND APPROPRI	ATIONS,	AND SAF	<u> 'ETY </u>
	EDUCATION AND TRAINING.			
2	Did the organization undertake any significant program services during the year which were not listed on	·		
	the prior Form 990 or 990-EZ?		Ves	X No
	If "Yes," describe these new services on Schedule O		163	
_		•		[1]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	∟ Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measure	ed by expense:	8
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the to	otal expenses.	and
	revenue, if any, for each program service reported	,	,,	
40			*****	
4a	· · · · · · · · · · · · · · · · · · ·	(Revenue \$	770	<i>)</i>
	APPROXIMATELY 98 MEMBERS ARE SERVED THROUGH VARIOUS			
	PROMOTING THE CONSTRUCTION INDUSTRY. MONTHLY MEETING	S ARE CO	NDUCTED	AND_
	SEMINARS ON CONSTRUCTION SAFETY ARE ORGANIZED AND HE	LD.		
			-	
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
		·	• • • • • • • • • • • • • • • • • • • •	
			 -	
			· <u>-</u>	
				
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$		1
	/ Laparest	(116461196.3		
		<u> </u>		
				
				
		<u> </u>		
				
		-		
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses			
			Form 9	990 (2015)

Form 990 (2015) ASSOCIATION
Part IV Checklist of Required Schedules

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			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	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₹.
4	public office? If "Yes," complete Schedule C, Part I	3		X
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	١,		
5		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	_	v	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	X	
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		X
٠	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			23
•	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		Х
С	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 169 If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	446		v
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	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	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,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			41
	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
			990	

Form 990 (2015)
ASSOCIATION
Part IV Checklist of Required Schedules (continued)

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĺ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3.7
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
~_	Schedule N, Part II	32		X
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	$\Omega\Omega\Omega$	

Form 990 (2015) ASSOCIATION

Statements Pagarding Other IRS Filings and Tax Compliance

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Pai	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
Ū	(gambling) winnings to prize winners?	1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 2					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	_			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
ь	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 (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	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?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	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				
þ	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
_	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter					
· ·	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		•			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
-	Note. See the instructions for additional information the organization must report on Schedule O			_		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

Form 990 (2015)

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Form 990 (2015) ASSOCIATION 86 – 0492747 Page 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
Sec	tion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	$\mid_{\mathbf{X}}\mid$	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?		х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	Λ	
U	persons other than the governing body?			v
8		7 <u>b</u>		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?		v	
		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Did the expension have least about an expension on efficiency		Yes	No
10a	3	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	37
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_X_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		.,	
40		12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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	X	
b	Other officers or key employees of the organization	15b	X	
40	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			
	taxable entity during the year?	16a		<u> </u>
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		İ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AZ			
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) a	vailab	le	
	for public inspection Indicate how you made these available. Check all that apply			
	Own website X Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RAMON A. GAANDERSE - 520-623-0444			
	1842 WEST GRANT ROAD, SUITE 103, TUCSON, AZ 85745			

990 (2015)	ASSOCIATION	

Form

86-0492747

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	n nor any related	orga	nıza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee	<u>-</u>
(A)	(B)	ĺ	(C)		(D)	(E)	(F)			
Name and Title	Average	(do		Posi		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson	ıs bot	h an	compensation	compensation	amount of
	week		Cer an	uau	recio	or/trus	lee)	from	from related	other
	(list any hours for	Irecto						the organization	organizations	compensation from the
	related	10 9	stee			satec		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2, 7000 *********************************		and related
	below	ngna	tutou	ᡖ	Key employee	est co] E			organizations
	line)	ģ	Insti	Officer	Key	돌	Former			
(1) CHRIS ALBRIGHT	1.00]								
DIRECTOR		X						0.	0.	0.
(2) RYAN MACKEY	1.00	1								
DIRECTOR		X	_					0.	0.	0.
(3) TODD ADAMS	1.00	ļ							_	_
PRESIDENT		X		X			<u> </u>	0.	0.	0.
(4) CHRIS ROGERS	1.00			_						
IMMEDIATE PAST PRESIDENT	1 00	X		X		_	<u> </u>	0.	. 0.	<u> </u>
(5) BRIAN ANDREWS	1.00									•
1ST VICE PRESIDENT	1 00	X	<u> </u>	X			<u> </u>	0.	0.	0.
(6) FRED NARCAROTI	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(7) CHRIS KMETTY	1.00	٠,					ŀ			0
DIRECTOR	1.00	X					 	0.	0.	0.
(8) STEVE SHEPHERD	1.00	x						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(9) PAUL POLITO	1.00	X						0.	0.	0.
DIRECTOR (10) BILL MACKEY	1.00	^					 	0.	<u> </u>	
(10) BILL MACKEY	1.00	X					-	0.	0.	0.
DIRECTOR (11) CHUCK JOHNSON	1.00						\vdash			
DIRECTOR	2,00	x		İ				0.	0.	0.
(12) STEVE MELTON	1.00									
2ND VICE PRESIDENT		x		$ \mathbf{x} $				0.	0.	0.
(13) VEE GOLDEN	1.00	-		<u> </u>						
DIRECTOR		X						0.	0.	0.
(14) ROB ANDERSON	1.00									
DIRECTOR		X						0.	0.	0.
(15) RON MORRIS	1.00									
DIRECTOR		X						0.	0.	0.
(16) JOHN TAYLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JAY ALEXANDER	1.00]								
ASSOCIATES CHAIR		X		X		<u> </u>	<u>L</u>	0.	0.	<u>0.</u>

Form 990 (2015) ASSOCIATION 86-0492747 Pag									age 8				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (do not check box, unless per officer and a co					1 than is bot	one h an	(D) Reportable	(E) Reportable compensation from related		an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	5)	frorga orga	pensa om the anizat d relat inizati	e Ion ed
(18) CHAD HOUSLER	1.00												
TREASURER/SECRETARY	1 00	X	-	X				0.		0.			0.
(19) DAN FOLY	1.00	x						0.		0.			0
DIRECTOR (20) SEAN SAMSEL	1.00	Δ.						0.	<u></u>	٠.			0.
DIRECTOR	1.00	х						0.	ı	0.			0.
(21) RAMON A GAANDERSE	40.00					-							
EXECUTIVE DIRECTOR				Х				85,060.		0.			0.
				_									
											_,		
1b Sub-total							•	85,060.		0.			0.
 Total from continuation sheets to Part VI Total (add lines 1b and 1c) 	I, Section A						▶	85,060.		0.			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no r			<u> </u>			0
Somponeation from the digunization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									he organization	-	4		x
5 Did any person listed on line 1a receive or a									dual for services	Ī		-	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or st	uch	pers	son					5		<u> </u>
Complete this table for your five highest co	mpensated inc	lene	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of comp	enss	tion fi	om	
the organization Report compensation for									•	01136		Oili	
(A) Name and business	address	NO	ONE					(B) Description of s	ervices	Co	(C		n
								· · ·					
					-								
							1	· · · · · · · · · · · · · · · · · · ·					
											_		
2 Total number of independent contractors (i \$100,000 of compensation from the organic		ot lii	nite	d to		se lis)	sted	d above) who received m	ore than				

Form 990 (2015)

Form 990 (2015) ASSOCIATION

Part VIII | Statement of Revenue

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-		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
투등	b		1b					
اغ ي	c		1c	21,610.				
ifts ar A		Related organizations	1d		ľ			
S	e	0	 			İ		
Sign	f	All other contributions, gifts, gran						+
돌힐	•	similar amounts not included abo	1 1					1
출하	_	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	- ia- ii Φ		21,610.			
- 1	<u></u>	Total, Add into Ta 11	· · · · · · · · · · · · · · · · · · ·	Business Code	21/0101			
a l	2 a	MEMBERSHIP DUES	3	900099	99,880.	99,880.		1
Š		PROGRAM REVENUE		900099	46,888.	46,888.	· · · · · · · · · · · · · · · · · · ·	-
Ser	c	OMITED THOOME		900099	452.	452.		
E S	d		·					
Program Service Revenue	e					-		
F.	f	All other program service reve	enue					
İ	g	Total, Add lines 2a-2f			147,220.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	8,380.			8,380.
Ì	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
1	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>	<u>.</u>	_,		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory				1		İ
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraisin						
ē		including \$21,6						
è		contributions reported on line	•					
Other Reven		Part IV, line 18	а	192,288.				
₹		Less direct expenses		125,127.	65 161			68 161
		Net income or (loss) from fund	_		67,161.		 _	67,161.
	9 a	Gross income from gaming a						
		Part IV, line 19	a					
		Less direct expenses	b					
		 Net income or (loss) from gan Gross sales of inventory, less 	-					
	iu a	and allowances						
l	_	Less cost of goods sold	а					
			b se of inventory					
		 Net income or (loss) from sale Miscellaneous Revenu 		Business Code				
	11 a			Dualifess Code				1
	ıı a							
	C							
		All other revenue						
		Total. Add lines 11a-11d		•	-			
	12	Total revenue See instructions.			244,371.	147,220.	0	75,541.

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Form 990 (2015) ASSOCIATION
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,206.			
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	85,090.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ı.			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,307.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,091.			
11	Fees for services (non-employees)	1			
а	Management				
b	Legal	2 200			
С	Accounting	3,320.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	3,960.		:	
40	column (A) amount, list line 11g expenses on Sch O.)	923.			-
12	Advertising and promotion Office expenses	4,310.			
13	Information technology	6,363.			
14 15	Royalties	0,303.			
16	Occupancy	10,240.			·
17	Travel	7,830.			
18	Payments of travel or entertainment expenses	,,030.			· <u>-</u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization	2,384.			
23	Insurance	1,638.			
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 0.)				
а	MEETING EXPENSE	27,294.			
b	BAD DEBT	14,250.			
С	INSTALLATION DINNER	6,333.			
d	DUES AND SUBSCRIPTIONS	6,120.			
е	All other expenses	7,723.			
25	Total functional expenses Add lines 1 through 24e	248,382.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here I if following SOP 98-2 (ASC 958-720)			1	

Form 990 (2015)

ASSOCIATION

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 22,191. 21,065. 1 Cash - non-interest-bearing 24,021. 35,387. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 69,921 4 68,415. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L. 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 48,793. basis Complete Part VI of Schedule D 10a 39,055. 10,362. 9,738. b Less accumulated depreciation 10b 10c 192,171. 11 181,347. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 330,032. 304,586. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 7,904. 6,589. Accounts payable and accrued expenses 17 17 18 Grants payable 18 89,765. 92,950. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 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 96,354. 100,854 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 229,178. 208,232. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 229,178. 33 208,232. 33 Total net assets or fund balances 330,032. 304,586. Total liabilities and net assets/fund balances 34

Form 990 (2015)

<u>Form</u>	990 (2015) ASSOCIATION	<u>86-0492</u>	<u> </u>	Pa	age 12		
	rt 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	24	4,3	371.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3	_	4,0	11.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	9,1	78.		
5	Net unrealized gains (losses) on investments	5	-1	6,9	35.		
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						
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.]				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
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	l 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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,					
	consolidated basis, or both]]				
	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule 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		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audıt					
	or audite, explain why in Schodule O and describe any stone taken to undergo such audite		0.		1		

Form **990** (2015)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2015
Open to Public

Inspection

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

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

, (,,,,,,,,				
 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			
Name of organization ARIZONA	TRANSPORTATION	BUILDERS	[1	Employer identification number
ASSOCIA				86-0492747
Part I-A Complete if the org	ganization is exempt un	der section $501(c)$	or is a section 52	27 organization.
1 Provide a description of the organiz	zation's direct and indirect politi	cal campaign activities	ın Part IV.	
2 Political expenditures				▶ \$
3 Volunteer hours				
	ganization is exempt und)(3).	
1 Enter the amount of any excise tax				> \$
2 Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5	▶\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section (501(c)(3).
1 Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities	> \$
2 Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	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 Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	•	IN) of all section 527 p	olitical organizations to	
made payments For each organiza				
contributions received that were pr				
political action committee (PAC) If				
(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amount of political
(2)	(5) / (555	(0) =	filing organization	1 1 1
			funds If none, ente	1
				delivered to a separate
			-	political organization If none, enter -0-
				ii Hone, enter-o
				
			i -	

Schedule C (Form 990 or 990 EZ) 2015 A	ASSOC	IATION	nnt under seetis	n 501/a)/2) and file	86-(0492747 Page 2
• •	anızatıc	nı is exer	npt under sectio	ii əvi(c)(3) and tile	tu FUIII 3/08 (election under
section 501(h)).				Dod N/		
		-		Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar						
3 Check Lifthe filing organiza	tion check	ed box A an	id "limited control" pro	ovisions apply	(-) Films	(h) Affiliated and
Limit	ts on Lobl	bying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	eans amou	nts paid or incurred.)	totals	
4 . Tatal labbuma ayandıtıyan ta yafı	ianaa niib	lio opinion (arace roots lobbying)			-
1a Total lobbying expenditures to influb Total lobbying expenditures to influ	•	-	-			-
= 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	ry (direct lobbying)			
		u 10)				
 d Other exempt purpose expenditure e Total exempt purpose expenditure 		s 1c and 1d	١			
f Lobbying nontaxable amount Ente	•			h columns		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	<u>i (U) 13.</u>		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			O plus 5% of the exce			-
Over \$17,000,000	000,000	\$1,000,0		7,000,000		
Over 417,000,000		Ψ1,00 <u>0,</u> 0				
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)				
h Subtract line 1g from line 1a If zero						
j Subtract line 1f from line 1c If zero						
i If there is an amount other than ze			line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	_					Yes No
(Some organizations t		a section 5		have to complete all o	of the five columns	below.
			ate instructions for li			
	Lob	bying Exper	nditures During 4-Ye	ar Averaging Period		
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))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
4. Greenwete labbung evendetures						

Schedule C (Form 990 or 990-EZ) 2015

• Schedule C (Form 990 or 990-EZ) 2015 ASSOCIATION 86-0492747 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

and the stable summer and summer.	(a)	(b)
of the lobbying activity	Yes	No	Amo	unt
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				
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?				
Other activities?			_	
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)?				
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)(6).	n 501(c)(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
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?		2		X
answered "Yes."				
1 Dues, assessments and similar amounts from members	,	1		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	al	1	17	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 	al	2a		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al	2a 2b		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	al	2a 2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2a 2b		
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SCHEDULE D

(Form 990)

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. Inspection

Department of the Treasury Name of the organization

ARIZONA TRANSPORTATION BUILDERS

ASSOCIATION

Employer identification number 86-0492747

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d 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 tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	t III Organizations Maintaining C		ot Hin	torical Tr	20011700	or Other		86-U4			<u>ge 2</u>
ч		**									
3	Using the organization's acquisition, accession	on, and other record	is, checi	k any of the	following tha	t are a si	gnificant	use of its	collection	ıtems	
	(check all that apply)		. —								
а	Public exhibition	d			hange progra	ams					
b	Scholarly research	е	• 🗀	Other	 			 _			
С	Preservation for future generations							_			
4	Provide a description of the organization's co	•		-	-			ose in Par	XIII		
5	During the year, did the organization solicit or					er sımılar	assets	_	٦		
Da	to be sold to raise funds rather than to be ma								Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or 		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	e Distributions during the year										
f	f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						Yes	Щ	No			
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10										
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part						
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	rears back	(e) Four y	ears b	ack
1a											
b	Contributions								,		
С	c Net investment earnings, gains, and losses										
d	d Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9	End of year balance		<u> </u>								
2											
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c short	•									
за	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for th	e organiz	zation	Γ.		
	by									'es	No_
	(i) unrelated organizations								3a(i)	\dashv	
	(ii) related organizations								3a(ii)	\dashv	
	If "Yes" on line 3a(ii), are the related organiza	•							3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		willetit	iunos							
	Complete if the organization answered) Part I\	/ line 11a S	See Form 990) Part Y	line 10				
	Description of property	(a) Cost or o			or other		cumulate	ad	(d) Book	value	
	Description of property	basis (investr		, , ,	(other)	• •	reciation		(a) Book	value	
10	Land	223.0 (3011		545.5	,,		50.41011				
	Buildings					_			<u></u>		—
0	Leasehold improvements	-									—
ن بر	Equipment			2	4,741.		23,8	18		9.2	23.
	Other				4,052.		$\frac{25,0}{15,2}$		Ω	, 81	
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colun				<u> </u>	<u> </u>		73	

ASSOCIATION 86-0492747 Page 3 Schedule D (Form 990) 2015 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (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 (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3)(4) (5)(6) (7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4)(5) (6)(7)(8)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X	Other I	iabilities.
1 011 1	- Cuici E	Japinuca.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

<u>1</u>	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	

(a) Description of liability

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

chedule D (Form 990) 2015 ASSOCIATION		<u> </u>	Page 4
Part XI Reconciliation of Revenue per Audited Fina	ncial Statements With Revenu	ue per Return.	
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial stat	ements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u>,</u>		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e 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 1	}	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	_ 4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa		5	
Part XII Reconciliation of Expenses per Audited Fine	-	ses per Return.	
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
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	1 1		
a Donated services and use of facilities			
b Prior year adjustments	2b		
c Other losses	, <u>2c</u>		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, I	Part I, line 18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, 5, and 9, a		art V, line 4, Part X, line 2, Part XI,	
nes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t	provide any additional information		
			-
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Department of the Treasury Internal Revenue Service		► Attach to Form 990 Sbout Schedule G (Form 990 or 990-EZ	or Fo	rm 99	00-EZ.	nov/form990.	Open to Public Inspection
Name of the organizatio		TRANSPORTATION BU					r identification number
	ASSOCIA	TION				86~04	92747
Part I Fundrais required to	sing Activities complete this par	- Complete if the organization answit	ered "Y	'es" o	n Form 990, Part IV,	line 17 Form 99	0-EZ filers are not
1 Indicate whether th	ne organization rais	sed funds through any of the follow	ng acti	vities	Check all that apply		
a Mail solicita	tions	e Solicita	tion of	non-g	overnment grants		
b Internet and	l email solicitations			_	nment grants		
c Phone solic	itations	g Specia	l fundra	aising	events		
d In-person so							
		or oral agreement with any individua					🗀
		art VII) or entity in connection with p					Yes No
	east \$5,000 by the	ividuals or entities (fundraisers) purs	suant to	o agre	ements under wnich	the fundraiser is	s to de
		Torganization	1			r	
(i) Name and addres	ss of individual		(iii)	Did	(iv) Gross receipts	(v) Amount pa	
or entity (fund		(ii) Activity	or cor	raiser ustody itrol of	from activity	to (or retained fundraiser	organization
			contrib	utions?	•	listed in col ((i) Organization
			Yes	No			
			-	ļ			
			İ				
							·
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			1				
			1-	-			
			1				
-					-	_	
			<u></u>				
Total				<u> </u>			
or licensing	iich the organizatio	on is registered or licensed to solicit	CONTIL	outions	s or has been nothed	ı it is exempt ire	im registration
			-				
	 _						
	<u></u> .						
							

Schedule G (Form 990 or 990-EZ) 2015 ASSOCIATION 86-0492747 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col (a) through TOURNAMENT AUCTION col (c)) (event type) (event type) (total number) Gross receipts 86,307. 55,250. 72,341 213,898. 21,610 21,610. 2 Less Contributions Gross income (line 1 minus line 2) 86,307. 55,250 50,731 192,288. 4 Cash prizes 981 861. Noncash prizes 1,842. Direct Expenses Rent/facility costs 17,280 500. 17,780. 9,350 13,505 7,066 29,921. Food and beverages Entertainment 17,973. 13,039 44,572 Other direct expenses 75,584. 10 Direct expense summary. Add lines 4 through 9 in column (d) 125,127. Net income summary Subtract line 10 from line 3, column (d) 67,161 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

Sch	edule G (Form 990 or 990-EZ) 2015 ASSOCIATION 86	<u>-049</u> 2747	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name	-	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	e If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part	III, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)		
			
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_		<u> </u>	
5320	83 09-14-15 Schedule G (F	orm 990 or 990	-EZ) 2015

86-0492747 Page 4 **ASSOCIATION** Schedule G (Form 990 or 990 EZ) Part IV Supplemental Information (continued)

ARIZONA TRANSPORTATION BUILDERS

Department of the Treasury								
epartment of the Treasury		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	on answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22		2
Activities Service		:		► Attach to Form 990.	 			Open to Public
nother receive of the ameN		PANCEORES	APTZONA TRANCPORTATION RITTINES	(Form 99J) and its	S INSTRUCTIONS IS A	■ Michaelon about Schedule (Form 550) and its instructions is at www.rs govirolinisty.	0	Employer reporting to the property of the prop
יפוויכ סו וווכ סולמוודמוול		NO NOTE OF THE	TOTAL NOTE:					86-0492747
Part General In	General Information on Grants and Assistance	nd Assistance	:					
1 Does the organiza	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	o substantiate the	amount of the grants	s or assistance, the	grantees' eligiblit	y for the grants or ass	sistance, and the selec	[
conterna used to av	criteria used to award the grants or assistance?	tance?	-	3	č			X Yes No
\sim	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mont	oring the use of grant	1 funds in the Unite	d States			
Fart II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recovered more than tenesing more than tenesing more than \$4,000 Dart II and he diministrated it additional cases a needed	Domestic Organii 5.000 Part II can	zations and Domestu be displicated if addit	ic Governments. C tional space is need	Somplete if the org. Had	anization answered ")	/es*on Form 990, Par	t IV, line 21, for any
1 (a) Name and add	1 (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
EDUCATIONAL SCHOLARSHIP FOUND	EDUCATIONAL SCHOLARSHIP POUNDATION							TO ENCOURAGE AND SUPPORT GRADUATING HIGH SCHOOL
SUITE 103 - TUCSON, AZ 85745	V, AZ 85745	86-0713132		8,915,	0.			SEEKING COUNTINUING
1	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government orc	ganzations listed in th	ne line 1 table				
3 Enter total numbe	3 Enter total number of other organizations listed in the line 1 table	isted in the line	table					•

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Page 2

86-0492747

ARIZONA TRANSPORTATION BUILDERS
Schedule (Form 990) 2015
ASSOCIATION
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Ves" on Form 990, Part IV, line 22
Part III can be dupticated it 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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	e 2, Part III, column	(b), and any other ac	ditional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	اد				
EDUCATIONAL SCHOLARSHIP FOUNDATION OF TUCA	OF TUCA				
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENCOURAGE AND SUPPORT GRADUATING	: TO ENC	OURAGE AND	SUPPORT G	RADUATING	
HIGH SCHOOL STUDENTS AND INDIVIDUALS SEEKING COUNTINUING EDUCATION	LS SEEKID	NG COUNTIN	UING EDUCA	rion.	
532102 10-28 15					Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Name of the organization

ARIZONA TRANSPORTATION BUILDERS ASSOCIATION

Employer identification number 86-0492747

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVOLVEMENT IN LEGISLATIVE AFFAIRS, SPECIFICATION REVIEW, HIGHWAY
BUDGETING AND APPROPRIATIONS, AND SAFETY
EDUCATION AND TRAINING.
FORM 990, PART VI, SECTION A, LINE 2:
RYAN MACKEY, A DIRECTOR, IS THE SON OF BILL MACKEY, A DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
THE EXECUTIVE DIRECTOR FIRST REVIEWS FORM 990, THEN SUBMITS THE RETURN TO THE CURRENT BOARD PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 12C:
AT THE START OF EACH MEETING, A SIGN-IN SHEET AND ANTI-TRUST STATEMENT MUST
BE SIGNED. THIS PROHIBITS THE DISCLOSING OF PRICING AND FINANCIAL
INFORMATION ON ANY SAME PROJECT UPON WHICH ONE OR MORE MEMBERS MAY BE
WORKING.
FORM 990, PART VI, SECTION B, LINE 15:
EACH NOVEMBER, THE ASSOCIATION HOLDS AN ANNUAL BOARD MEETING. THIS COVERS
APPROVING THE FOLLOWING YEAR'S BUDGET, MEMBERSHIP RATES, BY-LAWS, SELECTION
OF OFFICERS AND AWARDS. ALSO INCLUDED IS AN ANNUAL REVIEW OF BOTH THE
EXECUTIVE DIRECTOR AND EXECUTIVE ASSISTANT, WITHOUT THEIR PRESENCE.

Name of the organization ARIZONA TRANSPORTATION BUILDERS ASSOCIATION	Employer identification number 86-0492747
COMPENSATION FOR THE EMPLOYEES IS THEN VOTED BY THE BOARD	OF DIRECTORS.
EACH YEAR, THE EXECUTIVE DIRECTOR WRITES A MEMO TO THE BO	ARD REQUESTING
COMPENSATION FOR BOTH HIMSELF AND THE EXECUTIVE ASSISTANT	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE POLICIES AND BY-LAWS ARE ON THE ASSOCIATION'S WEBSITE	AT ALL TIMES AND
ARE VOTED ON BY THE BOARD OF DIRECTORS IN NOVEMBER OF EAC	H YEAR. THEY ARE
ALSO HANDED OUT FROM TIME TO TIME WITH NEW BOARD MEMBERS.	

2015	Open to Public Inspection	Employer identification number	86-0492747
Related Organizations and Unrelated Partnerships Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 355, 36, or 37.	Information about Schedule R (Form 990) and its instructions is at www ins gov/form990	n ARIZONA TRANSPORTATION BUILDERS	ASSOCIATION
SCHEDULE R (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	

Part I Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33

		 ì
(f) Drect controlling entity		
(d) (e) Total moome End-of year assets		
(d) Total income		
(c) Total ro Legal domucile (state or Total in foxeign country)		
(b) Primary activity		
(a) Name, address, and EIN (if applicable) of deregarded entity		

Part II 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

	2(b)(13)	2		×						
	(g) Section 512(b)(13) controlled	Yes						_		
	(f) Drect controlling entity									
	(e) Public charity	501(c)(3))		LINE 1						
	(d) Exempt Code			501(C)(1)						
	(c) (d) (e) Legal domcele (state or Exempt Code Public charity section statis (f section	(neign conney)		ARIZONA						
	(b) Primary activity			GRANTS AND SCHOLARSHIPS		1				
מאמווקטווט מחוווא וווב ומע לפמ	(a) Name, address, and EIN of related romanization	DOUBLE OF THE PROPERTY OF THE	EDUCATIONAL SCHOLARSHIP POUNDATION OF TUCA -							

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

Schedule R (Form 990) 2015

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ARIZONA TRANSPORTATION BUILDERS Schedule R (Form 980) 2015 ASSOCIATION

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Part III 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

Name, address, and EIN	e :	<u> </u>	9	e)	£	(6)	Ξ	=	3	æ
ol related organization	Primary activity			Predominant income (related, unrelated, couded from tax under	Shar	Share of end-of year	= ଆ	amount in box managing ownership	General or managung partner?	Percentage ownership
		country)		sections 512 514)		200	Yes No	K 1 (Form 1065)	YesNo	
		,								
									_	
									_	
									_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 1Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

Name, address, and EIN Primary activity Legal domain of related organization of related organization country	(a)	(9	Ē	(e)	£	(6)	Œ	=
	Name, address, and EIN of related organization		Legal domonle (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of year assets	Percentage ownership	Stabits Stabits controlled entity?
						-			
					_				

86-0492747

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Schedule R (Form 990) 2015 ASSOCIATION

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

Yes ŧ Ē Ę ş 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 1 Durng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundrasing solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) q Rembursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) g Sale of assets to related organization(s) Dwdends from related organization(s)

(a) Name of related organization	(b) Transaction (type (a s)	(c) Amount involved	(d) Method of determining amount involved
£			
(5)			
(4)			
(5)			
9)			

Schedule R (Form 990) 2015

ARIZONA TRANSPORTATION BUILDERS Schedule Rifrom 950) 2015 ASSOCIATION

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Part VI 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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inv	estment partnerships							
(a)		(2)	9	<u>@</u>	£		Ē	3	3	3
Name, address, and EiN of entity	Primary activity	Legal domicile (state or foreign	Legal domote Predominant income partersa. (state or foreign (related, untellied, with the parters of the parter of the parters	2016103 5016103 5016103	Share of total	Share of end of year	Ospropor tonate afteralenc?	Ospropor Code V UBI General of Percentage totals amount in box 20 managing ownership	General o managing	Percentage ownership
		country)	excluded from tax under sections 512-514)	Se Se			Yes No	(Form 1065)	S S	
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ARIZONA TRANSPORTATION BUILDERS 86-0492747 Page 5 Schedule R (Form 990) 2015 ASSO
Part VII Supplemental Information ASSOCIATION Provide additional information for responses to questions on Schedule R (see instructions)