CHANGE OF ACCOUNTING PERIOD

EXTENDED TO MAY 17, 2021

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 publication

OMB No 1545-0047

Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2020 A For the 2020 calendar year, or tax year beginning JAN 1, 2020 and ending JUN 30, Check if C Name of organization D Employer identification number INDEPENDENT ELECTRICAL CONTRACTORS Address change ASSOCIATION OF ARIZONA Name 86-0267536 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 4625 S ASH AVE J17 480-456-4444 715. 112, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ AZ85282-6847 H(a) Is this a group return Applica-F Name and address of principal officer NANCY LEVEY for subordinates? Yes X No pending 4625 S ASH AVE STE J17, TEMPE, AZ 85282 _|Yes 「 H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) (6)**◄** (insert no.) 4947(a)(1) or If "No," attach a list See instructions J Website: IECAZ . ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: 1968 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities. TO PROMOTE AND FURTHER THE Governance EDUCATION OF THE ASSOCIATION'S MEMBERS AND PROMOTE PUBLIC SAFETY AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2020 (Part V. line 2a) 5 21 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** RECEIVED 0. Contributions and grants (Part VIII, line 1h) 191,419. 105,981. Program service revenue (Part VIII, line 2g) S-0SC Investment income (Part VIII, column (A), lines 3, 4, and 7d) MAY 1 9 2021 38. 199. 333. 6,202. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96) 10c, and 11e) 790. Total revenue - add lines 8 through 11 (must equal Part VIII, column) 202. 112,382. Grants and similar amounts paid (Part IX, column (A) lines (3) GDEN, UT 50. 50. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 43,916. 59,452. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 91,435. 21,100. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 135.401. 80,602. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 67,389. 31,780. Revenue less expenses Subtract line 18 from line 12 Assets or LBalances Beginning of Current Year End of Year 174,343. 223,029. Total assets (Part X, line 16) 20,475. 569. 21 Total liabilities (Part X, line 26) 펄 202,554 170. 774. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this relivin, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge. Signature of office Date Sign HAL LOOK, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 04/30/21 P01318653 CONSTANCE WALSH CPA CONSTANCE WALSH CPA Paid self-employed Firm's EIN > 86-0267201 Firm's name > HAMMOND TRAVERS & TUTTLE PC Preparer Firm's address ▶ 6263 N SCOTTSDALE RD STE 250 Use Only Phone no. 480 - 998 - 2755

May the IRS discuss this return with the preparer shown above? See instructions

SCOTTSDALE, AZ 85250-5426

l No

X | Yes

Pa	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 PROMOTE AND FURTHER THE EDUCATION OF THE ASSOCIATION'S MEMBERS AND
	PROMOTE PUBLIC SAFETY AND AWARENESS OF THE ELECTRICAL CONTRACTORS
	INDUSTRY.
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 X No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	SEMINARS & SAFETY PROGRAMS
	SEMINARS: SEMINARS AND WORKSHOPS ARE PRESENTED ON SPECIFIC INDUSTRY
	ISSUES AND REGULATIONS FOR THE APPROXIMATELY 70 CONTRACTOR MEMBERS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	BORROWED WORKER PROGRAM
	COMMINACION MINDERO CAN LOAN MAN POWER MO EACH OWNER ON A CHORD MINN
	CONTRACTOR MEMBERS CAN LOAN MAN POWER TO EACH OTHER ON A SHORT-TERM BASIS.
	DASIS.
	
4c	(Code) (Expenses \$
	Other angers and the second of
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >
<u></u>	Form 990 (2020)

INDEPENDENT ELECTRICAL CONTRACTORS Form 990 (2020) ASSOCIATION OF ARIZONA Part IV | Checklist of Required Schedules

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	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	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 98-197 If "Yes," complete Schedule C, Part III	5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		'	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ļ
	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_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	as applicable	<u> </u>		
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	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	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	1 le		
•	the organization's siability 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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.20		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>_x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	[
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ììì	1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u>_x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
	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			17
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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- 4	Continued)		Т.,	Τ
20	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	-22	†	1
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		 	
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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		 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		\vdash	
•	any tax-exempt bonds?	24c	Į.	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		T
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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	1	}	1
	Schedule L. Part I	25b	1	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		\vdash	$\uparrow -$
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1	\vdash	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		\Box	
	instructions, for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	Ì
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	<u>L</u>	<u>L</u> .
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			Ī _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
Par	t 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0] }		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	/		L
	(gambling) winnings to prize winners?	1c		
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	Continued)				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1							
	filed for the calendar year ending with or within the year covered by this return	2a	0	<u> </u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)		<u></u>					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a	1	1				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country			1					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	ts (FBAR)	<u> </u>	ļ	32			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u> 5b	<u> </u>	X			
b									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ie orga	nization solicit	6-)	х			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions of the contribution in the contributio	ione or	aifte	6a	 				
U	were not tax deductible?	.10115 01	yınıs	6b					
7	Organizations that may receive deductible contributions under section 170(c).			100					
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	rvices n	rovided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. т.оос р	ovidou to tino payor	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured						
	to file Form 8282?	•		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	<u>7g</u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	<u> </u>					
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			 					
a	•			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter	ا مدا							
	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u>.</u>			ļ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b		ł					
11	Gross income from members or shareholders	11a				1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	T I a		1	ł				
~	amounts due or received from them)	11b			}	İ			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			$\overline{}$				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	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					j			
	organization is licensed to issue qualified health plans	13b		1	i				
С	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration c	or						
	excess parachute payment(s) during the year?			15	\dashv	<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N	-	•	-					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	6.7	16		<u> </u>			
	If "Yes," complete Form 4720, Schedule O			لــــــــــــــــــــــــــــــــــــــ	990 (2020)			

Form 990 (2020)

ASSOCIATION OF AR1ZUNA

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b b

800	tion A. Governing Body and Management						Δ			
Sec	tion A. Governing Body and Management				Ye					
19	Enter the number of voting members of the governing body at the end of the tax year	1a	٠ .	10	+**	5	40			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	<u>"</u> "		~	-					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			İ	ľ					
h	Enter the number of voting members included on line 1a, above, who are independent	1b		10	-	- (
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-	İ					
_	officer, director, trustee, or key employee?	, with c	ary outer	<u> </u>	2	_	X			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	sunervision	<u> </u>		+				
•	of officers, directors, trustees, or key employees to a management company or other person?	direct	. supervision		3	- } -	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	<u> </u>	1	+	x			
5	Did the organization become aware during the year of a significant diversion of the organization's ass		, mod	h	<u> </u>		X X			
6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or		3 X	\top				
	more members of the governing body?	Pomit		7	a X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders. or							
_	persons other than the governing body?			7	ь Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following.	一片	<u> </u>	+				
а	The governing body?	. by	tonoung.	8	a X	\top				
b	Each committee with authority to act on behalf of the governing body?			8						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				,		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code I							
	THIS OVER THE TOURS AND THE INTERFER TO	<u>verru</u> e			Ye	s I	No.			
10a	Did the organization have local chapters, branches, or affiliates?			10			X			
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters.	affiliates,			\top				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10	ь					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	1	a X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12	b X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe							
	ın Schedule O how this was done			12						
13	Did the organization have a written whistleblower policy?			1_		_				
14	Did the organization have a written document retention and destruction policy?			1	4 X					
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent		İ	Ì				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			L						
а	The organization's CEO, Executive Director, or top management official			15						
b	Other officers or key employees of the organization			15	ь Х	\perp				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			i		ĺ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a	<u> </u>		4				
	taxable entity during the year?			16	а	12	<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•	1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	zation	s	<u> </u>		\perp				
	exempt status with respect to such arrangements?		<u>.</u>	16	b	<u> </u>				
sect	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 (1024 or 1024-A, if applicable), 990, an	d 990-	T (Section 501(c)	(3)s on	ly) avaı	lable				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		•							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	offict of	interest policy, a	and fina	ancial					
	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 book	ks and	records -		<u></u>					
	NANCY LEVEY, EXECUTIVE DIRECTOR - 480-456-4444									
	4625 S ASH AVE, STE J17, TEMPE, AZ 85282						_			
				Ea	rm 99	1/20	O.C			

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

See instructions for the order in which to list the persons above

(A)	(B)	organization compensate (C)						(D)	(E)	(F)	
Name and title	Average	(de	Position do not check more than of				ากค	Reportable	Reportable	Estimated	
	hours per	box	, unle:	ss pei	son (s both	an	compensation	compensation	amount of	
	week (list any	\vdash	T			Г	T	from the	from related	other	
	hours for	direct	ĺ					organization	organizations (W-2/1099-MISC)	compensation from the	
	related	že oč	stee		Ì	nsate		(W-2/1099-MISC)	(112,1000111100)	organization	
	organizations	trust	nal tru		oyee	ed wo		`		and related	
	below	Individual trustee or director	Institutional trustee	ē	кеу етріоуее	Highest compensated employee	Former	1		organizations	
	line)	탈	lust	Officer	Key	em em	For		·		
(1) RYAN WHITE	1.00	۱	1	i						_	
BOARD MEMBER		X	<u> </u>	L		<u> </u>		0.	0.	0	
(2) TIM KNEBEL	1.00	۱					l				
PRESIDENT		X	_	X		ļ		0.	0.	0	
(3) HAL LOOK	2.00	١.,						1			
TREASURER		X		X		_	<u> </u>	0.	0.	0	
(4) LUCAS BRUXVORT	1.00	١,,		3.7					0	•	
VICE PRESIDENT (5) NANCY LEVEY	40.00	X		X				0.	0.	0	
(5) NANCY LEVEY EXECUTIVE DIRECTOR	40.00	┨		х		ı		0.	0.	0	
(6) BRIAN JENSON	1.00	-		^						0	
BOARD MEMBER	1.00	X						0.	0.	0	
(7) JAMES STITH	1.00	 ^				$\vdash \vdash$		0.			
BOARD MEMBER	1.00	x		i				0.	0.	0 .	
(8) MIKE RASHFORD	1.00	 									
BOARD MEMBER		x						0.	0.	0 .	
(9) CURTIS BAILEY	1.00	 									
BOARD MEMBER		x						0.	0.1	0.	
(10) MIKE PORTER	1.00									•	
SECRETARY		X		\mathbf{x}				0.	0.	. 0	
(11) PETE TROWBRIDGE	1.00										
BOARD MEMBER \		\mathbf{x}						0.	0.)	0.	
				}							
		igsqcup		_							
		igsqcup	\Box	_							
				- 1		li]		

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hıç	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box.	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensate from relate	Estin		(F) timated sount of other
	(list any hours for related organizations below Iine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	าร	comp fro orga and	pensation om the anization I related nizations
												_
							_					
							-					
							_		 			
							_					
												
1b Subtotal	<u> </u>						<u> </u>	0.		0.		0
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						▶	0.		0.		0
Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	liste	d ab	ove)) wh	o re	eceived more than \$100,0	000 of reportable	-		
3 Did the organization list any former officer,	director, truste	e. k	ev e	mole	ovee	e. or	hia	hest compensated empl	ovee on			Yes No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	uch individual		•		•		Ĭ		•		3	Х
and related organizations greater than \$150	0,000? If "Yes,"	" cor	mple	te S	che	dule	J fo	or such individual	-		4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•		ate	ed organization or individ	ual for services		5	Х
Complete this table for your five highest contractors	mpensated ind	eper	nden	nt co	ntra	ctor	s th	at received more than \$	100,000 of comp	ensat	tion from	n
the organization Report compensation for t (A)					<u>th o</u>	r wit	hin	(B)			(C)	
Name and business	address	NC	NE				\dashv	Description of se	ervices	C	ompen	sation
							-					
		_			_		-			-		
							\dashv					
							_					
Total number of independent contractors (in	ncluding but no	t lim		to #	hos-	o liet	ed :	ahove) who received mo	re than			<u> </u>
\$100,000 of compensation from the organiz	=				0				- unan		Eorm Q	90 (2020
											rum 🤊	12020

86-0267536 ASSOCIATION OF ARIZONA Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè excluded Unrelated Total revenue-Related or exempt from tax under function revenue business revenue sections 512 - 514 its, Grants Amounts 1 a Federated campaigns **b** Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1g \$ g: Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 104,046 813910 104,046. 2 a MEMBERSHIP DUES 1,200. TRADE SHOW 813910 1,200. 813910 600. SPONSORSHIPS 600 813910 135. 135. d SEMINARS All other program service revenue 105,981. **研究加强这种断**证 Investment income (including dividends, interest, and 199. other similar amounts) ' Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents · b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory b Less cost or other basis 'and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See 6,535 Part IV, Ine 18 333: b Less direct expenses 6,202 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** d All other revenue

0.

112,382

Total, Add lines 11a-11d

Form 990 (2020) ASSOCIATION OF ARIZONA
Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A)	
	not include amounts reported on lines 6b,		(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	50.]	
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			}	<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	55,010.	•		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,442.		ļJ	
11	Fees for services (nonemployees)				
а	Management			ļi	
b	<u> </u>				
С	· · · · · · · · · · · · · · · · · · ·	894.			
d	, ,		4		
e	·				
f	Investment management fees				
g	•				
10	column (A) amount, list line 11g expenses on Sch O.)			 	
12 13	Advertising and promotion Office expenses	874.			
14	Information technology				
15	Royalties				
16	Occupancy	11,692.			
17	Travel	37.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,364.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,324.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)			•	
	amount, list line 24e expenses on Schedule 0.)	1 220			
a	TRADE SHOW EXPENSES	1,328.			
ь	PROGRAM EXPENSES	754.			
C	CREDIT CARD FEES POSTAGE & SHIPPING	659.			
ď		1/4.			
	All other expenses Add lines 1 through 24a	80,602.			
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	00,002.			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here figures of following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

86-0267536 Page 11 Form 990 (2020) ASSOCIATION OF ARIZONA Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 128,902. 43,749. Cash - non-interest-bearing 76,115. 76.134. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Assets Inventories for sale or use 2,840. 1,601. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 119,853. basis Complete Part VI of Schedule D 10a 19,716. 103,461. 16,392. 10b b Less. accumulated depreciation 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 31,923. 15 Other assets See Part IV, line 11 15 174,343. 223,029. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 3,569 20,475. 25 of Schedule D 3,569. 20,475. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 170,774. 202,554. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here

223,029. Form 990 (2020)

202,554.

30

31

32

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

170,774.

174,343.

29

30

31

32

⊢ <u>orm</u>	1990 (2020) ASSOCIATION OF ARTZONA	00	<u> </u>	0	Page 12
Pa	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	1		<u>,382.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			602.
3	Revenue less expenses. Subtract line 2 from line 1	3_			780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	70	774.
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 on Schedule O)	9		_	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	02,	554.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Y	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a	_ 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		į		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2	b	_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both			ı	
	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	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule (› <u>L</u>		· •
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit		
	Act and OMB Circular A-133?		3	a L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	int		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b '	
			Fo	rm 9 9	(2020)

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Quen to Public

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(d	:)(4), (5), or (6) organiza	tions: Complete Part III			
Name of organiza	tion INDEPEN	DENT ELECTRICAL	CONTRACTORS		Employer identification number
	ASSOCIA	TION OF ARIZONA			86-0267536
Part I-A C	omplete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
1 Provide a de	scription of the organiz	zation's direct and indirect politic	al campaign activities		
	paign activity expendi				▶ \$
3 Volunteer ho	urs for political campa	ign activities			
Part I-B C	omplete if the org	janization is exempt und	er section 501(c)(3).	
		incurred by the organization und			▶ \$
2 Enter the am	ount of any excise tax	incurred by organization manag	ers under section 4955	;	▶ \$
3 If the organiz	ation incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a corre	ction made?				Yes No
	cribe in Part IV				
Part I-C C	omplete if the org	janization is exempt und	er section 501(c),	except section 50)1(c)(3)
	• •	d by the filing organization for se	•		▶ \$
	• •	ization's funds contributed to ot	her organizations for se	ection 527	
•	tion activities		. =		▶ \$
•	t function expenditures	Add lines 1 and 2 Enter here a	ind on Form 1120-POL,		. .
line 17b	argonization file Form	4400 DOL for this year?			▶ \$ Yes
-	_	1120-POL for this year?	N) of all agetion 507 no		
		nployer identification number (Eli tion listed, enter the amount pair	•	_	• •
		omptly and directly delivered to			•
		additional space is needed, prov			
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	om (e) Amount of political
`	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	filing organization	's contributions received and
				funds If none, enter	-0 promptly and directly delivered to a separate
					political organization
	- 				If none, enter -0-
					
		<u> </u>		<u> </u>	
' <u>-</u>					
					^

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990 EZ) 2020					86-0	0267536 Page 2
Part II-A Complete if the orga	anizatio	on is exer	npt under section	on 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).						
				in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share						•
B Check I if the filing organizat	ion checi	ked box A ai	nd "limited control" pr	rovisions apply		
		bying Expe neans amοι	nditures ints paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					, , , , , , , , , , , , , , , , , , , ,	†
c Total lobbying expenditures (add lir		_	.y (a oot 1000 y 11.1g)			
d Other exempt purpose expenditure.		u 10,				
-		e 10 and 1d	Λ.			
	•		•	th and man		
f Lobbying nontaxable amount Enter						
If the amount on line 1e, column (a) or	(D) 18:		bying nontaxable ar		•	
Not over \$500,000			the amount on line 16		-	-
Over \$500,000 but not over \$1,000		-	00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000		00 plus 5% of the exc	•		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (ent	er 25% of	fline 1fl				<u> </u>
h Subtract line 1g from line 1a If zero		•				
i Subtract line 1f from line 1c If zero						
If there is an amount other than zero	•		line 1) did the erasei	ration file Form 4700	<u> </u>	.L
reporting section 4911 tax for this y		a line mor	ane ii, did the organiz	zation me ronn 4720		Yes No
		4-Year Ave	eraging Period Unde	r Section 501(h)		
(Some organizations th	at made				of the five columns b	elow.
	Se	e the separ	ate instructions for I	ines 2a through 2f.)		
-	Lobi	bying Expe	nditures During 4-Ye	ear Averaging Period		· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbung pontovable amount						
2a Lobbying nontaxable amount				 		
b Lobbying ceiling amount (150% of line 2a, column(e))				·		
c Total lobbying expenditures						
5 Total lobbying experientures			 _	 		
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f. Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 ASSOCIATION OF ARIZONA 86-02675 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(t	o)
of the lobbying activity.	Yes	No	Amo	ount
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	İ			
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 Railies, 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)?				
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?	504/ \/			
Part III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection 501(c)(o), or sec	tion	
		···	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 campaign activity expenditures	from the prior year	7 3		Х
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	f political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t	he excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political	<u> </u>		
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated instructions), and Part II-B, line 1. Also, complete this part for any additional information	group list), Part II-	A, lines 1 ar	nd 2 (See	
				•
				_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

ASSOCIATION OF ARIZONA

INDEPENDENT ELECTRICAL CONTRACTORS

Employer identification number 86-0267536

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6		·
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only	
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose o	onferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	· 	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		<u>2b</u>	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
ď	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re	
	listed in the National Register		_2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organızatıon	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	rodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easemen	ts during the year
_	\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)	
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statemen	nts that desc	cribes the
Par	organization's accounting for conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Simila	r Assets
	Complete if the organization answered "Yes" on Form			7.000.01
	If the organization elected, as permitted under FASB ASC 958		d balance st	neet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan		•	300.10
h	If the organization elected, as permitted under FASB ASC 958			works of
-	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	on notice in the control of the cont	ranco or par	5.10 00, 1100,
	(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 trea	asures or other similar assets for financial	nain provide	
-	the following amounts required to be reported under FASB AS	·	gani, provide	, ·
а	Revenue included on Form 990, Part VIII, line 1	co coo routing to those items	•	\$
	Assets included in Form 990, Part X			\$

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_		TION OF AR							<u>67536</u>	
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the t	following that	t make s	ignificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	•	d 🛄	Loan or exc	hange progra	am				
b	Scholarly research	•	е 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par	t X, line 21		 						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other ass	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	able				,		
							<u> </u>	ļ	Amount	
С	Beginning balance						1c	 		
d	Additions during the year						1d	<u> </u>		
е	e Distributions during the year									
f	Ending balance					,	1 <u>f</u>	l		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									Yes	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance		ļ							
b	Contributions		-		 					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		-							
е	Other expenditures for facilities		ļ			İ				
	and programs		 		-				-	
f	Administrative expenses		 							
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the curr		-	ı, column (a))) held as					
a	Board designated or quasi-endowment		_%							
Ь	Permanent endowment >	%								
С		%								
	The percentages on lines 2a, 2b, and 2c should be a sh									
за	Are there endowment funds not in the posses	ssion of the organiza	ation that	are neid an	nd administer	ea for th	e organiz	ation	5	
	by									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds									
4 Par			winent it	inas	<u> </u>		· · · · · ·			
	Complete if the organization answered) Part IV	line 11a S	00 Form 990	Part Y	line 10			
	Description of property	(a) Cost or o			or other		ccumulat	ed l	(d) Book	value
	Description of property	basis (investr			(other)		preciation		(u) DOOK	value
10	Land	2230 (,	540.0	(=3.10.)				·	
	Buildings									
0	Leasehold improvements									
ر د	Equipment			-		· ·		- -		
	Other	-		11	9,853.	1	103,4	61.	16	,392.
	Add lines 12 through 16 (Column (d) must en				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		00,3	-		392.

Schedule D (Form 990) 2020 ASSOCIATION Part VII Investments - Other Securities.	OF ARIZONA	86	-0267536 Page
Complete if the organization answered "Yes"			- <u>-</u>
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)	····		
(D)			
(E) (D)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	d-of-year market value
(1)			_
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	. <u>.</u>		
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>	
	Farm 000 Dark N. I	11d Cas Farm 000 Back V bas 45	
Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 15	(b) Book value
	Description		(b) BOOK Value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- -		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·		
(2) DUE TO IECAZ UNI			20,475.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	▶ i	20,475.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION OF ARIZONA

Employer identification number 86-0267536

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AWARENESS OF THE ELECTRICAL CONTRACTORS INDUSTRY.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS APPROXIMATELY SEVENTY MEMBERS COMPRISED OF ARIZONA
ELECTRICAL CONTRACTORS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERSHIP VOTES TO ELECT THE GOVERNING BOARD OF DIRECTORS. EACH MEMBER
HAS ONE VOTE.
FORM 990, PART VI, SECTION A, LINE 7B:
THE BOARD OF DIRECTORS ARE ELECTED ANNUALLY FROM THE MEMBERSHIP AT LARGE.
ADDITIONALLY, THE GOVERNING BOARD MAY FROM TIME TO TIME REFER A MATTER TO
THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS USUALLY REVIEWED BY THE GOVERNING BOARD BEFORE FILING THE FORM.
DUE TO THE TIMING OF THE MEETING AND WHEN THE RETURN IS DUE, THIS YEAR THE
TREASURER WILL REVIEW FORM 990 AND FILE THE RETURN. THIS YEAR THE
GOVERNING BOARD WILL REVIEW FORM 990 AFTER IT HAS BEEN FILED.
GOVERNING BOARD WILL REVIEW FORM 330 AFIER II HAS BEEN FILED.
1
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR AFTER THE ANNUAL MEETING, EACH BOARD MEMBER IS HANDED A PACKAGE
OF INFORMATION WHICH INCLUDES A "CONFLICT OF INTEREST POLICY FORM" THAT
MUST BE SIGNED AND RETURNED TO THE EXECUTIVE DIRECTOR. IT IS THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization INDEPENDENT ELECTRICAL CONTRACTORS	Page 2
ASSOCIATION OF ARIZONA	Employer identification number 86-0267536
RESPONSIBILITY OF THE EXECUTIVE DIRECTOR TO MAKE SURE ALL	BOARD MEMBERS
RETURN THEIR SIGNED "CONFLICT OF INTEREST POLICY FORM".	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED IN CO	NNECTION WITH THE
BUDGET PROCESS AND IS APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
·	
•	
,	
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
	·
	•

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2020

OMB No 1545-0047

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

ASSOCIATION OF ARIZONA

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 86-0267536

	 				Section 512(2)(13 controlled entry?	<u> </u>	
	(f) Direct controlling entity			mpt	Section	3	
				or more related tax-exe	(f) Direct controlling entity	INDEPENDENT BLECTRICAL CONTRACTORS	
	(e) End-of-year assets	•		cause it had one c	(e) Public charity status (if section 501(c)(3))	LINE 7	
	(d) Total income		:	Part IV, line 34, be	(d) Exempt Code section	501(C)(3)	,
on Form 990, Part IV, line 33	(c) Legal domicile (state or foreign country)			nswered "Yes" on Form 990, I	(c) Legal domicile (state or foreign country)	ARIZONA	
if the organization answered "Yes".	(b) Primary activity			ions. Complete if the organization a	(b) Primary activity	OTHER SCHOOLS & INSTRUCTION	
Part I Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33	(a) Name, address, and EIN (if applicable) of disregarded entity			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	(a) Name, address, and EIN of related organization	IEC OF ARIZONA UNIVERSITY - 82-3613438 4625 S ASH AVE STE J17 TEMPE, AZ 85282	

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

032161 10-28-20 LHA

Schedule R (Form 990) 2020

ASSOCIATION OF ARIZONA

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

86-0267536

(K)	ä≥						
(8)	Cod 20 of 7:1						
£)	Disproportionate allocations?	2		-	-		
(6)	Share of end-of-year assets						
€	Shar _T						
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(p)	Direct controlling entity		, ,				
(3)	Legal domicile (state or foreign country)						,
(q)	Primary activity						
(a)	Name, address, and EIN of related organization						

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

		•		
Section 512(b)(13) controlled entity?	2		 	
Se 5128	ŝ			
(h) Percentage ownership				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Type of entity (C corp., S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domictle (state or foreign)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION OF ARIZONA

Schedule R (Form 990) 2020 ASSOCIATION OF ARIZONA			86-0267536	7536	Δ.	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	"Yes" on Form 9	90, Part IV, line 34, 35b,	or 36			٠,
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	2
During the tax year, did the organization engage in any of the following	one or more rela	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?	,		×
a neception (I) interest, (ii) annumber, (iii) toyanies, or (iv) tent nom a controlled entity k. Gift proof or conital contribution to related organization(s)				4		4 ×
				₹ .		4 >
				<u>ئ</u>	۶	4
				٩	4 ;	
 Loans or loan guarantees by related organization(s) 				<u> </u>	4	
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				7		×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
				-		>
K Lease of facilities, equipment, or other assets from related organization(s)				¥;		4 >
	n(s)			F .		4 >
m Performance of services or membership or fundraising solicitations by related organization(s)	n(s)			٤		4 :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę		×
 Sharing of paid employees with related organization(s) 					×	
Beimburcement paid to related organization(c) for expenses				ş		×
Profitibility of the control of the				\$		×
d neithduseinen paid by leighed organization(s) for expenses						4
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				1s		×
s for inform	st complete this	line, including covered re	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization t	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)	١					
(2)				 		
(3)						
(4)						
(9)						

<u></u>

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

ASSOCIATION OF ARIZONA Schedule R (Form 990) 2020 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)

Disproportionale amount in box 20 managing ownership
alloalions? of Schedule K-1 partner?
Yes No (Form 1065) Yes No General or Percentage \equiv Ξ Share of end-of-year assets Share of income total Predominant income parties sections 512-514)

(e) Predominant income parties sections 512-514)

(e) Arail parties sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2020

032164 10-28-20

Schedule R (Form 990) 2020 ASSOCIATION OF ARIZONA	86-0267536	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions		_
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME OF RELATED ORGANIZATION:		
IEC OF ARIZONA UNIVERSITY		
DIRECT CONTROLLING ENTITY: INDEPENDENT ELECTRICAL CONTRACTORS	S ASSOCIATIO	ON
OF ARIZONA		
, 		
		
		
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•	,	
		
		
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		<u>.</u>