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Form 990

SCANNED NOV 1

9E1010 3 000

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

benefit trust or private foundation) ent of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2009 calendar year, or tax year beginning 12/01, 2009, and ending 11/30,20 10 D Employer identification number C Name of organization HEAVY CONSTRUCTORS ASSOC. B Check if applicable Piease use IRS Doing Business As 23-7154194 Number and street (or P O box if mail is not delivered to street address) nrint o Room/suite Telephone number Name chang type 3101 BROADWAY Indial return (816) 753-6443 STE 780 Specifi City or town, state or country, and ZIP + 4 Instruc Amended KANSAS CITY, MO 64111 G Gross receipts \$ 1,065,380. F Name and address of principal officer EDWARD R DESOIGNIE H(a) is this a group return for Yes BROADWAY, SUITE 780, KANSAS CITY, MO 64111 H(b) Are all affiliates included? X 501(c) (06) ◀ (insert no) Tax-exempt status 4947(a)(1) or If "No " attach a list (see instructions) Website ► N/A H(c) Group exemption number Corporation X Trust L Year of formation 1971 M State of legal domicile MO Form of organization Association Other > Summary Part I Briefly describe the organization's mission or most significant activities TO ADMINISTER PROGRAMS FOR THE PURPOSE OF PROMOTING AND ADVANCING THE Governance CONSTRUCTION INDUSTRY. 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) Activities & Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) O 5 Total number of volunteers (estimate if necessary) 14 6 0. 7a Total gross unrelated business revenue from Part VIII, column-(C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 m. 1. ٥. Current Year Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 1,109,093. 981,293. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67,826. 54,601. -78,722 29,486. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,098,197. 1,065,380. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,137.609,043. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses, Part IX, column (D), line 25) 1,750,228. 781,282. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,801,365. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,390,325. Revenue less expenses Subtract line 18 from line 12 -292,128. -735,985. Beginning of Year **End of Year** Total assets (Part X, line 16) 1,647,535 911,550. 21 Total liabilities (Part X, line 26) 0. 22 Net assets or fund balances. Subtract line 21 from line 20 1,647,535. 911,550. 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 Sign Here Preparer's identifying number Preparer's OCT 17 201 Employed (seė instructions) Paid signature Preparer's Firm's name (or yours if self-employed). EIN BKD, address, and ZIP + 4 816 221-6300 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

X Yes

Form 990 (2009)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2009)			23-7154194	Page 2
Pa	rt III Statem	ent of Program Service Ac	complishments		
1	Briefly describe	the organization's mission	·		
	SEE SCHEDUI				
2			ficant program services during the		
	the prior Form 9	990 or 990-EZ?			Yes X No
		e these new services on So			
3		_	r make significant changes in how		
					Yes X No
		e these changes on Sched			
4			ts for each of the organization's thre		
			ons and section 4947(a)(1) trusts at nd revenue, if any, for each program		grants and
	anocations to o	illers, the total expenses, a	nd revenue, ii any, for each program	service reported	
4-		\/\(\Gamma\)	including grants of ¢	\ (Davanua (f)	
4a) (Expenses \$	including grants of \$) (Revenue \$	
	N/A				
					
					 .
					
					
					
					
				·	
		_ _ .	· · · · · · · · · · · · · · · · · · ·		
					 ,
<u> 4</u> b) (Expenses \$	including grants of \$) (Revenue \$	
70	(0000) (Expenses #	g g.ae c. +) (Nevende ψ	
		·			
					
					
			 		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Sched	dule O)		
	(Expenses \$	including gra	ints of \$) (Reven	ue\$)	
4e	Total program	service expenses 🕨			

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		Х
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 public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
•	Schedule C, Part II			
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
•	•	_		v
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	in y	· .	23.
	Schedule D, Part VI	^ B	* * * *	V.,
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			Ž,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			'
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	.\$ *	3	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		, }.	25
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.8	1 3.4	*.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	`		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			1 70
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,	χ	
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		3	,
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	٠ ^	" ~ :^	<i>2</i> 8
12	complete Schedule D. Parts XI, XII, and XIII	40		
42 A		12		X
12 M			,	1×.
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	45		
		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,			
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, tine 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Part	IV Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	In the United States 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 and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	•			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		х
	24b through 24d and complete Schedule K. If "No," go to question 25	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	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 instructions for applicable filing thresholds, conditions, and exceptions):			
а	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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, Parts II,			
	III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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	55		-
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
20		31	 	 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	30	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	(0000)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
4a	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		X
b	If "Yes," enter the name of the foreign country:	À		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	<u>.</u>		-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		
C	Prohibited Tax Shelter Transaction?	5c		
6.2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ju		
	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	<u> </u>	٠, ٣	>-
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		N.,	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>	_&_	,, %
	benefit contract?	7e		├─
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├──
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		├──
•••	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	- ''	è	*
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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			
40 -	amounts due or received from them).	45		لــــــا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax exempt interest received or account diving the year.	12a	L	L
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	000	(2022)
		LOW	フプリ	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Seci	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	\vdash
	· · · · · · · · · · · · · · · · · · ·	6D		\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			х
Soci		9a		ΙΛ.
Revi	tion B. Policies (This Section B requests information about policies not required by the Internal			
11000	snuc oode.)		Yes	No
10-2	Does the organization have local chapters, branches, or affiliates?	10a		X
		IVa		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		x
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			$\overline{}$
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		x
14		14		x
15		14		<u> </u>
13	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?			Į,
a	The organization's CEO, Executive Director, or top management official	15a		X
D	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)			
16 a	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		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed			- -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶EDWARD R DESOIGNIE 3101 BROADWAY, SUITE 780, KANSAS CITY, MO 64111	_		
	816-753-6443			

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

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. Use Schedule J-2 if additional space is needed
- 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	d Title Average Position (check all that apply) Reportable Reportable		(F) Estimated							
Name and Tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GREG KAAZ		_								-
PAST PRESIDENT	1.00	Х	1	Х				0.	0	. 0.
GAVIN BARMBY			П							
TRUSTEE/PRESIDENT	1.00	х		Х				0.	0.	0.
JERRY WIEDENMANN			П							
TRUSTEE/VICE PRESIDENT	1.00	х		Х				ο.	0.	0.
MATHEW "TREY" BOWEN								-		
TRUSTEE/TREASURER	1.00	Х		Х				0.	0.	0.
ROBERT BARTLEY										
TRUSTEE	1.00	х						0.	0.	0.
ROBERT E LOCH JR										
TRUSTEE	1.00	Х						0.	0	0.
MARK DOMBROWSKI										
TRUSTEE	1.00	Х						0.	0	
JIM KISSICK										
TRUSTEE	1.00	Х						0.	0	0.
JOHN BOWEN										
TRUSTEE	1.00	Х						0.	0	0.
BILL CLARKSON JR										
TRUSTEE	1.00	Х						0.	0.	0.
DON GODFREY					ĺ					
TRUSTEE	1.00	Х	Щ					0.	0	0.
GEORGE HORNUNG		ļ			ļ		ļ	1		1
TRUSTEE	1.00	Х						0.	0	0.
STEVE MILES										
TRUSTEE	1.00	X						0.	0	0.
KEVIN FAHEY					Ì					
TRUSTEE	1.00	Х					<u> </u>	0.	0	0.
EDWARD R DESOIGNIE]]]			
EXECUTIVE DIRECTOR	1.00	<u> </u>	Ш	Х	<u> </u>	<u> </u>	<u> </u>	0	204,332.	23,472.
BRIDGETTE WILLIAMS (START JAN '10)										
DEPUTY DIRECTOR	1.00			Х				0.	0	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)																
(A) Name and title	(B) Average hours per		_	heck	_	hat app		(D) Reportable	(E) Reportable							
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from relater organization (W-2/1099-MI	d other compensa	tion e ion ed					
										• • • • • • • • • • • • • • • • • • • •						
						_										
							_									
	_															
	: :															
1b Total								0.	204,3	222 22	472.					
Total number of individuals (including but not lim reportable compensation from the organization	ited to thos	e liste		bove	e) w	ho red	ceiv			23,	,4/2.					
3 Did the organization list any former office employee on line 1a? If "Yes, "complete Schedulette"	er, directo	r or ch ındi	tru <i>vidu</i>	stee	e, l	key e	mp	loyee, or highest	compensate		No X					
4 For any individual listed on line 1a, is the the organization and related organizations individual	sum of greater th	an \$	150	,000)?	If "Y	es,'	complete Sched	pensation fro	m ch	*					
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accru	ie co	amo	ens	atio	n fro	m	any unrelated o	rganization f	or *	X					
Section B. Independent Contractors										·						
Complete this table for your five highest compensation from the organization	compensate	ed in	dep	end	ent	cont	ract	tors that received	I more than	\$100,000 of						
(A) Name and business addr								(B) Description of ser	vices	(C) Compensation						
O'NEILL MARKETING & EVENTS KANSAS	CITY, M	IO 64	111	1			М	ARKETING		109,6	97.					
Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu e organizati	t not	lım	ııted		thos	e li	sted above) who	received							

rt VIII	Statement of Revenue			23-7154194		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a	Federated campaigns 1a					
Ь	Membership dues 1b					
C	Fundraising events 1c					
d	Related organizations 1d					
e	Government grants (contributions) 1e					8
f	All other contributions, gifts, grants,					
`	and similar amounts not included above . 1f					
9						
h	Total. Add lines 1a-1f		0			,
		Business Code	Ĭ			
2a	COLLECTIVE BARGAINING REVENUE	230000	981,293.	981,293.		· · · · · · · · · · · · · · · · · · ·
Б			3,7,2,2,1,1	3,027,2331		
ء ا		-			· · · · · · · · · · · · · · · · · · ·	
٦					·	
ľ		-				
	All other program service revenue					
'g	Total. Add lines 2a-2f	<u> </u>	981,293	· · · · · · · · · · · · · · · · · · ·	*	· · · · · · · · · · · · · · · · · · ·
3	Investment income (including dividends, inter	T T	301,233	·· ·· ·		
	other similar amounts)		54,601.			54.64
4	Income from investment of tax-exempt bond		0.			54,60
5	Royalties · · · · · · · · · · · · · · · · · · ·	· ·	0.			
•	(i) Real	(ii) Personal	***			3 5
6a	Gross Rents		* **	`	***	· **
			*	<i>⊱</i> •	i, 🐞 .	
Ь	Less rental expenses		4	na S	ž.	
d	Rental income or (loss)		0.			· · · · · · · · · · · · · · · · · · ·
	(i) Securities		* ``		<i>jy</i>	· *.
7a	Gross amount from sales of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. **	** .		,
_	assets other than inventory				**	
Ь	Less cost or other basis			* '	. 4 **	*
	and sales expenses		, ,	, · · · · · · · · · · · · · · · · · · ·		
d	Gain or (loss)		0.			
1		· · · · · · · · · · · · · · · · · · ·				
8a	Gross income from fundraising			ć *	*	ļ
	events (not including \$					
	of contributions reported on line 1c)			₩.	*	*
_	See Part IV, line 18	l I	, *	*	*	*
b	Less direct expenses		0			·
٠,			0			
9a	Gross income from gaming activities See Part IV, line 19			4 4		
b	Less direct expenses		0.		*	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	U.			ļ
10a	Gross sales of inventory, less returns and allowances					
١.					~	
þ	Less cost of goods sold Net income or (loss) from sales of inventory					
۳	Miscellaneous Revenue	Business Code	0			
4.						-
11a	ANNUAL MEETINGS	900099	29,354.		<u> </u>	29,3
b	MISCELLANEOUS INCOME	900099	132.		-	1
C	All albanasa	-				
d	All other revenue					
e	Total. Add lines 11a-11d		29,486.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete				
	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 governments and				
	organizations in the U.S. See Part IV, line 21	16,938.			
2	Grants and other assistance to individuals in	İ			
	the U.S. See Part IV, line 22	34,199.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			_
10	Payroli taxes	0.			
11	Fees for services (non-employees)	474 775			
	Management	474,775. 7,534.			_
	Legal	5,500.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	120,197.			
g 12	Other	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	350.			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				ļ
	CONSTRUCTION ADVANCE PROGRAM	979,351.			
	MISCELLANEOUS EXENSE	36,656.			
	PRINTING	12,291.			
	DUE & SUBSCRIPTIONS	2,835.			
	ANNUAL MEETINGS	110,739.			
	All other expenses	1 001 265			
	Total functional expenses. Add lines 1 through 24f	1,801,365.			
46	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation			•	
				<u> </u>	I

	1 330 (2		<u> </u>		Page II
Pa	rt X	Balance Sheet	(A)	П	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	17,800.	1	1,823.
	2	Savings and temporary cash investments	162,624.	2	135,768.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
	ŀ	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	1	Land, buildings, and equipment cost or 10a		 	
		other basis Complete Part VI of Schedule D			
	_h	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,467,111.	-	773,959.
	12	Investments - other securities See Part IV, line 11		12	773,333.
	13	Investments - other securities See Part IV, line 11		13	
	14			14	
	15	Intangible assets		15	
	16	Other assets See Part IV, line 11	1 647 525		911,550.
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	1,647,535.	1 1	
		Accounts payable and accrued expenses	<u> </u>	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ij.	22	Payables to current and former officers, directors, trustees, key			
ia		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 Complete Part X of Schedule D		25	<u> </u>
_	26	Total liabilities. Add lines 17 through 25	0.	26	0,
es		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	1,647,535.	27	911,550.
3ala	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ■ □ and complete lines 30 through 34.			
80	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	···· •	32	
let	33	Total net assets or fund balances	1,647,535.	33	911,550.
~	34	Total liabilities and net assets/fund balances	1,647,535.	34	911,550.
		Teles medicado una not accocionana balances		34	211,33U

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Inspection Employer Identification number ► Attach to Form 990.

Name of the organization HEAVY CONSTRUCTORS ASSOC		. OF THE				Employer Identification number	n number
GREATER K.C. AREA INDUSTRY ADVANCEMENT	ابتا	UND				23-7154194	
Part General Information on Grants and Assistance	and Assistan	90					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate the	amount of the	grants or assistance	, the grantees' eligibi	lity for the grants or a		[
the selection criteria used to award the grants or assistance?	ants or assistance	75					X Yes No
Z Describe in Part IV the organization's proc	sedures for monito	o esn eu guuc	or grant runds in the c	Julted States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	o Government ny recipient tha 990) if addition	s and Organ t received m al space is n	izations in the Ur ore than \$5,000. C	ited States. Comp Check this box if no	whete if the organizationers one recipient rece	*** sand Organizations in the United States. Complete if the organization answered "Yes" to lat received more than \$5,000. Check this box if no one recipient received more than \$5,000. nal space is needed	is" to ,000. Use ▼ ≍
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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
2 Enter total number of section 501(c)(3) and government organizations	d government org	Janizations				A	

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) CLIMATE. THE BOARD FOLLOWS UP WITH THE RECIPIENTS TO ENSURE THE FUNDS (d) Amount of non-cash assistance THE BOARD OF TRUSTEES DECIDE WHAT ORGANIZATIONS RECEIVE GRANTS. THE CONSTRUCTION INDUSTRY BASED ON THE CURRENT ECONOMIC AND POLITICAL FUNDS ARE AWARDED TO ORGANIZATIONS THAT WILL HELP ADVANCE THE 34,199 (c) Amount of cash grant ARE BEING USED TO BENEFIT THE CONSTRUCTION INDUSTRY. PROCESS FOR MONITORING GRANTS FUNDS IN THE U.S. 22 (b) Number of recipients SCHEDULE I, PART I, LINE 2 (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHOLARSHIP FUND Part IV Part III

Schedule I (Form 990) 2009

THE SCHOLARSHIP COMMITTEE RECEIVES ALL THE APPLICATIONS FOR SCHOLARSHIPS.

AND VOTES ON WHICH APPLICANTS WILL RECEIVE A SCHOLARSHIP, ONCE AN

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) INDIVIDUAL IS AWARDED A SCHOLARSHIP, THE ORGANIZATION WILL SEND A CHECK (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients DIRECTLY TO THAT INDIVIDUAL'S SCHOOL. (a) Type of grant or assistance Part IV Part III

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEAVY CONSTRUCTORS ASSOC. OF THE

GREATER K.C. AREA INDUSTRY ADVANCEMENT FUND

Employer Identification number 23-7154194

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use		- 1	,
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
ь	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2				
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
•	Indicate which if you after fallows the assessment of the state of the state of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
•	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		$\frac{\lambda}{X}$
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The to any of mice the of not the persons and provide the applicable amounts for each item in Fax in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1 1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	ε			0	0	0	0	
EDWARD R DESOIGNIE	€	132,000.	71,332.	1,000.	16,500.	6,972.	227,804.	
	ε							
	(ii)							
	(i)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	(E)							
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	▦							
							Sche	Schedule J (Form 990) 2009

V 09-9.4

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HEAVY CONSTRUCTORS ASSOC. OF THE

GREATER K.C. AREA INDUSTRY ADVANCEMENT FUND

Employer Identification number

23-7154194

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART VI, SECTION A, LINE 2

HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA INDUSTRY ADVANCEMENT FUND IS TO BE ESTABLISHED, OPERATED AND MAINTAINED TO PROMOTE, IMPROVE AND ADVANCE THE INTEREST AND COMMON GOOD OF ALL ENGAGED IN THE CONSTRUCTION INDUSTRY IN ORDER TO PROMOTE THE ADVANCEMENT OF THE CONSTRUCTION INDUSTRY, AND MORE PARTICULARLY, BUT NOT LIMITED TO, EMPLOYEE TRAINING, SUPERVISORY TRAINING, MANAGEMENT TRAINING AND EDUCATIONAL PROGRAMS, CONSTRUCTION TECHNICAL EDUCATION, SAFETY EDUCATION AND ACCIDENT PREVENTION TRAINING, PUBLIC RELATIONS, MARKET DEVELOPMENT, SCHOLARSHIP PROGRAMS, AND ANY OTHER PURPOSES PERMITTED BY LAW.

FAMILY/BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 2

JOHN BOWEN AND MATHEW "TREY" BOWEN HAVE A FAMILY RELATIONSHIP.

BILL CLARKSON, JOHN BOWEN, AND MATHEW "TREY" BOWEN HAVE A BUSINESS RELATIONSHIP.

JERRY WIEDENMANN AND DAN GODFREY HAVE A BUSINESS RELATIONSHIP.

REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11A

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS

Schedule O (Form 990) 2009

Page 2

Name of the organization

HEAVY CONSTRUCTORS ASSOC. OF THE

GREATER K.C. AREA INDUSTRY ADVANCEMENT FUND

Employer identification number

23-7154194

ATTACHMENT 1 (CONT'D)

THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR. ANY QUESTIONS AND CONCERNS THE EXECUTIVE DIRECTOR HAS IS ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE FINAL FORM 990 IS THEN FILED WITH THE IRS.

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS OF THE HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA. ALL OTHER COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR.

AVERAGE HOURS WORKED FOR RELATED ORGANIZATIONS

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B

AVG HOURS WORKED

FOR RELATED ORGS

	-
GREG KAAZ	2
GAVIN BARMBY	2
JERRY WIEDENMANN	2
MATHEW "TREY" BOWEN	2
ROBERT BARTLEY	2
ROBERT E LOCH JR	2
MARK DOMBROWSKI	2
JIM KISSICK	2
JOHN BOWEN	2
BILL CLARKSON JR	2
DON GODFREY	2
GEORGE HORNUNG	2

Schedule O (Form 990) 2009		Page 2
Name of the organization HEAVY CONSTRUCTOR	S ASSOC. OF THE	Employer identification number
GREATER K.C. AREA INDUSTRY ADVANCE	CMENT FUND	23-7154194
		ATTACHMENT 1 (CONT'D)
STEVE MILES	2	
EDWARD R DESOIGNIE	61	
BRIDGETTE WILLIAMS	61	
KEVIN FAHEY	2	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ► See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

HEAVY CONSTRUCTORS ASSOC. OF THE

GREATER K.C. AREA INDUSTRY ADVANCEMENT FUND

Name of the organization Department of the Treasury Internal Revenue Service

Part I

2009	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

23-7154194

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling .
					•
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.)	ie organization ans r.)	wered "Yes" on F	orm 990, Part IV	, line 34 becaus	0 it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HEAVY CONSTRUCTORS ASSOC OF GREATER KC 44-0563901 3101 BROADWAY, STE 780 KANSAS CITY, MO 64111	ASSOCIATION	MO	501(C)(6)	N/A	N/A
H.C.A. POLITICAL ACTION COMMITTEE 43-1160274 3101 BROADWAY, STE 780 KANSAS CITY, MO 64111	PAC	MO	527	N/A	N/A
ACTION COMMITTE KANSAS CITY,	PAC	MO	527	N/A	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.			-	Sched	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

Part III lo

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from sections	Share of total income		(g) Share of end-of-year assets	(h) Dispreportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
		`		512-514)		-		Yes No		Yes No
										_
			-							
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	elated Organizati it had one or mo	ons Tax re relate	able as a Corpo d organizations t	as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part panizations treated as a corporation or trust during the tax year.)	Complete if the oration or trust	organization during the tax	answered "Yes < year.)	on F	orm 990, Part	
(a) Name, address, and EIN of related organization	if related organization		(b) Prmary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
					:				Schedule R (Form 990) 2009	90) 2009

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

Ž	Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule		•	2	
	Direct the favored of the organization contains and of the following the factor with one or more related executations listed in Doctor 11 N/2	L	ļ .		
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ro	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		a	۲	
Δ	b Gift grant or capital contribution to other organization(s)	1b	_	×	
t			<u> </u>	>	
ပ	c Girt, grant, or capital contribution from other organization(s)	의	ا د	۲	
ס	d Loans or loan quarantees to or for other organization(s)	19		×	
				;	
Φ	e Loans or loan guarantees by other organization(s)	<u> </u>	0	\	
		1	1	1	
•	f Sale of assets to other organization(s)	*	_	× _	
				>	
ס	g Purchase of assets from other organization(s)	<u> </u>	51	۲	
2		÷	_	×	
=	ייי באטופוואם טו פספוס יייי יייי ייייי ייייי ייייי ייייייי יייי	<u> </u>	+	:	
	i Lease of facilities, equipment, or other assets to other organization(s)	=	_	×	
		<u> </u>	Ĺ		
		1	1	1	
-	i Lease of facilities, equipment or other assets from other organization(s)	=	_	×	
•		•	<u> </u>	>	
¥	K Performance of services of membership of fundraising solicitations for other organization(s)	<u>*</u>	2	4	
_	1 Performance of services or membership or fundraising solicitations by other organization(s)	7	_	×	
		\	Ļ	L	
Ε	m Sharing of facilities, equipment, mailing lists, or other assets	<u>티</u> :	۲ E		
_	n Sharing of baid employees	4	× _		
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0	Reimbursement paid to other organization for expenses	10	0	×	
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٥	p Reimbursement paid by other organization for expenses	<u>위</u> :::	a	۷	
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	(a) (b)	<u> </u>			
	Name of other organization (type (a-t))	Amount involved	oked		
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9					
€	4)				
(2)					
මු	(9)				
		Schedule R (Form 990) 2009	rm 990)	2009	

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Schedule R (Form 990) 2009

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.

	(4)	9	(9	(a)	æ
Name, address, and EIN of entry	Pnmary activity	nate reign	Are all partners section 501(c)(3)	Share of end-of-year assets	Disproportionate allocations?	Samoun of Sch	General or managing partner?
			Yes No		Yes	(Form 1065)	Yes
			_				
							_
						Schedule R (Form 990) 2009	990) 2009

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revent	ue Service	File as	separate ap	plication for each return.			
 If you are 	e filing for an	Automatic 3-Month Extension, co	omplete on	ly Part I and check this box		▶ X	
				ion, complete only Part II (on page			
•	_			matic 3-month extension on a previo	· ·	}	
Electronic (filina <i>(e-fil</i> e)	You can electronically file Form 8	8868 if vo	u need a 3-month automatic extens	sion of time to file	(6 months for	
				tomatic) 3-month extension of time			
				ed in Part I or Part II with the excep			
				Contracts, which must be sent to			
				sit www.irs.gov/efile and click on e-f			
Part I A	utomatic 3-	Month Extension of Time. On	ly submit	original (no copies needed)			
A corporation	on required to	file Form 990-T and requesting an	automatic	6-month extension - check this box a	ind complete		
Part I only						▶ 🗔	
All other col	rporations (ın	cluding 1120-C filers), partnerships	, REMICs,	and trusts must use Form 7004 to re	quest an extension	of time	
to file incom	ne tax returns						
Type or	Name of ex	empt organization HEAVY CONST	TRUCTOR	S ASSOC. OF THE	Employer identificat	tion number	
print	GREATE	R K.C. AREA INDUSTRY AD	VANCEME	NT FUND	23-715419	4	
File by the	Number, str	eet, and room or suite no. If a P.O. box	, see instruc	tions			
due date for	3101 B	ROADWAY					
filing your return. See	etum See City, town or post office, state, and zir code For a foreign address, see instructions						
nstructions KANSAS CITY, MO 64111							
Enter the R	eturn code fo	r the return that this application is for	or (file a se	eparate application for each return)		01	
Application	1		Return	Application		Return	
ls For			Code	Is For		Code	
Form 990 01 Form 990-T (corporation) 07							
Form 990-BL 02 Form 1041-A 08							
Form 990-EZ 03 Form 4720 09							
Form 990-F	<u> </u>		04	Form 5227		10	
Form 990-T	(sec 401(a)	or 408(a) trust)	05	Form 6069		11	
<u>Form 990-T</u>	(trust other	than above)	06	Form 8870		12	
Telephor If the org If this is to for the whole a list with the	ne No ganization doe for a Group F le group, che ne names and	Return, enter the organization's four eck this box ▶ ☐ If the EINs of all members the extension	usiness in t r digit Grou f it is for pa n is for	FAX No interpretation interpretatio	▶ and	f this is attach	
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for the	organizatio						
▶	calendar ye	ear 20 or					
▶ X	tax year be	ginning 12/	<u>01</u> , 20 <u>0</u>	9, and ending	11/30 , 20 10	_	
	•	red in line 1 is for less than 12 mon ecounting period	ths, check	reason Initial return	Final return		
3a If this	application	ıs for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax	c, less any		
		dits See instructions			3a \$	0.	
b If the	s application	n is for Form 990-PF, 990-T,	4720, o	r 6069, enter any refundable c	redits and		
		ments made Include any prior yea			3b \$	0.	
				nent with this form, if required, by us	sing EFTPS		
		l Tax Payment System) See instru			3c \$	0.	
	-	ing to make an electronic fund v	vithdrawal	with this Form 8868, see Form	3453-EO and Form	1 8879-EO for	
payment in							
For Paperwo	ork Reduction	Act Notice, see Instructions.			Form 88	68 (Rev 1-2011)	

Form 886	8 (Rev 1-2011)				Page 2	
If you	u are filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and che	ck this box	▶ X	
-	Only complete Part II if you have already been grant				—	
	u are filing for an Automatic 3-Month Extension, c			•		
Part I				copies needed).		
Type o				Employer identification	number	
print	GREATER K.C. AREA INDUSTRY AD			23-7154194		
File by the						
extended	3101 PRONDWAY					
due date t filing your		a foreign add	ress, see instructions			
return Se	e Language Camy No C4111		,			
IIISUUCIOI	13 14.11.01.0 01117 110 01212					
Enter th	ne Return code for the return that this application is	for (file a se	eparate application for each return)		. 01	
Applica	ation	Return	Application		Return	
ls For		Code	Is For		Code	
Form 9	90	01				
Form 9		02	Form 1041-A		08	
Form 9		03	Form 4720		09	
Form 9		03	Form 5227		10	
		 	 		+	
	Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12					
_	Do not complete Part II if you were not already gr			eviously filed Form 88		
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	e organization does not have an office or place of b		U. 11 1 101-1 1 11		\sim	
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	whole group, check this box ▶ ☐ I					
	the names and EINs of all members the extension		it of the group, check this box	P and all	acii a	
	request an additional 3-month extension of time unti-		10/15 ,	20.11		
	•		12/01 , 20 09 , and ending		20 10	
	or calendar year, or other tax year beginning				20 10_	
6 If	the tax year entered in line 5 is for less than 12 moi	nuns, check	reason. Initial return	Final return		
- L	Change in accounting period					
7 S	tate in detail why you need the extension	CIMIT AM	E MUE INFORMATION			
	ADDITIONAL TIME IS REQUIRED TO AC					
_	NECESSARY TO FILE A COMPLETE AND	ACCURAT	E RETURN.			
0- 16	this application in for Form 000 Pt. 000 PE. 0	00 T 4700	as 6060 anter the testative to	<u> </u>		
	this application is for Form 990-BL, 990-PF, 9	90-1, 4 <i>12</i> 0	, or 6009, enter the tentative tax	* I I	0	
		4720 0	- 6060 ontor any refundable o	8a \$		
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	stimated tax payments made Include any pr	ior year c	overpayment allowed as a credit	·	0	
_	mount paid previously with Form 8868		and with the form of many and have	8b \$	0.	
	alance Due. Subtract line 8b from line 8a Include		ent with this form, if required, by us	- I I	0	
(_	Electronic Federal Tax Payment System). See instru		137 100 . 41 .	8c \$	0.	
	enalties of perjury, I declare that I have examined this form,	including acc	nd Verification companying schedules and statements, and	to the best of my knowled	ige and belief,	
π is true,	correct, and complete, and that I am authorized to prepare this for	OLI IL				
			(\bigcirc) _			
Signature	· >		Trtle >	Date -		
	BKD, LLP			Form 8868	(Rev 1-2011)	
	1201 WALNUT, SUITE 1700			(2)n		
	KANSAS CITY, MO 64106-2246					
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