CHANGE OF ACCOUNTING PERIOD

2949333508203

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning JAN 1, 2018 and ending JUN 30.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning OAN 1, 2010	and chang	00N 30, 2010								
B Check if applicable C Name of organization		D Employer identifi	cation number							
Address Contractors Association, In	c.									
Name change Doing business as		48-0	578826							
Initial return Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ute E Telephone numbe	r							
Final 800 SW Jackson, Suite 100	(785									
terminated City or town, state or province, country, and ZIP or foreign postal coo	de	G Gross receipts \$	1,401,340.							
Amended Topeka, KS 66612-1216		H(a) Is this a group re	eturn							
Application F Name and address of principal officer Michael White	- (	for subordinates								
pending 800 SW Jackson, Suite 100, Topeka,	K\$ <b>?</b> )666	12 H(b) Are all subordinates i	ncluded? Yes No							
I Tax-exempt status    501(c)(3)    X 501(c) ( 6 )    (Insert no.)    4947(a)(1) gr    527    If "No," attach a list (see instructions)										
J Website: ▶ www.kansascontractors.org	1	H(c) Group exemption	n number							
K Form of organization: Corporation Trust X Association Other ▶	Ĭ LY	ear of formation: 1923	<b>№</b> State of legal domicile; <b>KS</b>							
Part I Summary	Ĭ									
Briefly describe the organization's mission or most significant activities	o'furth	er the qualit	y and							
conditions of heavy highway and utili  Check this box if the organization discontinued its operations or  Number of voting members of the governing body (Part VI, line 1a)	ty cons	truction in K	ansas.							
2 Check this box  if the organization discontinued its operations or	disposed of m	nore than 25% of its net as								
3 Number of voting members of the governing body (Part VI, line 1a)	\ /	/ 3	14							
4 Number of independent voting members of the governing body (Part VI, lin	ie 1b)	4	14							
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a	a) {	5	3							
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	•	6	0							
7 a Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	28,125.							
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		7b	17,986.							
		Prior Year	Current Year							
8 Contributions and grants (Part VIII, line 1h)	0.	942,005.								
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,507,279. 4,877.	425,520.								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,075. 1,557,231.	29,625. 1,401,340.							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)	5,100.	5,886.							
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,100.	3,880.							
14 Benefits paid to or for members (Part IX, column (A), line 4)	. F 10\	551,124.	184,223.							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)	. 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.	· ·	<del></del>							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	987,192.	692,436.							
18 Total expenses Add lines 13-17 (must equal Part (X, column (A), line 25)		1,543,416.	882,545.							
19 Revenue less expenses Subtract line 18 from line 12 RECEIVE		13,815.	518,795.							
5% CONTROL OF THE CON		Beginning of Current Year	End of Year							
Solution 20 Total assets (Part X, line 16)	781	1,277,552.	2,381,230.							
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)		207,367.	794,069.							
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20	181	1,070,185.	1,587,161.							
Part II Signature Block LOGDEN 11	T-1									
Under penalties of perjury, I declare that I have examined this return, including accompanying se	hedules and sta	tements, and to the best of m	y knowledge and belief, it is							
true, correct, and complete. Declaration of preparer (other than officer) is based on all information	on of which prep	arer has any knowledge.								
Mayor										
Signature of officer		Date //-	12-18							
Here Michael White, Executive Director Type or print name and title			210							
		Date Check	II PTIN							
Print/Type preparer's name Proparer's light Training Trai		0115011								
Preparer Firm's name Wendling Noe Nelson & Johnson	n LLC	11/06/18 If self-employ	P00298454 48-1026809							
Preparer Firm's name Wendling Noe Nelson & Johnson Use Only Firm's address 534 S Kansas Ave Suite 1500	די דידר	Firm's EIN	70-104000J							
Topeka, KS 66603-3491		Phone no 7 8	52334226							
May the IRS discuss this return with the preparer shown above? (see instructions)			X Yes No							
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate ins	structions	<del></del>	Form <b>990</b> (2017)							

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Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission	
	The Association's primary purpose is to further the quality and conditions of heavy highway and utility construction in Kansas.	_
	conditions of neavy nighway and utility construction in kansas.	_
		—
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	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 \$	_ )
	To represent members in the construction industry and to promote and	_
	improve conditions in the construction industry.	_
		_
		_
		—
		_
		_
		_
4b	(Code) (Expenses \$	_)
		_
		_
		_
		—
		—
	1	—
		—
		_
		_
		_
4c	(Code) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O )	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses	_
	Form <b>990</b> (20	7)

			res	_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, or have a section 501(h) election in effect			_
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		'	ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			η,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del> -
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			•
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	0		<del></del> -
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del>-</del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<del>                                     </del>
	complete Schedule G, Part III	19		х
			990	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	i		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i		<sub>v</sub>
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c	İ	
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	$\vdash$	-
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<del></del>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b	İ	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	İ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ĺ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
	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 (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		<b>.</b>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		<u>├</u> ^
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	32		<del></del>
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del></del>		
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	į	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form 990 (2017)

Form 990 (2017) Kansas Contractors Association, Inc. 48-0578826 Page Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						<u>LX</u>				
Sec	tion A. Governing Body and Management										
		_				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14	100000000000000000000000000000000000000	24-54 24-54 34-54 34-54	**************************************				
	If there are material differences in voting rights among members of the governing body, or if the governing				Partition of the second						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14	**************************************	444 T. S					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other		124 135 XX		5 . // 1				
_	officer, director, trustee, or key employee?		,		2	2111111	X				
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supenusion		_						
3		ie dire	ct supervision		3		х				
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 5		as med?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets			5	X					
6	Did the organization have members or stockholders?				6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			37					
	more members of the governing body?				7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or								
	persons other than the governing body?				7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	e following:		# 43874 # 12874 # 1287	Print.					
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )								
	· · · · · · · · · · · · · · · · · · ·					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hante	rs affiliates								
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	, apro	o, animatos,		10b						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly hafe	ore filing the for	m2	11a		Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ly Deit	ore ming the form			réstile.					
						X	2 3750				
12a	• • • • • • • • • • • • • • • • • • • •		·fl.ataO		12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Λ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe			v					
	In Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X	^ ^~vd.*@.				
15	Did the process for determining compensation of the following persons include a review and approv	•	ndependent			rsign.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)			2.16.1631 2.16.1631	<u> </u>	14: 332				
а	The organization's CEO, Executive Director, or top management official				15a	X					
b	Other officers or key employees of the organization				15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					rati					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a		1 2 1887	100	. (\$x,/122				
	taxable entity during the year?				16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	participation		dita Ta		47,1000				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıd	n's		47	<b>#</b>	1000				
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► None										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	r (Sec	tion 501(c)(3)s c	nlv) a	vailah	le					
. •	for public inspection. Indicate how you made these available. Check all that apply	,,500	+ + + + (5)(5)5 +	,, 0		-					
	Own website Another's website X Upon request Other (explain	un Sc	hedule (1)								
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	,	finan	oral					
19		iiiiiCt (	or interest policy	y, and	ıman	uldi					
	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 bo	oks a	na records 🟲 _			_					
	Michael White - (785) 266-4152										
	800 SW Jackson, Suite 100, Topeka, KS 66612-1216										

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	anıza			mpe	nsat	ed any current officer,	director, or trustee	<del></del>					
(A)	(B) (C)							(D)	(E)	(F)					
Name and Title	Average	Position (do not check more than				than		Reportable	Reportable	Estimated					
	hours per										box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of
	week	┝	<u> </u>			Γ	T,	from the	from related	other					
	(list any hours for	iect				_		organization	organizations (W-2/1099-MISC)	compensation from the					
	related	9	홣			Sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization					
	organizations	Individual trustee or director	Institutional trustee		Jee Je	in per		(,		and related					
	below	dual	l ogn	l 1	Key employee	est co	<u>=</u>			organizations					
	line)	t di	Instil	Officer	Key	Highest compensated employee	Бите	<u> </u>							
(1) Michael White	40.00														
Executive Director		Х		X				86,621.	0.	9,387.					
(2) Kelly Briggs	1.00														
President		Х		X				0.	0.	0.					
(3) Curt Mauler	1.00														
Vice President		Х		X				0.	0.	0.					
(4) Chris Spray	1.00	]													
Treasurer		X		X				0.	0.	0.					
(5) Scott Anderson	1.00	1													
Director		X	L_			L		0.	0.	0.					
(6) Mary Lou Reece	1.00														
Director		X						0.	0.	0.					
(7) Chad Girard	1.00														
Director		X						0.	0.	0.					
(8) Dirk Riniker	1.00														
Director		X						0.	0.	0.					
(9) Curt Kitson	1.00														
Director		X	L	L		┖		0.	0.	0.					
(10) Jeff Shaw	1.00	l		ŀ				_		_					
Director		X					L	0.	0.	0.					
(11) Kevin Koehler	1.00				l	1									
Director		Х			<u> </u>			0.	0.	0.					
(12) Jeanne Waisner	1.00						Ì	_	_						
Director		Х		L	L_			0.	0.	0.					
(13) Rob Lauer	1.00				ŀ			_	_	_					
Director		Х				L	<u> </u>	0.	0.	0.					
(14) Mark Wilkerson	1.00	]						_	_	_					
Director		Х	_	$ldsymbol{ld}}}}}}$	$ldsymbol{ld}}}}}}$	$ldsymbol{f eta}$	$ldsymbol{ld}}}}}}}}}$	0.	0.	0.					
(15) Chris Rech	1.00		Ī					_	_	_					
Director		Х				$oxed{oxed}$	<u> </u>	0.	0.	0.					
		Į													
		<u> </u>			<u> </u>		<u> </u>								
		1													
	_l	l			l										

732007 11-28-17

732008 11-28-17

Form 990 (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

732009 11-28-17

28,125.

29,625.

401,340.

Total. Add lines 11a-11d

Total revenue. See instructions.

427,667.

	Check if Schedule O contains a respon				(S)						
	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	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to domestic organizations			7799) 2007 (37 2007) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAPPLE PARTIE STANDARD STANDAR						
	and domestic governments. See Part IV, line 21	5,886.									
2	Grants and other assistance to domestic				TANK AND AND AND AND AND AND AND AND AND AND						
	ındıvıduals. See Part IV, line 22			TATAL SELECTION OF COMPANY OF COMPANY	Printed and the constitution of the constituti						
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16		<u> </u>	Correspondent (14) - Propagation	\$5000000000000000000000000000000000000						
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	109,113.									
	trustees, and key employees Compensation not included above, to disqualified	109,113.									
6	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	61,392.									
8	Pension plan accruals and contributions (include	01,352.									
	section 401(k) and 403(b) employer contributions)	2,276.									
9	Other employee benefits	6,931.									
10	Payroll taxes	4,511.									
11	Fees for services (non-employees)	,									
·· a	Management										
b	Legal										
c	Accounting	33,009.									
d	Lobbying	•									
e	Professional fundraising services. See Part IV, line 17		(20m \$2454458429020284275 # ##\$#4407028### L877-4-19414284989845155-278644-54798	endersier etekine	-						
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
Ū	.column (A) amount, list line 11g expenses on Sch O.)	22,541.									
12	Advertising and promotion	·									
13	Office expenses	11,860.									
14	Information technology										
15	Royalties	-									
16	Occupancy	39,345.									
17	Travel	9,034.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	·									
19	Conferences, conventions, and meetings	291,905.									
20	Interest										
21	Payments to affiliates	10 604									
22	Depreciation, depletion, and amortization	17,694.									
23	Insurance	4,335.	güller tangagas a manassari talah palsodular	FFATFULL ADMINISTRATION OF RESIDENCE VALUE OF THE	wkweyengepowpweelpiwwwaszawookon de.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule O.)			(1) CONTROL OF THE PARTY OF THE PROPERTY OF TH	AND AND THE PROPERTY OF THE PARTY	a	Income taxes Contributions for PAC	4,540. 80,000.	· · · · · · · · · · · · · · · · · · ·		
Ь	AGC National dues	55,250.	<del> </del>								
C	Dues & subscriptions	40,798.									
d		82,125.		<del> </del>							
e 25	All other expenses See Sch O  Total functional expenses. Add lines 1 through 24e	882,545.									
25	Joint costs. Complete this line only if the organization	002,343.									
26	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	- managamana tampanya any filivianany avikitativit. I		I	I							

ĸäi	t:X;		0 *0 *	v line in this Bort V			<del></del>
		Check if Schedule O contains a response or not	e to ar	y line in this Part X	(A)	ſ	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			104,088.	1	214,541
	2	Savings and temporary cash investments			860,213.	2	1,698,757
	3	Pledges and grants receivable, net	000,===	3			
	4	Accounts receivable, net			14,828.	4	225,153
	5	Loans and other receivables from current and for	rmer c	fficers directors		arin sting	Tarangarian (
	3	trustees, key employees, and highest compensations				19742	
		Part II of Schedule L	1100 01	ipioyees complete	AND ACCURE OF THE CALCULATION OF	5	N . INCRESPRENEUR MAN DE L'ALES NA TH
	6	Loans and other receivables from other disquali	fied ne	renns (as defined under	TER KANIFERRARIE SETENBER FR. B. SETABLE.	949x, 9756	148624 2014 1081 14861 174 12846 188
		section 4958(f)(1)), persons described in section					
	•	employers and sponsoring organizations of section				\$255 × 55	
		employees' beneficiary organizations (see instr)			2452/280080500005005001070225500 <sub>3</sub> 500000000	6	BREEKLEERKLETSKA FEET SELET STOTE GEFEN HEER 
Assets	7	Notes and loans receivable, net	Comp	iele Fait II OI SCII L		7	
Ä	7	Inventories for sale or use				8	· .
	8 9	Prepaid expenses and deferred charges			23,012.	9	2,574
		Land, buildings, and equipment cost or other	1		inchistanie danisian i	E design	Gunigatalandikanesis
	iua	basis Complete Part VI of Schedule D	10a	417,752.		1257, 141,250 1257, 141,250 1257, 151,250	
	h	Less accumulated depreciation	10b	289,500.	145,945.	10c	128,252
		Investments - publicly traded securities	100	205,5001	112,145.	11	111,953
	11	•	14	•	2272131	12	
	12 13	Investments other securities See Part IV, line				13	
	14	Investments · program-related See Part IV, line Intangible assets	11	i .		14	
	15	Other assets See Part IV, line 11			17,321.	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line '	24)	1,277,552.	16	2,381,230
	17	Accounts payable and accrued expenses	ai iii ie v	7-7/	76,222.	17	254,865
	18	Grants payable			,	18	
	19	Deferred revenue			94,399.	19	412,117
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
20	22	Loans and other payables to current and former				28618388	\$254574200714477447247947447474747474747474747474747
		key employees, highest compensated employee			THE STATE OF THE S	**************************************	
Liabilities		Complete Part II of Schedule L	50, and	aloqualilos porcorio		22	SPECIFICATION AND AND AND AND AND AND AND AND AND AN
Ĕ	23	Secured mortgages and notes payable to unrela	ated th	rd narties	8,656.	23	6,608
	24	Unsecured notes and loans payable to unrelate			, , , , , , , ,	24	
	25	Other liabilities (including federal income tax, pa				<del></del>	
		parties, and other liabilities not included on lines	-			1	
		Schedule D		, complete t all it of	28,090.	25	120,479
	26	Total liabilities. Add lines 17 through 25			207,367.	26	794,069
		Organizations that follow SFAS 117 (ASC 958	3), che	k here X and	BET-FER SERVE REFREEZA & XESFFERE A XX	Pr., Try?	(x/r/fa3) Sayanangangangangan BKC A wa/fila Magayangan angangan
ý		complete lines 27 through 29, and lines 33 ar				CANALLY SERVICE	
ဥ	27	Unrestricted net assets		·	1,070,185.	27	1,145,134
<u> </u>	28	Temporarily restricted net assets				28	442,027
Ď	29	Permanently restricted net assets				29	
Net Assets or Fund balances		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🔲		1000000	 
5		and complete lines 30 through 34.		,,		771 200 22 771 24 34 44 71 24 34 34 44 24 34 34 34 44 24 34 34 34 44	**************************************
Š	30	Capital stock or trust principal, or current funds				30	**************************************
SSE	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	<del>-</del>
Ä	32	Retained earnings, endowment, accumulated in				32	
111			,		1,070,185.	33	1,587,161
ž	33	Total net assets or fund balances			1 1,0/0,100.	33	1 1,001,101

Form **990** (2017)

	990 (2017) Kansas Contractors Association, Inc.	48-0	578826	Page <b>12</b>
: <u>P</u> ai	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>	
			1 401	240
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,401	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,545.
3	Revenue less expenses Subtract line 2 from line 1	3		,795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,070	
5	Net unrealized gains (losses) on investments	5	-1	,819.
6	Donated services and use of facilities	6		
7	Investment expenses	7	_	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,587	,161.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>—</u> —
			<u> </u>	es No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	وي المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة المرابقة	222744 TS 12124213
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	Friends and	
	separate basis, consolidated basis, or both		2 that was 25 th	
	Separate basis Consolidated basis Both consolidated and separate basis		i filted ii	1000
ь	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	GSBSBFBBF CB FFFESSLES	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			2021
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	2,52,52,52,52,52,52,52,52,52,52,52,52,52	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	t mili	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audi	t	-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

732012 11-28-17

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

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

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

2018
Open to Public Inspection

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

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

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

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

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

• (	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nam	ne of organization		-		oyer identification number
	Kansas	Contractors Assoc	iation, Inc	2.	48-0578826
Pa	rt I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
	Provide a description of the organization		I campaign activities in		
	Political campaign activity expendit			- \$	
3	Volunteer hours for political campa	ign activities			
Pa	rt I-B Complete if the org	ganization is exempt unde	er section 501(c)(		
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				└ Yes
<u>b</u>	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt functi	ion activities	
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ction 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			▶\$	Yes No
4	Did the filing organization file Form	1120-POL for this year?			☐ Yes ☐ No
5	Enter the names, addresses and en	mployer identification number (EIN	) of all section 527 pol	litical organizations to whic	h the filing organization
	made payments For each organization	ation listed, enter the amount paid	from the filing organiz	ation's funds. Also enter th	ne amount of political
	contributions received that were pr	romptly and directly delivered to a	separate political orga	anization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, provide	de information in Part I	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2)		',	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
		1			If none, enter -0-
	<del></del>				
			<del>                                     </del>		
	<del></del>				

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 K  Part II-A: Complete if the orga	ansas Cont	ractors Ass	ociation, I	nc. 48-0 ed Form 5768 (el	578826 Page 2			
section 501(h)).			55 . (5)(5) and m		oonon anacı			
	on belongs to an aff	liated group (and list in	Part IV each affiliated	group member's nam	e. address FIN			
expenses, and share	=			. <b>3</b> . <b>-</b>	-,, <b>-</b> ,			
		nd "limited control" pro	ovisions apply					
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals			
4 - T-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		/						
1a Total lobbying expenditures to influe								
b Total lobbying expenditures to influe	_	ay (direct lobbying)						
c Total lobbying expenditures (add line	•							
d Other exempt purpose expenditures		n			<u> </u>			
e Total exempt purpose expenditures	•	-						
f Lobbying nontaxable amount Enter				umanan, no us no i such no no no see				
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:	ATTION OF THE PROPERTY OF THE				
Not over \$500,000	20% of	the amount on line 1e						
Over \$500,000 but not over \$1,000,	000 \$100,00	00 plus 15% of the exc	ess over \$500,000					
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000					
Over \$17,000,000	\$1,000,	000						
g Grassroots nontaxable amount (enter	er 25% of line 1f)		-					
h Subtract line 1g from line 1a If zero	or less, enter -0-							
Subtract line 1f from line 1c If zero contact.	or less, enter -0-				<u> </u>			
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720					
reporting section 4911 tax for this ye		,			Yes No			
(Some organizations that	4-Year Avo at made a section 5 See the separ	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b				
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d)</b> 2017	(e) Total			
2a Lobbying nontaxable amount	13. www.noutonooumpww.c.nzie.fu.tccngc	BC\$5.,00°CC02 °LTCT70030T 7807500	Label costantercocetifica, usuunte.	2.11 ct. 100				
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Kansas Contractors Association, Inc. 48-0578826 Page 3

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

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)			
	e lobbying activity	Yes	No	Amo	ount		
1 a b							
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
9				<u></u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?	à .fggccc	ann ain bis na na				
-	Total Add lines 1c through 1i			.0r 3303 C0 030.	.o.ves. T.> mera.d		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Continues Lucius.	1um. 00*5uu7. 72	1.7 X			
	If "Yes," enter the amount of any tax incurred under section 4912	6,1998,57.451,954. - 1884 - 471,954.		<u></u>			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1988138883		1 2000000 VL 20 02	20127879 *Lavad**071		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501/a\	/E\ 07.00	TANGET COMP.			
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on sur(c)	(5), or se	ction			
	501(c)(6).			Yes	No		
			<del></del>	162	X		
1	Were substantially all (90% or more) dues received nondeductible by members?		1	<del></del>	<u> </u>		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	<del></del>	$\frac{X}{X}$		
3  Dai	Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(4			ction			
Ü	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3 is		
	answered "Yes."	110, 0	. ( <i>b)</i> . a.	/ .,	10 0, 10		
1	Dues, assessments and similar amounts from members		1	942	2,005.		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal	羅羅 公				
_	expenses for which the section 527(f) tax was paid).		23/1241 23/1241	İ			
а	Current year		2a	99	,556.		
b			2b				
c			2c	99	7,556.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		0,000.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	2688	120/04				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and j		12.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	İ			
	expenditure next year?		4	İ	0.		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	19	7,556.		
	TIV: Supplemental Information						
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	liet\ Part II	-A lines 1 s	nd 2 /coo			
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	3 110ty, 1 <b>u</b> lt 11	7, 111100 7	2 (000			
	astions), and that it b, line it 7435, complete this part of any additional information						
					-		
			- "				
					-		
		Schodu	le C (Form	990 or 990	EZ\ 2017		

## **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Kansas Contractors Association

Employer identification number 48-0578826

Pai		ed Funds or Other Similar Funds or	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Ir	ne 6 (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lunds	(b) Furios 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		<del></del>
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	-	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	· — — —
Pai	impermissible private benefit?	anisation annuared "Van" on Form 000 Dad	Yes No
			. IV, line 7
1	Purpose(s) of conservation easements held by the organizat	1	ally and a death land and
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	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		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements		L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
•	S	Giring Or Violatione, and ornor ornig conservation	, oddomonto damig uro you.
8	Does each conservation easement reported on line 2(d) abo	ve 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 conservat	ion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial da	
-	the following amounts required to be reported under SFAS	· -	,,
ء	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>\$</b>
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

_	dule D (Form 990) 2017 Kansas t III Organizations Maintaining C	Contractor							78826 <b>ts</b> (continu	
3	Using the organization's acquisition, accessi									
	(check all that apply)			-	-	_				
а	Public exhibition	d		Loan or excl	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organizat	ion's exemp	pt purpo:	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	ner sımılar a	ssets	_	_	
	to be sold to raise funds rather than to be m							Į	Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for	contribution	s or other a	ssets not in	cluded		7	
	on Form 990, Part X?								」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table.						
							$\vdash$		Amount	
	Beginning balance						1c			
	Additions during the year						1d		_	
_	Distributions during the year						1e			
f	Ending balance	000 D+ V I	04 fa		4  -		1f		Tv	1 1
	Did the organization include an amount on F						/ /		J Yes	⊢ N°
Par	If "Yes," explain the arrangement in Part XIII  TV Endowment Funds. Complete		•							ш
<u> </u>	Elicominent i directi complete	(a) Current year		rior year	(c) Two yea		) Three ye	ars hack	(e) Four y	ears hack
1a	Beginning of year balance	(a) Ourient year	(0)	noi yeai	(6) 1110 300	is buok   tu	) 111100 ye	aro back	(e) roury	ours buok
b	Contributions									<del></del>
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance			•						
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administ	ered for the	organiza	ation	_	
	by								_ <u> </u>	es No
	(i) unrelated organizations								3a(i)	$\rightarrow$
	(ii) related organizations								3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
100	Describe in Part XIII the intended uses of the		wment	funds	<del> </del>		_			
Fai	t VI Land, Buildings, and Equipm		) Dort I	/ lmo 11a S	`aa Earm 00	O Dort V lie	10			
	Complete if the organization answere								(d) Deeler	
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated	'	(d) Book v	/alu <del>e</del>
10	Land	Daoio (ilivesti			,5	Gopie	- 5,411011			
	Buildings									
	Leasehold improvements			13	9,816.		54,81	0.	75	,006.
	Equipment				6,327.		12,91			,409.
	Other				1,609.		11,77			,837.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur					▶		,252.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Kansas Cont	ractors As	sociation, Inc.	48-0578826 Page 3
Part VII Investments - Other Securities.			-
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b See Form 990, Part X, line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			····
(D)			
(E)	<u> </u>		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)		00 - 5000 - 7000 8 - 100000 - 0 - 1 - 0 - 5 A A A A A	**************************************
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u></u>		
Part IX Other Assets.			
Complete if the organization answered "Yes"		/, line 11d See Form 990, Part X, line	
	Description		(b) Book value
<u>(1)</u>	. <del>.</del>		
(2)		·	
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)		****	<del> </del>
(6)	`		
(7)			
(8)	<del></del>		
(9)	1 <i>E</i> \	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) Irr Part X. Other Liabilities.	ne (5)		
A stand of a sec	l an Farm 000 Dart I	/ line 11e or 11f Cae Form 000 Bort	V line 05
Complete if the organization answered "Yes"  (a) Description of liability	on ronn 990, Part I	(b) Book value	a, iine 25 Vass sibbrussiaasi meetiki (ilisabat ka
	•	1,511.	
(1) Federal income taxes (2) State income taxes payabl	۵	92.	
(3) Due to KCA Political Acti		A STATE OF THE STA	AND THE STATE OF T
(U) Due to item totteteat Acti		ECC177635 445 675 688	YYNY HEERKYAFORRERPA, 88240PORERARRAREROEFRACEH-KGGH SERLITERAK

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes	1,511.	
(2)	State income taxes payable	92.	ANGER JAN BUTTER AND ANGER JAN ANGER JAN ANGER JAN BEN ANGER
(3)	Due to KCA Political Action		
(4)	Committee	81,180.	
(5)	Due to KCA Education Foundation	37,696.	
(6)		,	
(7)	١		
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	120,479.	Control of the contro

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 Kansas Contractors Associa				0578826	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturn	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	1,399,	521.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-		
а	Net unrealized gains (losses) on investments	2a	-1,819 <u>.</u>	]		
b	Donated services and use of facilities	2b		]		
С	Recoveries of prior year grants	2c		]		
d	Other (Describe in Part XIII )	2d		]		
е	Add lines 2a through 2d			2e	-1,	819.
3	Subtract line 2e from line 1			3	-1, 1,401,	340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 . 1		
ь	Other (Describe in Part XIII )	4b		1 : 1		
	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,401,	
_	t XII   Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
_		<u> </u>		1	882	545.
1	Total expenses and losses per audited financial statements			┝┷	002	, , , , , ,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما				
a	Donated services and use of facilities	2a		- 1		
b	Prior year adjustments	2b				
С	Other losses	2c				
	Other (Describe in Part XIII )	2d				^
е	Add lines 2a through 2d			2e	000	0.
3	Subtract line 2e from line 1			3	882,	545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]		
b	Other (Describe in Part XIII )	4b				_
				4c		0.
С	Add lines 4a and 4b			70		
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	882,	545.
_5				-	882,	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	IV, lines 1	b and 2b, Part V, line	5		545.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.			5		545.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			5		545.
Pa Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			5		545.
Pa Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			5		545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.
Prov lines	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional info	ormation	5 4, Part	X, line 2, Part )	545.

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2017.04030 Kansas Contractors Associat 04508\_\_2

SCHEDULE I (Form 990)		GOOMPIK	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 2	nd Other Assistance to Organizations, nts, and Individuals in the United States ganization answered "Yes" on Form 990, Part IV, line 21 or 22.	s in the Unit	izations, led States t IV, line 21 or 22.		2018
Department of the Treasury Internal Revenue Service			► Go to www.irg	► Attach to Form 990.  Go to www.irs.gov/Form990 for the latest information.	n 990. · the latest inform	lation.		Open to Public Inspection
Name of the organization	Kansas	Contractors	š	n, Inc.				Employer identification number 48-0578826
Part   General In	General Information on Grants and Assistance	d Assistance	1					
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	tance?	\$0.000 go	south of the state	0.40400			X Yes No
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organiz	zations and Domestic	c Governments. Co	omplete if the orga	inization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additi	ional space is need	pa			
1 (a) Name and ad or gov	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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kansas Contractors Association Rducation Roundation - 800 sw	s Association							To provide acholarships
Jackson, Suite 100	0 - Topeka KS							for students studying
		48-1061005	501(c)(3)	5,000.	0			civil engineering.
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table				•

Schedule I (Form 990) (2017)

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Páge 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 48-0578826 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2017) Kansas Contractors Association, Inc.

Pair III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization Kansas Contractors Association, Inc. 48-0578826 Form 990, Part VI, Section A, line 6: The Association is organized as a not-for-profit Association with members. Form 990, Part VI, Section A, line 7a: Members elect the members of the governing body. Form 990, Part VI, Section A, line 7b: Members approve significant decisions of the governing body. Form 990, Part VI, Section B, line 11b: The 990 is reviewed by the Executive Director, and is made available to the Board of Directors upon request. Form 990, Part VI, Section B, Line 12c: The Association's Executive Director monitors proposed or ongoing transactions for conflicts of interest and disclose them to the Board President in order to address potential or actual conflicts, whether discovered before or after the transaction has ocurred. Form 990, Part VI, Section B, Line 15: The Board of Directors determines the final annual compensation for all staff, after an annual review. The annual compensation of Association staff is reviewed and approved after using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated Associations.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

Name of the organization	Employer identification number
Kansas Contractors Association, Inc.	48-0578826
The final decision regarding the compensation arrangement	t for all staff
will be provided to the Executive Director by the Board E	President, or his
or her designee, at the end of the board meeting at which	the executive
session is held where such compensation is discussed.	
The Executive Director provides the Bookkeeper written do	ocumentation of the
final determined annual compensation for all staff, to be	e effective January
1 of the following year.	
Form 990, Part VI, Section C, Line 19:	
The Association makes its Form 990 available for public i	inspection if
anyone requests to see the Form 990. Financial statement	ts are not
available to the general public, but are available to all	l members.
Form 990, Part IX, Line 24e, All Other Functional Expense	es:
Public relations	32,147
Legislative activities	15,331
Receptions	13,295
Miscellaneous	11,797
Printing	6,849
DOT Emergency Response	1,750
Property & real estate taxes	563
Automobile expense	212
Recruitment and retention	181
Total Other Expenses on Form 990, Part IX, line 24e, Col	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No 1545-0047

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

Inc.

Contractors Association,

Kansas

Name of the organization

Department of the Treasury Internal Revenue Service

2018

Employer identification number 48-0578826

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled No × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year entity Direct controlling entity End-of-year assets status (if section <u>e</u> Public charity 501(c)(3)) e Total income Exempt Code ਉ section 501 (c)(3) Ē Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) છ **(ansas** To provide scholarships for students studying Primary activity Primary activity civil engineering. 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Kansas Contractors Association Education Foundation - 48-1061005, 800 SW Jackson, Name, address, and EIN (if applicable) Suite 100, Topeka, KS 66612-1216 Name, address, and EIN of related organization of disregarded entity Partill Part

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Schedule R (Form 990) 2017 Kansas Contractors Association, Inc.

| 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

Olganications treated as a paintership during the tax year	urersinp during ure ta	x year	1		9	17	14	(1)	5	)
(a) Name, address, and EIN	(b) Primary activity	Legal	(a) Direct controlling	(e) Predominant income	(i) Share of total	(9) Share of	Dispr		General	r Percentage
of related organization	•	(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		end of-year assets		amount in box 20 of Schedule K-1 (Form 1065)	managing le partner? (5) Yes No	managing ownership partner?
								;		
									•	
									<u> </u>	
									ł	
							_			
Part IV 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	ganizations Taxable a poration or trust during	as a Corp ng the tax	oration or Trust. Co year	implete if the organizat	ion answered "Ye	s" on Form 99	0, Part IV, line	34, because it ha	d one or r	nore related
(a)			(q)	(p) (a)		(e)	£	(6)	Ē	()
Name, address, and EIN of related organization	<u></u>	Prin	Primary activity	Legal domicile Direct controlling (state or foreign country)	trolling Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	512(b contro
				(6)						Yes
										-
		·			1					
					-		-	•		
•					·					
732162 09-11-17				34				Sched	lule R (Fo	Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			İ	Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			ta X	ایر
<b>b</b> Gift, grant, or capital contribution to related organization(s)				tb X	l
c Gift, grant, or capital contribution from related organization(s)				1c   X	×
d Loans or loan guarantees to or for related organization(s)				1d X	ايم
e Loans or loan quarantees by related organization(s)				1e 📉	×
f Dividends from related organization(s)				1f X	ايوا
a Sale of assets to related organization(s)				X Y	ы
				th X	<u>.</u>
i Exchange of assets with related organization(s)				1i X	ایرا
j Lease of facilities, equipment, or other assets to related organization(s)				1-	×
k Lease of facilities, equipment, or other assets from related organization(s)				<del> </del>	  ×
	anization(s)			- I	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Tm.	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Th	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×
					٦,
				1	<u>.</u>  :
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19	_ ا×
r Other transfer of cash or property to related organization(s)				1-	×
					×
	who must complete t	his line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved	
(1)					1
TO THE PROPERTY OF THE PROPERT					l
(5)					
(3)					1
(4)					
(5)					
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Schedule R (Form 990) 2017 Kansas Contractors Association, Inc.

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

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

(k) centage nership		:				
Perce Own						
(j) neral or naging irtner?	Yes No		 			
Gen T par	<u>ن</u> ۋ		 	ļ		
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner?	(600)					
(h) Disproportonate allocations?	Kes No					
(g) Share of end-of-year			,			
(f) Share of total						
(e) Are all partners sec 501(0)(3) orgs?	Ves No					
	Sections 3 (2-3 14)				·	
(c) Legal domicile (state or foreign						
(b) Primary activity						
(a)  (b)  (c)  (d)  (d)  (d)  (e)  Name, address, and EIN  of entity  (e)  (b)  (c)  (d)  (d)  (related, unrelated,						

C